ISSUE **1**, MARCH 2015

the newsletter of the australasian sonographers association

soundeffects news

asa
australasian
sonographers
association

from the editor

Happy New Year! Perhaps it feels a while ago now, but I hope you had an enjoyable festive season.

This issue contains a number of interesting articles and the ASA is keen to encourage sonographers and others to submit thought-provoking and varied articles for *soundeffects news*. If you have something you think will be of interest to other sonographers, please consider submitting an article.

Sonographer wellbeing is a focus of this issue with Part 2 of the *feature* 'Live pain free' by USA sonographer Doug Wuebben: a fascinating new look at musculoskeletal injury and the sonographer. His passion and expertise in helping people overcome and prevent injury will hopefully give many of you the building blocks for understanding your pain. Our own SIG Sonographer Health and Wellbeing Committee has worked steadily on this for many years and their article 'Neck muscles and repetitive strain' nicely extends this discussion.

Also in this issue is the *feature* by Richard Allwood on the Heart of Australia mobile cardiac service, a fantastic initiative for remote communities. Thanks also to Richard for his interesting case crista terminalis in *Images* on page 25.

If you happen to be looking for a new sonographer position, Marcus Gyles has some excellent advice on updating your resume and applying for that dream job on page 28.

The changes to our production timelines at *soundeffects news* have resulted in significant changes to the *reader competition* framework. In 2015, we will continue with the new format and I hope many more sonographers will get involved. Please submit your unusual and tricky cases to me for use in this yearlong competition. I will tally all correct answers from each issue and award a grand prize at the end of the year. For 2014, the overall winner was Allison Holley, who supplied a number of fascinating paediatric cases and correctly identified other submitted images. Have a look at the *reader competition* on page 31 and send me an email if you think you know the abnormalities. Also, email me any unusual images you have and hopefully we can encourage some healthy competition. Please remember to de-identify any images you send – we only require a very brief outline of the case.

I hope you enjoy reading about all that the ASA is doing around Australasia, and are just as excited about 2015 as I am.

Glenda McLean
Editor
editor@a-s-a.com.au

asa australasian sonographers association

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in this issue

president's message

It's a new year and I hope you all had time to relax and recharge over summer. 2015 brings many exciting opportunities for the ASA, including the 22nd Annual Conference, ASA2015 Perth, in May and the 11th Special Interest Group (SIG) Symposium, SIG2015 Sydney, to be held in September. With plans for ASA2015 Perth well underway, the theme for this year's conference is *Celebrate the Sonographer*. To be held at the Perth Convention and Exhibition Centre from 29–31 May 2015, the conference will showcase an amazing line-up of speakers who are all leaders in their fields. The keynote speakers are world class and include Dr Trish Chudleigh from the UK, Greg Lammers and Alison Lee-Tannock from Australia, and Martin Necas from New Zealand. They will be joined by an additional fifteen speakers in the fields of fetal medicine, obstetric and gynaecology, cardiac, emergency point of care, vascular, MSK and paediatric and fetal echocardiography, and general ultrasound including head and neck, abdominal and renal ultrasound – from across Australia and New Zealand.

I am delighted to announce that the ASA is also partnering with the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG) for a combined obstetrics and gynaecology advanced educational session. I encourage you to visit the ASA2015 Perth website at www.a-s-a.com.au/asa2015-perth and take some time to peruse the conference program that includes an extensive range of plenary sessions and workshops.

ASA2015 Perth would not be possible without a number of committed co-contributors, including: the convenors and the Program Convening Committee comprising volunteers from Western Australia who have given up their valuable time to put together the program; the dedicated staff at the ASA Office, in particular the conference coordinator, Ariane Dwyer; and the ongoing support of our Platinum Sponsors, including: GE Healthcare (*ASA Breakfast* sponsor); Philips (*ASA Welcome Reception* sponsor); Siemens (*Cardiac Day* sponsor and *Awards of Excellence* sponsor); Toshiba (*ASA Gala Dinner* sponsor). Of course, GE Healthcare, Philips, Siemens and Toshiba will again be providing machines for the workshops that are always in high demand. So, I encourage you to register early to secure the workshops of interest to you. In addition to the workshops, please take the time to visit the exhibition to see new technology, products and services that are available, as well as the educational resources on offer. Perth is such a beautiful city! I am looking forward to visiting it and to seeing you at the conference.

The ASA was pleased to award three *Rural and Remote Scholarships* in support of sonographers living in rural and remote areas, for which we received a number of high quality entries for 2015. These scholarships provide a maximum of $1,000 in financial assistance to assist members in rural or remote locations to attend ASA2015 Perth, where they will also be presented with a framed certificate. I would like to personally congratulate Margaretha Breytenbach, Kathryn Deed and Jill Muirhead.

The ASA is also busy developing a new strategic plan as our current plan concludes this year. In October 2014, the ASA Board of Directors approved the planning process to develop a new strategic plan. At the February Board of Directors meeting, following robust discussion informed by significant feedback from ASA members, we approved a plan of action to produce the ASA 2015–2020 Strategic Plan, to be launched at ASA2015 Perth. Thank you to the many members who took the time to respond to the strategic planning survey and participated in the other consultation opportunities. Your advice has been invaluable in guiding the direction of the ASA for the next five years.

Volunteers are the lifeblood of the ASA. In quoting Marjorie Moore: 'Volunteering is the ultimate exercise in democracy. You vote in elections once a year, but when you volunteer, you vote every day about the kind of community you want to live in', it is with great pleasure that I announce Vicki Ashfield-Smith, Sandhya Maranna and Melissa Valle have joined the Sonographer Advancement Working Party (SAWP) Committee. A sub-committee to the Board, SAWP provides critical thinking and guidance to strategic initiatives that support our profession in Australia and New Zealand. Together, Vicki, Sandhya and Melissa complement the existing membership, being Erika Cavanagh, Jill Dykstra, Tony Forshaw, Dr Rodney McGregor, Tony Parmiter, Simon Stanton, Dr Stephen Duns and James Brooks-Dowsett.

This year is set to be a very exciting one with many opportunities to support and advance the profession of sonography in Australia, New Zealand and further abroad. I look forward to continue working with the Board of Directors, SAWP and other committees, and all the ASA volunteers who contribute so much to advancing our profession and ensuring our communities have access to quality sonographic services.

Dr Ann Quinton, President
president@a-s-a.com.au

ceo's report

Professional regulation is the hot topic right now – and rightly so! Over the last 12 months, the importance of regulation and registration for the sonography profession has continuously been raised. As many of you would have read in the media throughout 2014, and at the beginning of this year, there have been several cases of alleged sonographer/ultrasound practitioners reported for professional malpractice. As with any significant issues that reflect on or impact our profession, the ASA has been a primary point of contact to provide guidance and professional intelligence to assist relevant authorities and agents in their investigations, where possible. The recent *2014 Sonographer Employment and Salary survey* asked the question, 'What are the most important issues for ASA to focus on in 2015?' – to which our members responded with an overwhelming majority stating 'sonographer regulation and registration' as the most important. Similarly, through attending various branch and committee meetings late last year, and meeting with many industry representatives, professional regulation was constantly raised as an important issue for us to progress. See the *Overview of results* on pages 6–8.

This is not a new focus for the ASA. We have a long history of advocating for the improved professional regulation of sonography, either through inclusion as a profession under the National Regulation and Accreditation Scheme (NRAS) or as part of a self-regulating health profession described in legislation. Building on previous work, we submitted a response to the Commonwealth Government's review of the NRAS in October, late last year. We are hopeful that at least some form of self-regulation will be endorsed in the final version of that report when it is published by the Commonwealth later this year. Regardless, we will continue to advocate for improved professional regulation and registration for sonography. From all of our consultation and the developmental work undertaken to date on the new strategic plan, it is certainly emerging as a priority for our new ASA 2015–2020 Strategic Plan that will be launched at the ASA2015 Perth annual conference in May.

Last November, I was fortunate enough to attend the 100th Radiology Society of North America Conference. In the opening address the President, Dr Nicholas Reed Dunnick, reflected on the amazing advances that have been made in diagnostic imaging over the last 100 conferences. One of the most significant advances he cited was the innovative application of ultrasound in many areas of medical treatment and therapeutic procedures. This highlighted the potential opportunities for the sonography profession, allowing us to contribute to the broader health system. However, these opportunities can also present some challenges to our profession, for example, poorly licensed point of care ultrasound which risks undermining the profession. This year the ASA will be working with the Royal Australian and New Zealand College of Radiology to produce a clear differentiation between point of care ultrasound and the quality medical diagnostic scanning provided by ASA members. It is our shared view that point of care ultrasound should not attract a Medicare rebate under the diagnostic imaging provisions. It could be appropriate for point of care ultrasound to attract some sort of rebate as part of a medical procedure, but that is different to a full diagnostic scan with a report and an image that can be used for a second opinion if necessary.

I trust you all had a joyous festive season and we wish you a happy and successful year in 2015. I am very much looking forward to having the opportunity of meeting many of you in person at the end of May at our annual conference in Perth.

Dr Stephen Duns
Chief Executive Officer
ceo@a-s-a.co.au

soundbite

Q. I would like to submit a manuscript for publication in the ASA peer-reviewed journal *Sonography*. How do I submit my paper?

A. Manuscripts should be submitted electronically via ScholarOne Manuscripts at http://mc.manuscriptcentral.com/sono. The use of an online submission and peer review site enables immediate distribution of manuscripts and consequentially speeds up the review process. It also allows authors to track the status of their own manuscripts. Complete instructions for submitting a paper are available at the ScholarOne Manuscripts site. Further assistance can be obtained from: support@scholarone.com, or email Glenda McLean at editor@a-s-a.com.au

2014 sonographer employment & salary survey

Overview of results

Compiled by James Brooks-Dowsett, Policy Officer, based on the Quantitative Research Report developed by Di Marzio research (December 2014)

Since 2010, the Australasian Sonographers Association (ASA) has conducted the Sonographer Employment and Salary survey to benchmark and track changes within our profession. This activity informs our understanding of the trends and direction of the employment environment for sonographers in Australia and New Zealand and empowers the ASA to advocate for and support our members.

Conducted by Di Marzio Research, the 2014 survey was distributed on Monday 27 October and remained open until 5 pm on Sunday 16 November. A total of 453 responses were received. Equivalent to approximately 11% of the ASA's membership, this level of response was not as strong as in previous years (681 in 2011, 666 in 2010 and 489 in 2012); however, it is still sufficient to provide broad indicators for our profession.

Who participated?

The demographic of survey participants was generally comparable to ASA's member profile, excepting the low rate of trainee sonographer responses (1%) compared to previous years (8% in 2012) or the ASA member profile (15%). This should be noted when considering the results.

Respondents to the 2014 survey were:

- predominantly female (82%), with over three-quarters located on the eastern seaboard of Australia – NSW and ACT (34%), Victoria (21%) and Queensland (24%)
- mostly (61%) located in metropolitan areas, with 30% in regional areas and 9% in rural towns
- on average, 44 years of age. This represents an increase against the previous years' average of 42; however, it is likely this result was skewed by the lack of student respondents
- mostly (70%) initially qualified as a radiographer, noting this figure has gradually decreased since 2010 (77%)
- largely (83%) ASAR Accredited Medical Sonographers.

Eighty-nine per cent obtained their entry level qualification in Australia (39% between 2000 and 2010 and 29% between 1990 and 1999), with 86 reporting their highest practising qualification to be a postgraduate in ultrasound or equivalent.

On average, respondents have worked in the industry for 14 years (up from 13 in previous years), with 72% expecting to continue working in the profession for six years or more.

Employment situation

In 2014 there was a shift in the ratio of full-time (49%) to part-time/casual sonographers (51%). Previous surveys reported marginally more full-time than part-time/casual sonographers. On average, part-time/casual sonographers worked 22 hours per week, and nearly all full-time sonographers worked 35 hours or more per week.

Notably the proportion of full-time sonographers working any non-paid hours, and the average hours worked per week, have both decreased since 2012 (from 67% to 54% and 1.7 to 1.3 hours, respectively).

Consistent with previous years:

- the majority (72%) of respondents classified themselves as clinical sonographers
- nineteen per cent held senior positions, such as chief (11%) or supervising (8%) sonographer
- four per cent were tutor sonographers
- the remaining 5% reported working in other roles, such as business manager of a department, academic/educational positions or as a corporate/trade employee.

Almost all respondents (93%) reported being directly employed, most (89%) with a single employer and many working in multiple locations (47%). The most common workplaces for sonographers continue to be:

- private practice – radiologist owned (24%)
- private practice – corporate owned (24%)
- public hospital (23%).

The average reported number of scans being performed per week has increased slightly since 2010 from 56 to 58 per week, with two-thirds of respondents performing 21–75 scans per week, a quarter doing more than 76 scans per week, and nine per cent performing 20 or less.

Remuneration

Sonographers' employment arrangements continue to be spread across three main categories: individual contract (42%); workplace agreement (32%); and state/federal award (22%). Of those employed under a state/federal award, 55% reported being classified as a 'General Sonographer', with over a quarter classified as 'Radiographer/MIT'.

- Seventy-seven per cent reported being paid an hourly rate, earning an average of $57 per hour.
- Eighteen per cent reported earning a base salary with an average of $98,000 per annum.
- Nearly all members on a base salary worked overtime, reporting to work an average of six overtime hours per month (excluding on-call hours).

Around one in five (19%) reported their employer offers a performance-based bonus structure with:

- sixty-five per cent receiving a bonus based on the number of scans performed
- twenty-two per cent receiving a personal performance bonus
- small numbers receiving a bonus based on the overall performance of their department (13%) or number of scans per department (13%)
- the average reported annual bonus being $8,600, noting 31% of respondents did not report the value of their bonus.

On-call duties

Around a third of respondents reported ever working on-call. As in previous years, the weekend is the most common time to be on-call. Those that worked on-call reported:

- fifty-two per cent were on-call for 30 or more hours per month (down from 61% in 2012, 53% in 2011 and 57% in 2010)
- the average on-call hours per month was 22 (down from 25 in 2012, 23 in 2011 and 24 in 2010)
- they tend to be paid on an hourly basis when called in, and for a minimum time (regardless of time worked)
- forty-one per cent receive at least three hours pay, with smaller groups paid for a minimum of two (13%) or four hours (16%)
- the most common pay rate continues to be time and a half or double time for weeknights and Saturday mornings, and double time for weekends (other than Saturday morning) or public holidays
- forty-two per cent claimed a minimum break is specified, which must be adhered to, and so commencement of the next shift is altered
- thirty-four per cent received an additional financial incentive if a minimum break cannot be adhered to.

Employee benefits

The top ten employee benefits received are shown in Table 1, noting there has been little variation here over time. Superannuation and four weeks' annual leave continue to be the most common (generally paid in full by their employer).

In 2014 respondents reported:

- that 24% received regular salary package reviews (down from 29% in 2012), with most (76%) of these occurring annually
- about a third received an annual allowance for continuing professional development (CPD), with a mean of $1,400
- an average of 27.8 hours is spent per year on CPD
- the main barrier to undertaking CPD is cost (58%), closely followed by family commitments (50%) and distance (41%).

Job satisfaction

The top five influential factors when considering a new job continue to be work/life balance, personal/family needs, remuneration, interesting work and job stability.

Most respondents (82%) continue to consider their job secure, and are satisfied with many elements of their work, particularly the facilities (78%), environment (65%), their independence (61%), work load (60%) and scheduling (57%).

Quite a few reported being dissatisfied with their remuneration (27%), the support for CPD they received (26%) and career path opportunities (29%).

Reflecting on changes at their workplaces in the last year, members reported:

- forty-nine per cent have experienced increased stress levels
- forty-four per cent have noticed decreased employee morale

2014 employment & salary survey

Overview of results

- twenty-eight per cent are working longer hours than last year, with almost half (49%) of this group reporting this has impacted them in a negative way
- a quarter have received an increase in their remuneration, with 71% considering this a positive change and 28% reporting it had no effect.

Conclusion

The ASA would like to acknowledge and thank all members who participated in the 2014 Sonographer Employment and Salary survey who once again ensured the data collected was broadly reflective of our profession. We encourage all ASA members to reflect on the significance of this data and its relevance to them personally, their organisation and the profession as a whole.

The results of this survey have either confirmed the previously established benchmarks or further evidenced emergent trends since 2010, reinforcing the reliability of the benchmarks this survey has established since its inception. The ASA will continue to utilise the data collated from this and future surveys in its advocacy work, to inform our business and to support ASA members and the profession. Held biennially from 2012, the next Sonographer Employment and Salary survey will be conducted in 2016.

This summary, together with reports from the previous surveys, can be accessed by members via www.a-s-a.com.au. If you would like to request specific results or additional information on the survey, please do not hesitate to phone the ASA Office or email policy@a-s-a.com.au.

Table 1. Employee benefits paid for by the employer

Employee benefits paid for by employer	2014 (n = 453) %		2012 (n = 489) %	2011 (n = 681) %	2010 (n = 666) %
	paid in full	partly paid for	total	total	total
1. Superannuation – 9.5% SGC	81	5	92	90	89
2. Annual Leave – 4 weeks (or pro rata)	82	1	80	81	80
3. ASA National Conference registration fees	26	34	62	63	67
4. Conference leave	42	18	59	61	61
5. In-house seminars	43	10	52	52	48
6. Attendance at local (within your state) professional development activities	19	34	49	53	53
7. ASA National Conference travel and accommodation costs	16	33	47	50	50
8. Automatic CPI increases	29	7	40	42	36
9. Salary packaging/salary sacrifice benefits	26	9	40	39	40
10. Support to present at conferences	14	21	34	38	34

soundbite

Q. I would like to get involved in peer reviewing for the ASA journal *Sonography*. How do I register to become a reviewer? Is there any training available in how to review?

A. We encourage sonographers who would like to become peer-reviewers to apply to be a part of the peer review panel. Please email Glenda McLean at editor@a-s-a.com.au for an expression of interest document. We can provide you with some resources to guide you in reviewing articles for publication. Peer review is now eligible for CPD points under the ASAR and PD-**asa** CPD programs.

advocacy alert

James Brooks-Dowsett
ASA Policy Officer

The ASA would like to thank the many members who took the time to respond to the *2014 Employment and Salary survey* and the ASA 2015–2020 Strategic Planning survey at the end of last year. These important processes provide targeted information that guides the ASA's work. They also contribute to the sonographer workforce data set that the ASA has been building for over half a decade now – a crucial resource that supports our professional policy and advocacy activities.

2014 Sonographer Salary and Employment survey

From the feedback received, sonographer regulation remains the most significant issue for our workforce, with over two-thirds of respondents to the survey wanting the ASA to pursue this as an advocacy priority in 2015. Similarly, two-thirds of respondents to the survey stated that the ASA should continue to prioritise professional standards and guidelines, with sonographer advanced practice and specialisation the third highest rated advocacy priority of interest to members. For more detailed information on the outcomes of the *2014 Sonographer Employment and Salary survey*, I encourage you to read the report on pages 6–8.

ASA Code of Conduct for Sonographers

It was with great professional pride we published the new *ASA Code of Conduct for Sonographers* and our *Standards of Practice*. Endorsed by members at the 2014 Annual General Meeting, the *ASA Code of Conduct for Sonographer*s underpins the work and sets out the required standards of conduct and ethics as well as other principles for safe and effective practice by sonographers. It also provides a framework for assessing the conduct and ethics of sonographers for the purpose of membership of the ASA.

The *Standards of Practice* is to be read in conjunction with the *Code of Conduct for Sonographers*, and the two documents together set the standards expected of sonographers who work in diagnostic practice or who undertake research.

These documents are now available on the ASA website and you are encouraged to take the time to read and reflect on them. As a member of the ASA you have made a voluntary commitment to echo these expectations in your practice. It is equally important to understand the content of these documents so that you are aware of the many ways the ASA can support you if you encounter untoward challenges in your professional practice.

Complaints about members

To complement these documents, the ASA has also released the *By-laws: Complaints about members* document. This addendum to our constitution describes the fair process by which the ASA can determine whether a member has engaged in conduct that falls short of the standard expected of members if a complaint is raised against them. In an increasingly complicated environment of professional compliance entities and overlapping government regulatory function, it is important to have a measured process that supports members and assures the provision of quality sonographic services to our communities.

ASA Certified Sonographer title

If you are not already doing so, remember to clearly and proudly display your *ASA Certified Sonographer* title. Underpinned by our *Code of Conduct for Sonographers* and our *Standards of Practice*, this title is an assurance to patients and health professionals of your professional excellence and commitment to quality.

The year ahead

2015 is looking to be a big year for policy and advocacy. Health professional regulation is very much at the forefront of government attention this year in both Australia and New Zealand. Already we have provided significant feedback to the New Zealand Medical Radiation Technologists Board (NZ MRTB) regarding their Scopes of Practice Review. In Australia, governments continue to work towards the implementation of a patient-centred national code of conduct for all health professionals, to be enforced through state government health complaint entities (e.g. health ombudsman).

Advocating against system changes that would negatively impact on the profession will continue to be a priority. Last year we had some success lobbying against such changes, including the proposed Medicare co-payment for diagnostic services. Together with our fellow diagnostic health professional peak bodies, we will continue to keep an eye on this and other issues as we progress through the year, particularly as we get closer to the Australian Federal Budget in May.

asa 2015 PERTH

Held at the Perth Convention and Exhibition Centre, the ASA2015 program includes a wide variety of topics aimed to promote professional discussion, motivation, ongoing skill advancement and education.

With an exciting selection of speakers and a varied collection of workshops, this event promises to appeal to all sonographers – from a foundation level to the experts.

Keynote speakers

Trish Chudleigh

Trish Chudleigh is a sonographer with over 30 years of clinical experience in obstetric ultrasound. She began her ultrasound career as a medical physics technician before moving to King's College Hospital, London where she worked as Stuart Campbell's research technician for many years.

She was awarded a PhD by the Faculty of Medicine, King's College London, in 2000. She has been involved in the academic and clinical teaching of ultrasound for almost as long as she has been scanning. She has co-authored national guidelines and standards relating to ultrasound practice and continues to contribute significantly to the national Down's Screening and Fetal Anomaly Screening programs in the UK.

Since 2006, Trish has been employed by the Cambridge University Hospitals NHS Foundation Trust as lead sonographer and manager of the ultrasound department at the Rosie Hospital.

Greg Lammers

Greg Lammers has been scanning since 1989, with time spent working in London from 1990–1994. He has held several positions as a lead sonographer, tutor, university lecturer and DMU examiner.

Greg regularly presents at local, state, national and international meetings. In 2014, he did charity work in Myanmar (Burma) training doctors in the use of ultrasound in local villages.

His last 12 years have seen him specialise in musculoskeletal ultrasound, its science but also its craft, and looking for good patient outcomes. He presently works for MDI in Berwick as a general sonographer.

Alison Lee-Tannock

Alison is based in Brisbane where she is the chief sonographer at the Mater Centre for Maternal Fetal Medicine and works as a paediatric cardiac sonographer for Queensland Paediatric Cardiac Services at the Lady Cilento Children's Hospital. She has extensive experience in obstetric ultrasound with a special interest in fetal echocardiography. She is a member of ASA, ASUM, ISUOG and CSANZ and has previously held positions on the DMU Board of ASUM and the ASAR Board. She is also a sessional lecturer at QUT and has recently commenced her PhD on fetal cardiac function at UQ.

Martin Necas

Martin is a senior general and vascular sonographer in Hamilton, New Zealand. Martin completed training in general and vascular ultrasound in Seattle, USA in 1996 and subsequently attained a Master's Degree in Sonography at the University of South Australia in 2007.

Martin has practised diagnostic ultrasound in the USA, New Zealand and Australia in a wide variety of clinical settings ranging from private centres to tertiary teaching hospitals. Martin is an ultrasound enthusiast, keen clinical instructor, lecturer and a prolific conference speaker, having presented over 100 conference presentations in the last 10 years. He is an author of a book *Artifacts in Diagnostic Medical Ultrasound*, and currently serves as the chairman of the New Zealand Branch of ASUM.

Platinum sponsors

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ASA2015 PERTH | DAY ONE | FRIDAY 29 MAY 2015

Abdominal | Breast | Cardiac | MSK | O&G | Non-clinical/WH&S/Edu | Paediatrics | Small parts | Vascular

REGISTRATION | 8.30 am

1 | 10.00 am–12.00 pm

OPENING PLENARY | Riverside Theatre

- Conference welcome
- Welcome to country – Barry McGuire
- Big Hairy Audacious Goals (BHAG) – Dr Stephen Duns, ASA CEO
- ASA RESERVED
- Celebrating the sonographer
- Trish Chudleigh
- Who's the expert here: an exploration of sonographer's role in the 21st century – Martin Necas
- TBC

LUNCH | 12.00–1.00 pm

2 | 1.00–3.00 pm

PLENARIES

RIVERSIDE THEATRE	MEETING ROOMS 1 & 2	RIVER VIEW ROOM 4
OBSTETRICS & GYNAECOLOGY – Prematurity	EMBRACING DIFFERENT USES FOR ULTRASOUND	SMALL PARTS – A pain in the neck – thyroid, neck and salivary gland imaging
The Western Australian prevention of preterm birth initiative *Professor John Newnham*	Lung *Dr James Rippey*	Post thyroidectomy – what the referring physician wants to know *Dr Teck Siew*
Assessing the cervix – when, why and how *Sandra O'Hara*	Frontier imaging *Robin Hart*	Pearls and pitfalls in the assessment of thyroid nodules *Dr Rudolf Boeddinghaus*
IUGR and the use of Dopplers *Dr Janet Hornbuckle*	Hyperbaric *Dr Ian Gawthrope*	Other neck masses *Dr Gavin Chapeikin*
Multiple pregnancies and preterm birth *Dr Jan Dickinson*	TBC – Proffered paper	The seven sweep neck ultrasound *Goran Obradovic*
TBC	Functional transcranial Doppler *Elvie Haluszkiewicz*	TBC – Proffered paper

AFTERNOON TEA | 3.00–3.30 pm

3 | 3.30–5.30 pm

MUSCULOSKELETAL – Lower limb (beyond the knee)	OBSTETRICS – Second trimester	ABDOMINAL – Liver disease
Foot nerve entrapment *Stephen Bird*	National screening guidelines for the mid-trimester scan – The UK experience *Trish Chudleigh*	Shear wave technology and liver disease *Paula King*
Medial acute ankle *Natalie Colley*	TBC	Ultrasound in portal hypertension – is it time to change our protocol? *Marilyn Zelesco*
Lower limb *Dr Michael Krieser*	TBC – Proffered paper TBC – Proffered paper	Liver dialysis (SCGH) *Dr Oliver Duncan*
Sonography of the knee *Greg Lammers*	How the 20-week obstetric scan has changed over 10 years *Rowena Findlay*	Renal sonography in HIV-infected patients *Marilyn Zelesco*
TBC	Selective intervention *Dr Craig Pennell*	TBC

ASA SPECIAL GENERAL MEETING | 5.30–6.00 pm

ASA WELCOME RECEPTION | 6.00–8.00 pm

LUNCH | 12.00–1.00 pm

2 | 1.00–3.00 pm

WORKSHOPS (F = Foundation I = Intermediate A = Advanced)

RIVER VIEW ROOM 5 – TOSHIBA	MEETING ROOM 6 – SIEMENS	MEETING ROOM 7 – PHILIPS	MEETING ROOM 8 – GE HEALTHCARE	MEETING ROOM 9
2A | MUSCULOSKELETAL	2B | MUSCULOSKELETAL	2C | OBSTETRICS	2D | GENERAL	2E | PHYSICS
(I) Lateral ankle *Stephen Bird*	(I) Abdominal wall *Janet Mulholland*	(F) Beginners fetal heart *Sue Lundy*	Liver segments *Sue Bowden*	TBC
2F | BREAST	2G | VASCULAR	2H | OBSTETRICS & GYNAECOLOGY	2I | MUSCULOSKELETAL	2J | UK EXPERIENCES
TBC *Jenny Parkes*	(I-A) AVF's *Ian Schroen*	TBC	(I) Lower limb nerves *Greg Lammers*	UK experience *Ariana Sorensen*

AFTERNOON TEA | 3.00–3.30 pm

3 | 3.30–5.30 pm

3A | MUSCULOSKELETAL	3B | SMALL PARTS	3C | MUSCULOSKELETAL	3D | OBSTETRICS & GYNAECOLOGY	3E | INTERESTING CASES
(F) Beginners shoulder *Amy Lee*	(I) Thyroid nodules *Faye Temple*	(I) Adult hip	TBC	Interesting cases
3F | MUSCULOSKELETAL	3G | PAEDIATRICS	3H | SMALL PARTS/GENERAL	3I | VASCULAR	
(F) Beginners elbow *Lani Fairhead*	(I-A) Paediatric spine *Leanne Lombardo*	(I) Seven neck sweep *Goran Obradovic*	TBC *Ruth Drury*	

ASA SPECIAL GENERAL MEETING | 5.30–7.30 pm

ASA2015 PERTH | DAY TWO | SATURDAY 30 MAY 2015

REGISTRATION | 7.30–8.30 am

PLENARIES

4 | 8.30 – 10.30 am	RIVERSIDE THEATRE	MEETING ROOMS 1 & 2	RIVER VIEW ROOM 4	MEETING ROOM 3
	OBSTETRICS – Getting to the heart of the issue	VASCULAR – Advanced	PAEDIATRICS – MSK imaging in paediatrics and bowel	CARDIAC DAY
	Cardiac scanning *TBC*	AAA – Advanced *James Maunder*	Subcutaneous MSK *Dr Neil Powers*	RHD: Remote and rural services *Dr Luke Eckersley*
	Population screening for fetal cardiac abnormalities – problems and pitfalls *Trish Chudleigh*	Carotid duplex: complex cases beyond the reach of standard criteria *Martin Necas*	Brachial plexus *Emma Miley*	Transitioning from paediatric to adult world *Dr Andrew Bullock*
	Major congenital cardiac anomalies in the fetus *Joan Sharp*	Vascular fibromuscular dysplasia *Julie Bradbury*	Paediatric hip *Greg O'Connor*	Shunt lesions *Yukari Newman*
	The medicolegal impact of cardiac screening *Trish Chudleigh*	TBC	Paediatric bowel *Sara Kernick*	
	Management of congenital heart disease *Dr Luigi D'Orsogna*	TBC – Proffered paper	TBC – Proffered paper	Bicuspid aortic valve *Dr Brendan McQuillan*

MORNING TEA | 10.30–11.00 am

5 | 11.00 am–1.00 pm	MUSCULOSKELETAL – Sports injuries	GYNAECOLOGY – Fertility	VASCULAR – General	CARDIAC DAY
	Calf injuries *Peter Council*	Deep infiltrating endometriosis – a multi modality approach *Laura Fender and Kristy Milward*	Ovarian veins *Duncan Hardy*	Aortic valve *Dr Gerald Yong and Dr Matthew Erickson*
	Top 10 lower limb injuries *Margaret Leber*	Contrast/saline infusions – what the fertility specialist wants to know *Dr Kristy Milwar*	Don't miss the chronic DVT (again): Why compression sonography is becoming obsolete *Martin Necas*	Mitral regurgitation *Professor David Playford*
	Role of sonography in sports medicine practice *Scott Isbel*	Use of MRI in staging cervical cancer *Dr Laura Fender*	TBC – Proferred paper	Mitral valve pathology – the surgical perspective *A/Professor Jurgen Passage*
	Sports injuries in AFL *Greg Lammers*	Ultrasound of ovarian masses *Dr Kristy Milward*	Peripheral vascular disease *Dr Kevin Ho*	Mitraclip *Dr Chris Finn*
	TBC – Proferred paper	TBC	TBC	

LUNCH | 1.00–2.00 pm

6 | 2.00–3.30 pm	OBSTETRICS – Complications of multiple pregnancies	BREAST – Screening and the multi modality approach	RESEARCH	CARDIAC DAY
	MCDA twins and sIUGR *Dr Jan Dickinson*	Correlation mammogram and ultrasound *Jane Savage*	Sonography in the spinal injured patients (SAPU) *Andrea Rose*	Role of echocardiography in the assessment of the right heart *Professor David Playford*
	MCDA twins and sIUGR	Ultrasound breast implants findings and MR correlation *Dr Joanne Lazberger*	Elastography in the burns patient *Steve Abbott*	Assessment left ventricle *Dr Philip Currie*
	The discordant anomoly and NT in MCDA twins	Targeted sonography following MR abnormality *Dr Jacki Thomson*	Acute skeletal muscle wasting in critical illness *Marilyn Zelesco*	Contrast for sonographers – when and how *Tony Forshaw*
		TBC *Jenny Parkes*	TBC – Proferred paper	

AFTERNOON TEA | 3.30–4.00 pm

7 | 4.00–5.30 pm	MUSCULOSKELETAL – Post surgical	ABDOMINAL – Acute abdomen	ISUOG SESSION/OBSTETRICS	CARDIAC DAY
	Upper limb *Dr Jeff Ecker*	Ultrasound criteria for acute cholecystitis *Paula King*	Facial clefts *Trish Chudleigh*	Interesting Case Studies – Assortment of cases from cardiac sonographers
	RX neuromas *Dr Mark Hamlin*	Abdominal oddities *Professor Vincent Low*	TBC	
	TBC *Dr Brendan Adler*	FAST RPH *Dr Deiter Kohrs*	TBC	
	Post op shoulder *Jan Mulholland*	Bowel *Martin Necas*	TBC – Proffered paper	Cardiac Quiz – Answers/results and winner

ASA GALA DINNER | 7.00 pm–12.00 am

WORKSHOPS F = Foundation I = Intermediate A = Advanced

4 | 8.30 – 10.30 am	RIVER VIEW ROOM 5 – TOSHIBA	MEETING ROOM 6 – SIEMENS	MEETING ROOM 7 – PHILIPS	MEETING ROOM 8 – GE HEALTHCARE	MEETING ROOM 9
	4A | TRADE HOUR	4B | MUSCULOSKELETAL	4C | SMALL PARTS/GENERAL	4D | MUSCULOSKELETAL	4E | FIRST TIME PRESENTERS
	TOSHIBA hour	(A) Advanced shoulder *Jann Axelsen*	TBC	(I) Achilles/plantaris *Marguerite Leber*	TBC – Proferred paper
		4F | BREAST	4G | VASCULAR/GENERAL	4H | MUSCULOSKELETAL	4I | GENETIC COUNSELLING
		(F–I) Basic breast *Lyn Shea Ong*	TBC	(I) Medial ankle *Natalie Colley*	TBC *Rosanne Stock*
	4J | MUSCULOSKELETAL	4K | GYNAECOLOGY	4L | MUSCULOSKELETAL	4M | VASCULAR	4N | SAFE SCANNING TECHNIQUES
	(I) Lower limb nerves *Greg Lammers*	(I) Fertility *Chelsea Hunter*	TBC *Claire Sams*	Renal arteries – tips and tricks *James Maunder*	WWH

MORNING TEA | 10.30–11.00 am

5 | 11.00 am–1.00 pm	5A | OBSTETRICS	5B | TRADE HOUR	5C | VASCULAR	5D | OBSTETRICS	5E | OBSTETRICS
	TBC	SIEMENS hour	(A) Mesenteric Doppler *Julie Bradbury*	(I) The adjusted role of the 12-week scan following introduction of NIPT *Dr Bev Hewitt*	ISHAR – muticultural womens' health communication *Nicola Roberts*
	5F | SMALL PARTS/GENERAL		5G | MUSCULOSKELETAL	5H | OBSTETRICS	5I | INTERESTING CASES
	(F) Gallbladder for beginners *Tessa Wright*		Ultrasound knee *Bridget Vanderkroon*	Making your pelvic ultrasound relevant *Dr Bev Hewitt*	TBC
	5J | OBSTETRICS	5K | MUSCULOSKELETAL	5L | PAEDIATRIC	5M | OBSTETRICS	
	(I) Third trimester *Samantha Ward*	TBC	Paediatric hip *Greg O'Connor*	(F–I) Tips and tricks *Sue Lundy*	

LUNCH | 1.00–2.00 pm

6 | 2.00–3.30 pm	6A | BREAST	6B | VASCULAR	6C | TRADE HOUR	6D | MUSCULOSKELETAL	6E | CERVIX SIMULATOR
	(I–A) Techniques on identifying lesions/case studies *Dr Helena Hamilton-Wright*	(I–A) AAA *James Maunder*	PHILIPS hour	Ultrasound forefoot/midfoot *Margeurite Leber*	TBC
	6F | MUSCULOSKELETAL	6G | PAEDIATRICS		6H | VASCULAR	6I | VOLUNTEERING EXPERIENCES OVERSEAS
	(I) Hamstrings *Stephen Bird*	(I) Paediatric MSK *Emma Miley*		(I–A) VV's *Julie Bradbury*	Volunteer experience *Greg Lammers*

AFTERNOON TEA | 3.30–4.00 pm

7 | 4.00–5.30 pm	7A | VASCULAR/GENERAL	7B | SMALL PARTS/GENERAL	7C | GYNAECOLOGY	7D | TRADE HOUR	7E | BREAKING BAD NEWS
	(I) Ovarian veins *Duncan Hardy*	(I) Scrotum *Faye Temple*	(A) 3D and endometrial assessment *Margaret Pike*	GE HEALTHCARE hour	Breaking bad news *Sonya Criddle*
	7F | VASCULAR/GENERAL	7G | OBSTETRICS	7H | MUSCULOSKELETAL		7I | MAINTAINING HEALTH AS A SONOGRAPHER
	(I–A) Liver transplants *Alison Stock*	(I) Pelvic floor – What the physio needs to know *Narelle Morin*	TBC		WWH

ASA2015 PERTH | DAY THREE | SUNDAY 31 MAY 2015

REGISTRATION & BREAKFAST | 8.00–9.00 am

PLENARIES

8 | 9.00–10.30 am	RIVERSIDE THEATRE	MEETING ROOMS 1 & 2	RIVER VIEW ROOM 4
	MUSCULOSKELETAL – Hip/groin	NON-CLINICAL/WHS/EDU – Celebrating sonography – safety at the workplace	PATIENT JOURNEY
	Post op changes hip/groin *Stephen Bird*	Veterinary sonography *Dr Zoe Lenard*	Scanning in a rural and remote setting *Matt Jones*
	TBC *Greg Lammers*	Privacy/legal *Harry Watson*	TBC
	Looking beyond the inguinal hernia *Jane Axelson*	TBC	Clinical performance ultrasound in rural environment *Jill Muirhead*
	TBC *Dr Suzanne Guy*	Physio *Brett Slocombe*	TBC
	TBC – Proferred paper	TBC – Proferred paper	TBC – Proferred paper

MORNING TEA | 10.30–11.00 am

9 | 11.00 am–12.30 pm	OBSTETRICS – Early obstetrics	RESEARCH – Combination	PAEDIATRICS – Head/neck MSK and renal
	Combined screening – The UK experience *Trish Chudleigh*	Research and importance *Dr Stephen Rankin*	Cranial sonography *Tania Griffiths*
	The intracranial lucency in the first trimester *Ling Lee*	How to write manuscript for publication *Dr Phil Arena*	Tuberous sclerosis *Emma Miley*
	Beyond the nuchal translucency *Emmeline Lee*	TBC – Proferred paper	Paediatric neck *Greg O'Connor*
	Assessment of the fetal heart in the first trimester *Ling Lee*	Personal experience of research publishing *Sandra O'Hara*	First time UTI *Tania Griffiths*

LUNCH | 12.30–1.30 pm

10 | CLOSING PLENARY | 1.30–3.00 pm | RIVERSIDE THEATRE – Panel discussion, Scientific and Trade Quiz prize draws, Award presentations, ASA2016 Melbourne launch, Conference close

WORKSHOPS F = Foundation I = Intermediate A = Advanced

8 | 9.00–10.30 am	RIVER VIEW ROOM 5 – TOSHIBA	MEETING ROOM 6 – SIEMENS	MEETING ROOM 7 – PHILIPS	MEETING ROOM 8 – GE HEALTHCARE	MEETING ROOM 9
	8A | GENERAL	8B | GENERAL	8C | OBSTETRICS & GYNAECOLOGY	8D | OBSTETRICS & GYNAECOLOGY	8E | GENERAL
	(I) Alcoholic liver disease *Carla Elliott*	(F–I) Abdominal tips and tricks *Rayya B-Cliffe*	TBC	TBC	Reporting strategies for general sonographers *Martin Necas*
	8F | GENERAL	8G | VASCULAR	8H | PAEDIATRICS		8I | INTERESTING CASES
	(I) Bowel sonography *Ben Roberts*	(I–A) Renal transplants *Alison Stock*	(I) Paediatric head *Margaret Macintyre*		TBC

MORNING TEA | 10.30–11.00 am

9 | 11.00 am–12.30 pm	9A | VASCULAR	9B | MUSCULOSKELETAL	9C | MUSCULOSKELETAL	9D | OBSTETRICS & GYNAECOLOGY	9E | AUTHORS/REVIEWERS
	(I) Arm DVT *Mark McDonnell*	Finger *Marguerite Leber*	(I) Hernia sonography *Jann Axelsen*	(I-A) Ovarian masses/IOTA classification *Dawn Voges*	Authoring and peer reviewing *Glenda McLean*
	9F | VASCULAR	9G | MUSCULOSKELETAL	9H | BREAST	9I | GENERAL	9J | STRATEGIC EDUCATIONAL DEVELOPMENT
	(I–A) Functional transcranial Doppler *Elvie Haluszkiewicz*	(I) Sonography wrist CTS *Claire Sams*	(F-I) Male breast *Julie Carmack*	Appendix *Don Hort*	This workshop explores how education contributes to a new world view of sonography *Dr Stephen Duns, ASA CEO*

LUNCH | 12.30–1.30 pm

Live pain free – Part 2 of a 3-part series

Doug Wuebben and
Mark (Coach Rozy) Roozen

In the last article of this series (Part 1), Doug Wuebben, a sonographer with years of clinical experience, recounted his journey from nearly losing a job because of physical pain, to being able to do his job pain free. He was able to do this, not just by exercising, but by doing the right moves the right way. Doug also spoke about the way of training and how he and Coach Rozy 'train movement and not muscle'. In this article, Doug and Rozy will give us a little more insight and information on the method behind this way of training.

Keep in mind: many of the stories and illustrations we use will be related to two worlds or points of view:

1. sonographers' view point
2. athletics and training view point

Why? Because that is our world. Both of us have a background in sports and in training. Doug's world, on a daily basis now, is sonography: scanning, dealing with administration, trying to do twice the work in half the time, getting things done with less staff, and the 'big dogs' wanting to cut down on overtime and do more with less staff, less money and less supplies (and we wonder why our bodies show sign of wear and tear and stress). Does that sound familiar to you in your profession and job?

Coach Rozy's world is training people for performance improvement from high-level athletes: NFL players, Olympians and D-1 athletes playing a variety of sports; to individuals wanting to function better and live a better life. To be plain and simple, to not get up each day wondering how they will get through the day without popping pills and rubbing their bodies down with some cream that either heats up, cools down or numbs the areas we don't want to deal with.

Some numbers

(Why do we believe numbers but not how we feel?)

Let's get crazy and say that you have lower back pain. We need to get you doing back stretches, back strengthening and more crunches. Right? Wrong! A *New England Journal of Medicine* (NEJM) article found that 85% of back pain cases have no definitive diagnosis [1]. Meaning when doctors look at ten patients, they can't figure out the problem with eight of them that are in pain. Maybe they should become weathermen.

NEJM showed that when doctors looked at MRI scans, they found that out of 98 asymptomatic backs:

- 52% of the subjects had a bulging disc at at least one level
- 27% had a protrusion of a disc
- 1% had an extrusion of a disc
- 38% had an abnormality of more than one intervertebral disc.

But what about the people who seem to be fine? They must be OK. Or are they? Are you? Here is the big catch of the day – even if you have no symptoms, you are probably still a complete structural mess.

> *'I have seen patients with symptoms down the right leg, but the disk herniation is on the left side. Often the symptoms do not match up with imaging findings.'*
>
> Dr Hodges, radiologist in NYC

What we need to look at is that we are not just individual body parts. For example, there is a lot of research to suggest hip rotation deficits are highly correlated with lower back pain. You must have a solid range of motion in hip internal and external rotation, abduction and adduction, and flexion and extension in order to protect your back.

Tight hips sink your ship

Once back pain begins and we see a problem in mobility, hip mobility will also get worse; you will move less to avoid the pain, creating a domino effect causing your pain to become chronic.

In this example we are looking at the back. What if we were talking about the shoulder, the knee, or the wrist? Is it an area problem or a body problem?

If you've ever hurt your ankle before, the solution is often to follow the RICE formula, right?

- Rest it
- Ice it
- Compression it
- Elevate it.

In a few days or weeks, it's all better. Or is it? What is ailing us might be better, but are we well? When the ankle is fine, is the rest of the body tip-top too? Not really.

When we take a closer look, as we work our way up the body, we may find some other problems. What has been found is that there is significant delay in the onset of activation of the gluteus maximus on the injured side. Simply put, the glutes shut off so the ankle can heal [2]. In regular people talk, the butt muscles shut down because we change how we move and how we walk to help the ankle get back to normal. The problem is, when the ankle gets back to normal, the glutes don't know that they need to get back to work. With them still on leave, it literally leaves you with a pain in the butt!

So even when your ankle is better – other parts of the body might not be. This isn't vital news for only sonographers reading this – that is key for anyone and everyone that has had an injury, has gone back to work, but it just doesn't feel right. The reason you don't feel quite right is because you're not!

Building blocks

Think of your body as building blocks if you will. We start at the ground level and work our way up through different body segments. The foot is block one, the ankle is block two, the knee is block three, the hips are block four, the lower back is block five, the upper back and shoulders are block six, the neck is block seven, and our heads are block eight.

Now, pretend you are a child again. We're going to take real building blocks and start to stack them on top of each other. How does the stack look? Are the blocks neat, in line and in perfect order? Great. You can go into the construction business or work in a day care. Do us a favour, start all over again but this time take the second block and move it out half a block from the first block, so it's sticking out from the bottom block. When you start to stack the other blocks, do you go straight up from the second block? Do you line up the other blocks in line with the first block?

In either case, guess what? The blocks fall down! Just like the body. If we have severe injury or trauma, we notice it right away. What some of you might have done is start to stack those other blocks on top of the second block, but stagger the blocks or offset them as you continue to go up.

That's how most of us are. We compensate for one problem by taking stress and strain and putting it into another area. We hinder mobility – because if we move one of our blocks, the whole thing can come tumbling down, and if we lose stability (which over time can cause the blocks to start to tear down) we have injury. Our ankle is hurt so it affects our lower back and hips. We don't take care of our hip problem and it leads to neck and shoulder problems.

The good news is we can change this. By understanding how we move, how to correct movements and how to maintain correct movement patterns, we can live a pain-free life. In the final article of the series, we will cover some of the right moves to start living that pain-free life.

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Mark (Coach Rozy) Roozen, MEd CSCS,*D, NSCA-CPT, FNSCA and Doug Wuebben BA, AS, RDCS (Adult and Peds) are cofounders of LIVE PAIN FREE. They have published many articles and present at conferences and seminars. They can be reached at livepainfree4u@gmail.com.

Access to the recorded asa**webinar** 'Stretching technique for alleviating and preventing sonographer injury' by Doug Wuebben is now available. Access will be open for 12 months from when the asa**webinar** was hosted (5 March 2015). asa**webinar** library allows you to catch up on any live asa**webinars** that you missed, at anytime that is convenient for you. Register now at **www.a-s-a.com.au**.

Heart of Australia – Mobile cardiac care for Queenslanders

Richard Allwood (SIG Cardiac)
and Dr Rolf Gomes

Heart of Australia has been described as one of the most innovative programs in generations and delivers frontline specialist medical services specifically aimed at helping Australians whose lives are threatened by this nation's vast distances.

The program is the brainchild of Brisbane cardiologist Rolf Gomes, the principal of Medihearts, and the service aims to revolutionise the delivery of first-class specialty services to rural and remote communities. The new program is designed to bring medical specialists to regional and rural Queensland areas.

The idea for Heart of Australia came to Dr Gomes over five years ago when he was practising in regional areas as a junior doctor and registrar. During his time there, he saw how difficult it was for rural patients to access services taken for granted in the city.

'For some people in these areas it can be a day's drive or longer to see a specialist. Clearly this means many people will put off what could be a life-saving appointment, but if they have a service that comes to them it will make things a whole lot easier,' he said.

Heart of Australia is a custom-built, $1.5 million, 25 m-long mobile clinic on wheels, providing two private clinic rooms, a testing room and a reception area for patients. It is wheelchair accessible and fully air-conditioned.

The program offers special medical services, including cardiac and respiratory consultations, testing and follow-up appointments. It includes state-of-the-art diagnostic testing equipment and has the capacity for teleconferencing and telemedicine.

Heart of Australia is staffed by a consulting cardiologist, respiratory medicine specialist, nurses and cardiac sonographers on a rotating roster. Other specialists and support staff fly into towns and join the mobile clinic when required.

Dr Gomes has gained support from the Australian Government and Queensland's largest private cardiology group, the Queensland Cardiovascular Group, which will assist with the provision of cardiologists.

Heart of Australia began delivering specialist investigations and consultations to regional, rural and remote communities across Queensland, on a fortnightly basis, in October 2014. Phase one has commenced in the southwest with the mobile unit stopping in each town for two days, and it returns for another two days each fortnight. The planned second phase will see the program

Fig 1. Dr Rolf Gomes (left)
Fig 2. The Heart of Australia mobile clinic (above)

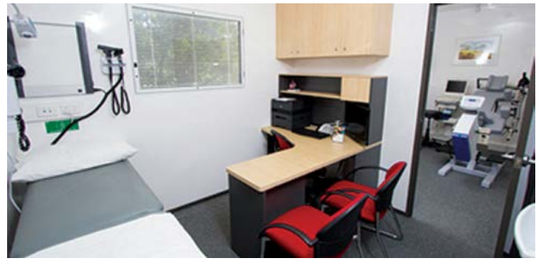

Fig 3. Inside the clinic

Phase 1	Phase 2	Phase 3
Roma	Central West	North West
Dalby		
Charleville		
St George		
Goondiwindi		

Fig 4. Phases of the program

extend its reach towards the central and north-west regions of Queensland in the New Year.

From the beginning, Dr Gomes planned that Heart of Australia's services would include cardiology consultations, stress echocardiograms, exercise stress testing, echocardiograms, electrocardiograms, Holter monitoring, ambulatory blood pressure monitoring and sleep apnoea testing.

In terms of the area it will cover, this promises to be the most ambitious service of its kind anywhere in the world.

Heart of Australia provides people in remote areas access to specialist services without having to travel thousands of kilometres.

As well as supporting investigation, diagnosis and consultation facilities, the mobile clinic will also host telemedicine consultations and teleconferencing, connecting patients with specialists and other health providers in main cities thousands of kilometres away.

Dr Gomes believes cardiovascular disease remains the leading cause of death in Australia, with one person dying every 12 minutes. People living in remote areas have a far higher rate of hospitalisation and death resulting from the disease.

By bringing specialist cardiac care to remote areas, it is hoped that this will help change that.

'One of the things with cardiovascular disease is that if you detect the symptoms early, there are lots of treatments that will prevent you having a heart attack and will certainly prevent people dying unexpectedly or unnecessarily', he said.

Queensland Senator Barry O'Sullivan has commented that the mobile clinic would be a 'game changer' for medical service delivery across rural and regional Queensland.

'This mobile cardiology clinic will provide access to appropriate and timely care without forcing families to travel vast distances and face long separations from each other'.

For more details go to http://www.heartofaustralia.com.

The impact of cardiovascular disease

The Heart of Australia program has been endorsed as an important strategy to promote universal access to health care in rural and remote Australia. Nearly one-third of the Australian population live in rural and remote Australia, but they suffer poorer cardiovascular outcomes compared to those living in major cities and regional Australia [1,2]. In Queensland, approximately 56% of the population live outside the Brisbane metropolitan area and 34% live outside south-east Queensland [1,5].

People in more remote areas tend to have poorer health than people in cities [1,6]. The deaths and hospitalisation rates from cardiovascular disease are increased with remoteness [1]. Coronary heart disease is the most common underlying cause of death both inside and outside major cities [8,9]. Most of the north and west of Queensland report death rates that are more than 20% higher than those in Australian major cities [1].

A person's life expectancy is known to decline with increasing remoteness [2,6]. The figures are affected by the higher overall Indigenous mortality rate and an increasing elderly population in rural areas. Rural, and especially remote regions, have a substantially higher proportion of Aboriginal and Torres Strait Islander people, especially in areas such as the Queensland outback (30.2%).

Cardiovascular disease is the leading cause of death in both male and female Australians and there are significant

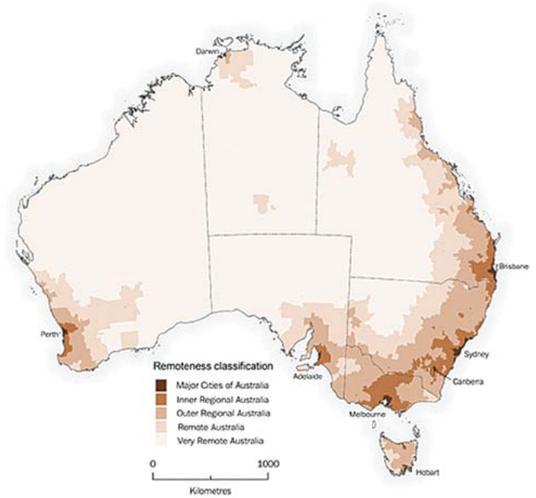

Fig 5. Australian Standard Geographical Classification by remoteness areas (areas grouped together based on their road distance to the nearest population centre) [2,4]. Source: Australian Bureau of Statistics. This material has been used under a Creative Commons Attribution 2.5 Australia licence

cardiovascular health inequalities existing across Australia [9]. Effects of rurality on cardiovascular disease include [2,5,9]:

- reduced access to health care
- lack of health care providers
- longer travel distances to health care providers
- fewer visits to health care providers
- higher proportion of disadvantaged population
- job insecurity, unemployment
- less educational opportunities
- lower incomes
- more life stress
- limited health prevention and education programs.

Access to specialist health services in rural areas is an important determinant of health care outcomes for patients with cardiovascular disease. People living in these regional and remote areas tend to have lower levels of access to health services [1,2]. Specialist involvement can provide a more equitable means of service delivery than hospital-based services alone. There is a healthy level of interest in rural medical work, but remote service is less common.

Rural patients see their general practitioners, on average, fewer times per year than city dwellers and have less access to cardiologists, who are more likely to be aggressive with cardiac therapies [1].

Timely access to investigation technologies and interventional techniques can be a problem. It has been shown that drugs and some interventions for cardiovascular disease are underused in rural areas, particularly if patients have to travel for hours before even being considered for investigation or intervention [2,3,7].

Due to Australia's large and vast geography and diverse population, health care in rural and remote areas presents a unique set of challenges. The Heart of Australia program is an innovative response that addresses rural health inequalities, breaking down the barriers that relate to access to health care and communication between health care professionals.

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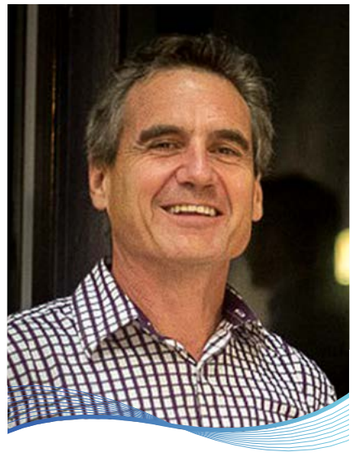
person profile

Scott Allen



A short bio

I started ultrasound scanning in 1989 at Green Lane Hospital, Auckland, New Zealand following graduation as a radiographer. I then completed my Master of Science degree in Clinical Ultrasound at South Bank University, London while on my overseas experience (OE), when working at King's College Hospital. At King's, I was very lucky to be working with Dr Hylton Meire, a radiologist who pioneered the use of ultrasound in radiology. At the same time, I worked with Professor Stuart Campbell, an obstetrician who trained with Professor Ian Donald, the inventor of obstetric ultrasound. He has been responsible for world-leading research and training in obstetric ultrasound. I still have the uncashed cheque signed by Professor Campbell from my first teaching job for lecturing on one of his ultrasound courses. Since then, teaching ultrasound has been what I have done. I learned a valuable lesson – that through preparation, presentation and questioning, the teacher learns the most.

Returning to New Zealand I then worked at National Women's Hospital, Starship Children's Hospital, North Shore Hospital and Waitakere Hospital. During this time, I was charge sonographer at Waitemata Health. For the last 10 years, I have been running my own business contracting to a private radiology company. I have been specialising in musculoskeletal ultrasound by working closely with physiotherapists, osteopaths and specialist doctors. I have undergone further training, achieving a Post Graduate Certificate in Sports Medicine at the University of Auckland.

What about life outside work?

Starting my own practice this year means I barely have time for life outside work. Any spare time I have is spent with my wife and two children. I have a 16-year-old son who swims seven to eight times a week and a 14-year-old daughter who dances five times a week, so we spend a lot of time talking in the car.

What does your current job involve?

I started my own company in March 2004, contracting to private practice, paid on a per scan basis. I spent 10 years mostly scanning for one company, along with running courses for sonographers in musculoskeletal sonography and courses for physiotherapists using ultrasound imaging as a biofeedback tool. I also imported ultrasound machines from China to sell to physiotherapists and did scanning for the local NRL rugby league team for one season. This year I have set up my own scanning practice specialising in musculoskeletal ultrasound. I now employ a radiologist to report my scans and to perform ultrasound guided injections. My practice is based in an osteopath clinic training osteopath students. I have also recently started scanning in a physiotherapy clinic. I have purposely done this so that I work closely with referrers while learning from them and communicating with them directly.

What aspect of sonography has been most rewarding?

I would have to say that explaining the result of the examination to the patient at the end of the scan is very rewarding. I have also always been involved in teaching – I learnt very early that the teacher learns the most.

Your greatest achievement?

The first would be finishing my MSc in a clinical ultrasound research project. My second greatest achievement would be getting to scan Ula's baby, the character on the TV soap *Shortland Street* – I even had a line: 'It's a beautiful baby boy!'

Currently reading? Favourite authors?

I love reading (business guru) Tom Peters' work – he has great books, that are easy to read, with lots of great ideas and even an interesting rant about healthcare in the USA.

Favourite place you have travelled to?

Getting married in Corfu, Greece and then travelling around for a month.

Person you would like to meet?

Greg Lammers. I met Greg when we both presented an MSK Travelling Workshop together, so really I would like to meet him again. Greg, where are you? I need my reading list updated.

Who do you have respect for and why?

Mike Heath, a fellow sonographer in Auckland. Mike is a man who quietly goes about his business, runs his own practice and produces some of the best presentations at conferences. He has a passion for sonography and is committed to training the next generation of sonographers. He is patient, focused, humble and is a man of integrity – a great role model for our profession.

person profile

Steve Mackintosh

A short bio

I am an Australian living in New Zealand and the father of three boys. I am still not sure how this eventuated but it went a little something like this …

In 1992, I moved from Ballarat to Melbourne to train as a radiographer through RMIT, before working at the Austin Hospital. At the Austin, Anne-Maree Grant agreed to train me as a sonographer. Throughout my time spent training and working in Melbourne, I was fortunate enough to be under the tutelage of four great bosses: Anne-Maree, Niki Koutrouza, Lynne Johnson and Gabrielle Fedai. They showed me the importance of striving for excellence whilst having fun and working as a team.

In 2000, I heard about a job in Vancouver, Canada. Vancouver General Hospital was similar to the Austin with little in the way of obstetrics and a lot of liver imaging. Vancouver General Hospital was a great experience – it was there that I met my wife, a Kiwi sonographer looking to see polar bears. She managed that and returned home to New Zealand with me as extra carryon.

I have spent the last 10 years in Wellington (Hutt Valley to be precise) working for Pacific Radiology, an ever-expanding group, with my wife as charge sonographer. I took the opportunity to train in MRI and combine the two modalities. The two modalities complement each other and I feel the combination has improved my work in both areas. Recently my role has been that of a tutor sonographer – working with five fantastic students who I know will go on to be terrific sonographers.

Today I am writing this from Palmerston North. It is closer to family, and my wife and I are helping to set up a new branch for Pacific Radiology. It is a new challenge for both of us and the next chapter in our exciting adventure.

Why is being on the ASA Board important to you?

Being involved with the ASA is important to me. I always appreciated the ASA for its fantastic conferences; however, since convening SIG2013 Wellington, I have come to understand that the ASA does so much more. As strong advocators for the sonographer profession, ASA is playing an important role in shaping the profession and how stakeholders view sonographers. With expansion to New Zealand, I see my role on the Board as advocating for Kiwi sonographers and exchanging information for the benefit of sonographers in both countries. Another important role of the Board is supporting the fantastic group of administrative staff at head office. They do a great job and I am proud to work with them.

What aspect of sonography has been most rewarding?

Hands down, it would be working within the liver transplant environment of the Austin Hospital. Seeing these patients time and time again for more frequent liver Doppler scans, as their health deteriorated, was difficult. Examinations in ICU post-transplant are always challenging, but the real reward was calling out a familiar name in the outpatient waiting room and seeing an unrecognisable, happy and healthy face come towards you. It was a real buzz.

Favourite movie?

Any movie that I can enjoy with my kids is really great. My current favourite would be *The Avengers.* My oldest child and I saw it on the big screen and had a great time. For more adult tastes, I would say

Lost in Translation by Sophia Coppola. The acting by Scarlett Johansson and Bill Murray was fantastic and the soundtrack is spot on.

Currently reading? Favourite authors?

I am reading *Perfidia*, the latest novel by James Ellroy. He is my favourite author. He writes crime fiction based on real events and people. The novel *American Tabloid* explored the mafia, J Edgar Hoover, the Kennedys and the Bay of Pigs invasion.

What do you do to relax?

I like to listen to a good podcast, either before sleeping or in the car. My three favourites are *All Songs Considered* by NPR radio, a weekly music program that has introduced me to many great new artists. *The Smartest Man in the World* with Greg Proops is another favourite. He is more known for being on the 'improv' show *Whose line is it anyway?* This podcast is an unscripted sermon based on his usually humorous and always insightful take on current events. *This American Life* is an American public radio documentary-style program that is entertaining and informative. It features one of the great voices of radio – Ira Glass. He could read a phone book and make it sound enthralling.

Who do you have respect for and why?

It would have to be my younger sister who is 38 years old and has cystic fibrosis. Her lung transplant hasn't gone as well as we would like but I have never heard her complain once. On the other hand, me rising from bed in the morning … everyone hears about that. She is a tough one.

PD-asa report

For 2015, make PD-asa your default CPD program and enjoy the benefits offered by the ASA

The ASA is committed to providing and influencing quality academic and clinical education by improving access to relevant and varied CPD opportunities for sonographers in Australia and New Zealand.

PD-**asa** is the ASA's CPD program that has been specifically tailored for sonographers and is ISO 9001:2008 quality certified. The ASA is an approved CPD program provider with the Australian Sonographer Accreditation Registry (ASAR) and New Zealand Medical Radiation Technologists Board (NZMRTB).

Along with making life easier, the PD-**asa** CPD program provides the following benefits:

- free and exclusive access to ordinary, supporting and student members
- a menu-based web portal
- automatic logging of CPD points earned from a wide range of ASA educational activities to meet your triennium requirements
- easy submission of non-ASA activities
- personalised service from our dedicated PD-**asa** Program Coordinator
- an online profile you can view to check your status and access a range of various CPD audit document templates
- program rules developed to provide a framework to operate within
- *PD-**asa** Alert* e-newsletter to keep you updated on news, timelines and CPD opportunities
- PD-**asa** Program Coordinator to work with participants who are audited throughout the process
- Allowing dual professionals (e.g. sonographers/radiographers) who are ASA Members to utilise PD-**asa** for automatic logging of CPD points earned from ASA activities and providing a summary in one place. This can ultimately be used when lodging CPD points with the Australian Sonographer Accreditation Registry (ASAR), the Medical Radiation Practice Board (MRPB) or through another CPD program.

PD-**asa** offers three pathways of participation to cater for all sonographers – from those wanting the flexibility to manage their CPD over a triennium through to those seeking recognition of additional professional development opportunities.

The PD-**asa** pathways are:

- PD-**asa** Essentials – 40 CPD points per triennium, the minimum required to practise
- PD-**asa** Endeavour – 15 CPD points per yearly cycle and 10% of participants audited annually. Offered for those participants focused on planning and engaging in CPD annually
- PD-**asa** Extension – 40 CPD points per yearly cycle and 10% of participants audited annually. This pathway is offered to recognise and reward participants who make a significant additional contribution that enhances the profession of sonography.

In 2015, make PD-**asa** your default CPD program to enjoy the benefits offered by the ASA.

For more information, please contact the ASA at cpd@a-s-a.com.au

education

soundwaves

ASA Education activities report for 2014

The ASA's commitment to education has resulted in increased attendances across Australia and New Zealand in 2014. Largely due to our formidable network of 20 branches – all supported by committees focused on delivering quality education and meeting local needs – attendances have continued the strong upward trend experienced in previous years.

Illustrated in the chart below, the branch education meetings continue to be our members' choice of education with over 40% of the total attendances. Notably, Auckland and Wellington Branches ran clinical workshops that attracted sonographers from all over New Zealand – not just in their local areas.

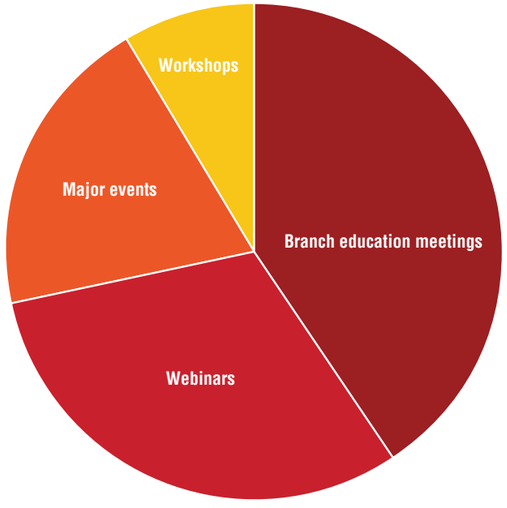
The asa**webinars** (both live and recorded) have been a great addition to the program, particularly for members who otherwise may have difficulty attending education activities to meet their continuing development needs. In 2015, the ASA has another strong line-up of presenters, including an international speaker from the US presenting a webinar on health and wellbeing.

In 2014, the ASA's major events included ASA2014 Adelaide and SIG2014 Brisbane, both of which were well attended. The ASA was particularly pleased to partner with the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG) for their 18th International Conference on Prenatal Diagnosis and Therapy 'Imaging of fetal heart', which was held in conjunction with the ASA's SIG2014 Brisbane program, 'Obstetrics and gynaecological sonography – getting to the heart of the matter'.

The 2014 Travelling Workshop series continued to be well supported by regional and small cities in Australia and New Zealand. Many attendees commented on their appreciation of being able to attend workshops with live scanning provided by well-respected sonographers in their local region.

With almost 6,000 recorded attendances spread over a broad range of educational activities, it is clear that the ASA continues to deliver a high quality program that promotes professional development, encourages ongoing skill advancement and meets the growing needs of sonographers.

Education event	Attendances	%
Branch education meetings	2425	40.7
asa**webinars**	1833	31
ASA2014 major events (ASA2014 Adelaide and SIG2014 Brisbane)	1180	20
ASA Workshops (Travelling Workshops, Masterclasses, trainee and clinical supervision	494	8.3
ASA2014 Adelaide webcasts	122	2
TOTAL	**5932**	**100**



images

Richard Allwood, SIG Cardiac

Presentation

A 29-year-old male with a recent episode of atrial tachycardia presented for an echocardiogram to exclude structural heart disease. Echocardiogram revealed a right atrial mass that measured approximately 15 mm in diameter. The mass was immobile and located in the posterior region of the right atrium.

Question: What is the potential cause of the right atrial structure?

Answer: The right atrial structure most likely represents a prominent crista terminalis. Differential diagnosis of an intracardiac mass may include vegetation, thrombus, tumour, foreign body, normal anatomical variant or artifact. Size, shape, location, mobility and attachment of the mass combined with the clinical findings can help differentiate aetiology.

3D echocardiography revealed a ridge-like structure that was continuous with the posterior right atrial wall. There was no turbulent flow within the right atrium to suggest obstruction on colour flow imaging.

Discussion

Crista terminalis is a fibromuscular ridge that is located in the posterolateral aspect of the right atrial wall. It extends from the upper portion of the atrial septal surface, passing anteriorly to the opening of the superior vena cava extending down to the lateral side of the entrance of the inferior vena cava.

The crista terminalis originates from the regression of the septum spirium as the sinus venosus is incorporated into the right atrial wall. It divides the trabeculated anterolateral atrium from the smooth region of the atrium known as the sinus venarum. The prominence and thickness varies widely in adults and its prevalence has not been well documented in the adult population. Prominent thickening of the crista terminalis can mimic a pathologic right atrial mass on transthoracic echocardiography. Understanding of the anatomy and the echocardiographic appearance of a prominent crista terminalis can minimise the misdiagnosis of this structure. Transesophageal echocardiography can be used to differentiate a nonpathologic atrial structure from a pathologic one.

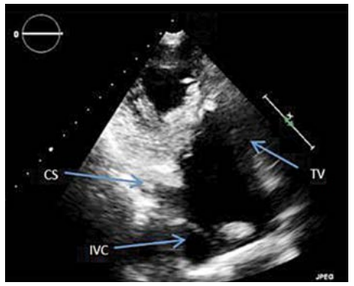


Fig 1a. 2D echocardiographic image of the right ventricular inflow tract (CS – coronary sinus, IVC – inferior vena cava, TV – tricuspid valve)

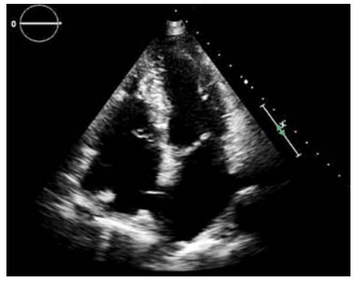


Fig 1b. Apical 4-chamber view demonstrating a right atrial mass

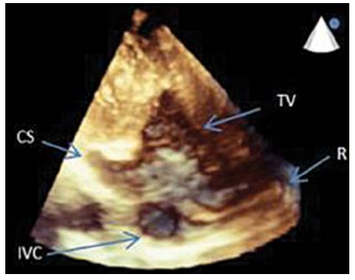


Fig 2a. 3D echocardiographic image of the right ventricular inflow tract (R – ridge)

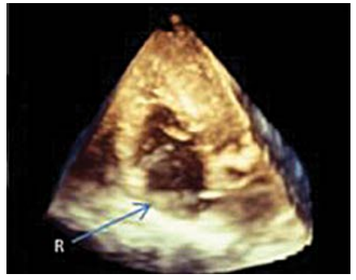


Fig 2b. Apical 4-chamber view (R – ridge)

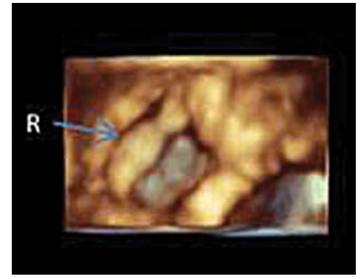


Fig 2c. En face view through the tricuspid valve from apical 4-chamber (R – ridge)

References

1. McKay T, Thomas L. Prominent crista terminalis and Eustachian ridge in the right atrium: Two dimensional (2D) and three dimensional (3D) imaging. *Eur Heart J Cardiovasc Imaging.* 2007; 8(4): 288–91.

2. Salustri A, Bakir S, Sana A, Lange P, Mahmeed W. Prominent crista terminalis mimicking a right atrial mass: case report. *Cardiovascular Ultrasound*; 2010:8:47

cpd wrap up

October–December 2014 saw the ASA hold various CPD educational activities in locations throughout Australia and New Zealand. Thank you to our members who continuously support the ASA by volunteering their time to plan, organise and present at our educational activities every month.

Australia

Australian Capital Territory

20 October

ACT Branch education meeting, Calvary John James Hospital, Thyroid nodules, presented by Dr Susan Wigg

29 October

ACT Branch education meeting – cardiac group, Canberra Hospital, Contrast imaging – current guidelines, presented by Stacey Searle

4 December

ACT Branch education meeting, Toshiba Offices, Students and new graduates case study evening

New South Wales

7 October

New South Wales Branch education meeting, Royal Prince Alfred Hospital, Rheumatoid arthritis wrist: What to look for and nerves of upper limb, presented by Lisa Hackett, sponsored by Siemens

21 October

New South Wales Branch education meeting, Royal Prince Alfred Hospital, Vascular malformations – where to start? presented by Yana Parsi. May-Thurner syndrome, presented by Jacqui Robinson. Forewarned is forearmed – the importance of communication, presented by Catherine Kovatch, sponsored by Quantum Healthcare

25 October

Port Macquarie Travelling Workshop, Rural Clinical School, Advanced lower limb MSK, presented by Marguerite Leber

Riverina Branch education meeting, Regional Imaging Riverina, Pelvic floor: a physiotherapist's perspective, presented by Cathy Arnold. Practical pelvic floor ultrasound, presented by Karen Dorsett. Non-invasive prenatal testing (NIPT), presented by Dr Carl Henman and a presentation by Dr John Currie

30 October

Riverina Branch education meeting, Hilltop Accommodation Centre, Popliteal entrapment, presented by Gordon Reynolds. Brachial plexus, presented by Claire Flavel and a presentation by Dr Max Kupershmidt

4 November

New South Wales Branch – Sydney Imaging Group, Next Generation Club, Cardiac interesting cases with presentations from Royal Prince Alfred and Concord Hospitals

15 November

Wagga Wagga Travelling Workshop, The Wollongong Hospital, MSK lower limb with nerve tracking – a clinical perspective, presented by Lisa Hackett

18 November

Illawarra Branch education meeting, Wollongong, case study evening

10 December

Riverina Branch education meeting, Regional Imaging Border and Regional Imaging Riverina, asa**webinar** – Paediatric sonography, presented by Cain Brockley and followed by group discussion in Albury and Wagga Wagga

Victoria

1 October

Gippsland Branch education meeting, Bairnsdale Regional Health Service, asa**webinar** – Male breast, presented by Jenny Parkes, followed by group discussion at Bairnsdale Regional Health Service

11 October

Bendigo Travelling Workshop, Monash University School of Rural Health, Obstetric and gynaecological sonography, presented by Catherine Robinson

11 November

Clinical supervision workshop, Ballarat Base Hospital, presented by Monash University HealthPEER team

Gippsland Branch education meeting, West Gippsland Hospital, asa**webinar** – Scanning for endometriosis – where to begin, presented by Dr Valeria Lanzarone, followed by group discussion

15 November

Goulburn Valley Branch education meeting, The Connection Conference Centre, Get your probe on the pulse with presentations by Dr Claire Campbell, David Johnson, Kristy Thomas, Eileen Brettig

22 November

Gippsland Branch education meeting, Latrobe Regional Hospital, case study presentations

2 December

Victoria Branch education meeting
St Vincent's Hospital, case study evening

10 December

Gippsland Branch education meeting, Central Gippsland Health Service, asa**webinar** – Paediatric sonography, presented by Cain Brockley, followed by group discussion

cpd wrap up

Tasmania

5 November

Tasmania Branch education meeting, Calvary Hospital, Case study evening, sponsored by Philips Healthcare

Northern Territory

8 November

Alice Springs Branch education meeting, Alice Springs Hospital, Obstetric and gynaecological sonography with live scanning, presented by Catherine Robinson

10 December

Northern Territory Branch education meeting, Darwin Medical Imaging, asa**webinar** – Paediatric sonography, presented by Cain Brockley, followed by group discussion

Queensland

22 October

Queensland Branch education meeting, Mater Private Clinic, Non-invasive prenatal testing (NIPT) – the how, why and when, presented by Dr Jackie Chua

8 November

Hervey Bay Travelling Workshop, Hervey Bay Hospital, Advanced lower limb MSK sonography, presented by Marguerite Leber

13 November

Toowoomba/Darling Downs Branch education meeting, Toowoomba Base Hospital, case study evening on ectopics, with Dr Luke McLindon

21 November

Far North Queensland Branch education meeting, Rydges Esplanade Resort, case study evening

10 December

Townsville/North Queensland Branch education meeting, The Townsville Hospital, asa**webinar** – Paediatric sonography, presented by Cain Brockley, followed by group discussion

Gold Coast Branch education meeting, Rivera Trattoria, Ectopic pregnancy, presented by Rebecca Tuominen and Kristy Sanderson, followed by a trivia night and medical terminology quiz

South Australia

9 December

South Australia Branch education meeting, University of South Australia, case study evening

Western Australia

27 October

Western Australia Branch education meeting, Sir Charles Gairdner Hospital, Musculoskeletal sonography – forefoot, presented by Dr Brendan Adler, with a hands-on presentation by Marguerite Leber

2 December

Western Australia Branch education meeting, Sir Charles Gairdner Hospital, interesting case evening

New Zealand

Wellington

25–26 October

Wellington Travelling Workshop, Wakefield Hospital, Abdominal and renal sonography, presented by Faye Temple

Online

1 October

asa**webinar** – Male breast, presented by Jenny Parkes

22 October

asa**webinar** – Ultrasound in rheumatology, presented by Lisa Hackett

11 November

asa**webinar** – Scanning for endometriosis – where to begin by Dr Valeria Lanzarone

27 November

asa**webinar** – Echo investigation of chest pain by Richard Bailey

10 December

asa**webinar** – Paediatric imaging part 2: Head and neck by Cain Brockley

feature
article

Are you the best person for the job?

Marcus Gyles

Does your resume scream – I am the best person for this job? If not, you have already lost your dream role.

Dream jobs are 'won' by sonographers who know what they want and know how to paint themselves in the best possible light. While winning a job is much more involved than simply having a good resume, the resume is, however, the first key hurdle that many sonographers never really get their heads around.

This is a huge shame, as many Australasian sonographers have amassed careers with substantial and highly impressive skills and achievements, yet this information is never conveyed unless directly enquired about. Poor resumes are often explained as 'I don't really need an awesome resume to get a job', and while this is true, there is a massive difference between a 'job' and a 'dream job'.

I challenge you to spend a few hours with your resume and consider how it stacks up against the following resume suggestions.

Make it obvious how to reach you

You are busy and so are hiring managers. Make it as easy as possible for them to reach you. If you can't take phone calls during the day, make sure to indicate when you are free to speak. Make sure you use a phone or email address that you control. Imagine having your dream manager being accidentally screened by your three-year-old …

Don't include too much personal information

At this stage a hiring manager doesn't need to know your health or marital status. In fact, at this stage they do not need to know much about your personal circumstances unless it's directly related to the job requirement. Allow the hiring manager to judge you on your experience instead.

Executive summary – you summarised

Instead of a generic, long and almost always unread 'objective statement', use the first six sentences of your resume to summarise you – concisely. This is also where you explain what you are looking for, what you are good at and how you can add value. It is best to ensure that this statement is relevant to the job you are applying for.

Most recent job first

Your most recent job is what is looked at first. If it is relevant then the rest of the resume will be explored. Therefore, ensure that the following key points are very noticeable: job title, employment dates, company name, and location, scan types undertaken, additional responsibilities i.e. staff management.

Use the same format as above and have your previous jobs follow on from your most recent job.

Keywords appropriate to the job you are applying for

Not that it's happening in medical imaging yet, but in other industries computer programs do the initial screening and will reject candidates that don't have relevant job keywords in their resumes. Therefore, try to match keywords from the job description to your resume i.e. MSK, vascular, sonographer, charge, management, IU22, etc.

Describe each company you have worked for

It's helpful for decision-makers to know the size of the company you have worked for. For example, being in charge of a bulk billing, multimodality and busy practice is different to working for a quiet rural hospital. Save yourself the hassle of writing this from scratch and lift it directly from the company's website. Attach this information underneath the name of the company.

No dense blocks of text

Fact: people make a split second, subconscious decision on whether or not to read your information based on how easy it looks to digest. If you decide to express your experience as one huge block of text, you can expect it to go unread and therefore unnoticed. Make it easier for the decision-maker and use bullet points, or at least have a space between paragraphs.

Be concise

When writing your job descriptions, keep them as concise as possible (and use bullet points). Remove as many unnecessary words as possible i.e.

- Scanned MSK, vascular and general pathology
- Trained three junior sonographers
- Sourced, evaluated, negotiated and ultimately installed three new Toshiba Aplio 500 machines

Put the most relevant responsibilities at the top of the list.

Always include accomplishments

Accomplishments act as proof that you are great at your job. Typically, you want three accomplishments per job and, ideally, they will be specific and measurable i.e.

- 'Awarded ASA Pru Pratten sonographer of the year' or
- 'Successfully installed three new Toshiba Aplio 500 machines while negotiating a saving of $15,727 from their retail price or
- 'Created a new protocol that saved 3-minutes processing time per patient'

However, if you are struggling to come up with chunky achievements, consider softer achievements, such as 'Was recently commended by the Director of Radiology on the quality of my MSK images'.

Include things that make you stand out

If you have had experience in any of the following, then brag about it. This experience conveys more about you than you can possibly imagine. Use bullet points if possible and keep it concise:

- Research experience
- Presentations and publications
- Teaching experience

Management and leadership experience

Sonographers are being asked more and more to assist the newer generation of sonographers, either through clinical leadership or direct training. If you have done this, then you are automatically more valuable to an employer.

If you want to become a leader and ultimately a manager, actively seek out this experience and ensure that it is promoted on your resume.

Systems, protocols and machine experience

List every machine and system you have worked with. It's important to decision-makers to know what you are like with systems and machines in general, so make it really obvious. Same goes with reporting and general software too.

Ongoing professional development is awesome

Hiring managers want to see that you are committed to your own ongoing development. Definitely, list the courses and conferences you have attended – in bullet points.

White space and clear headings

White space is literally referring to space between the text. It acts as lubricant for the eye and should guide the reader through your resume from one heading to the next. Reducing white space between sections or paragraphs gives the eye the impression that they are connected.

On the other hand, if you have too many dense blocks of text (black space) then your resume won't be read.

The key is to format the information in a way that makes it easy to scan. It's better to have a resume spread out over more pages than to have it too condensed.

Don't use crazy fonts, colours or italics

Stick to black and white and use a sans serif font, which experts claim are the easiest to read. Good examples are Arial, Tahoma, or Calibri. Make the headings around font size 16 and body text around 11. Your name should be the largest text on the page.

Keep all text in the same font and don't use italics or underlining. It's simply distracting otherwise.

Do not include images or headers/footers

Avoid adding any embedded tables, pictures or other images in your resume as this can confuse the applicant-tracking software and jumble your resume in the system.

Don't use tables to lay out a document. They often corrupt, making your resume worthless.

feature
article

Are you the best person for the job?

Don't have content spread across two pages

You should never allow your resume to have sections cut in half by a page break. It is better to have extra white space at the bottom of a page and put your next heading or job on the top of the next page.

Put great formatting above making it shorter

People incorrectly assume that your resume needs to be fewer than two pages long. This might have been the case back when everything was done on paper.

Now the key consideration is ensuring that your key experiences, achievements and selling points are noticed and that means using lots of white space. If this means your resume is 5 or 6 pages long, then so be it.

Don't say 'references upon request'

Every hiring manager knows you are going to provide references if they request it, so there's no reason for you to include this line. Again, remember that space on your resume is crucial so don't waste it on a meaningless line.

Professional diary

A great resume will act as your professional diary. Over time, you will naturally forget about previous experiences and before long, small but important experiences will have been lost to history.

Summary

Yes, turning a poor resume into a good one will require some time investment. But once you have a great template, then making additions is a straight forward and fast process. Ultimately this will ensure that your resume becomes a living document that will grow and mature alongside your career.

Marcus Gyles is the managing director of Cruitier, which is a medical imaging recruitment company.

Should you desire feedback or resume guidance, Marcus is happy to communicate directly with you. He can be reached on 0404 880 550 or marcus@cruitier.com

reader
competition

Last issue's cases

The first case showed a 'feathered' mass lying transverse across the midline.

Answer: Ectopic cervical thymus tissue

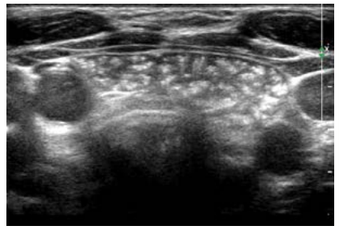
The second case demonstrated a vascular lesion in the fetal head.

Answer: Vein of Galen aneurysm

Correct answers were received from the following members:

Cervical thymus

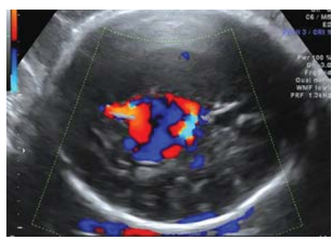
Lee-anne Ning (Scoval)
Jenny Parkes
Fiona Mol
Eddy Cattapan
Rob Norsworthy



Case one

Vein of Galen aneurysm

Lee-anne Ning (Scoval)
Jenny Parkes
Fiona Mol
Allison Holley
Emma Griffin
Afrooz Najafzadeh
Jeanette Porter
Eddy Cattapan



Case two

The new format for guessing the reader competition has changed. All members are invited to submit interesting cases from any area of ultrasound and we will use as many as we can.

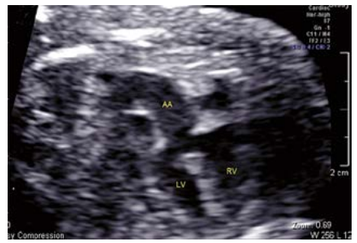
The editorial team will keep a tally of the correct entries and award a prize at the end of the year to the person with the most points. If you submit an interesting case, and it is used, then you will also get a bonus point.

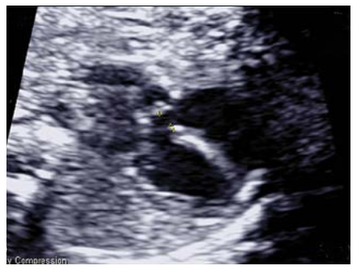
The winner for 2014 is Allison Holley who has supplied a number of interesting cases and correctly identified other images. In 2015, we would like to increase the number of cases per issue, so please send in your images and don't forget to email your answers to me editor@a-s-a.com.au.

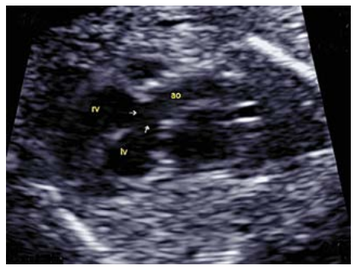
This issue's case

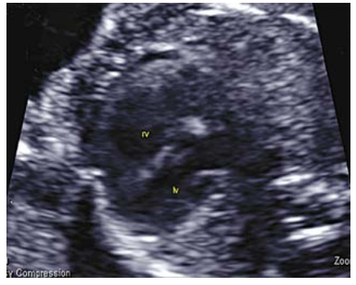
This issue's case is from an obstetric morphology scan performed at 24-weeks' gestation. The case was submitted by Tracey Harrington.

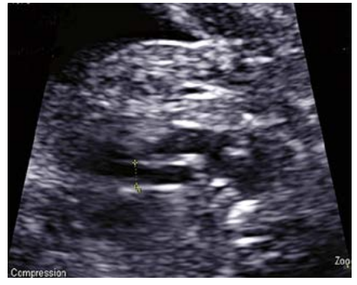
What heart condition is present?











wh&s
matters

Neck muscles and repetitive strain

Bernie Mason,
ASA Sonographer Health and Wellbeing Committee

Sonography is a repetitive imaging modality. Sonographers place unusual forces on muscle bundles over long periods of time. This results in muscle bundles being in a constant state of contraction and inhibits their subsequent range of movement. The Australasian Sonography Association (ASA) has released figures from the latest survey into workplace injury (WPI, 2013) and it shows that of the 354 responses, 192 sonographers had some degree of neck pain. For 32% of them it was slight, moderate for 50.3%, but severe for 19.7%.

The neck muscles particularly fatigue from being in a constant state of engagement. Add to this the gravitational force from forward extension of the head, and you have a cumulative effect on muscles that try to maintain the neck in neutral.

It can be seen from this representative schematic diagram (fig 1) that for just 15 degrees of deviation from neutral, 12 kg of force is added to neck muscles. This increases to 27 kg at 60 degrees. This force extends down to the muscles of the thoracic region and goes on to fatigue them when sustained for an extended period of time.

If we add twisting of the neck and/or body to this equation, we are putting ourselves at substantial risk of a repetitive injury scenario.

Therefore, we should be thinking ESHKA:

- Ears above
- Shoulders above
- Hips above
- Knees above
- Ankles when standing

This will help maintain a strong core posture and decrease forces on the muscles of the neck and back. We should also be in a constant state of awareness of our proximity to the patient and the machine as well as our stance.

How do we learn to negate these forces?

If a group of muscles feels fatigued, we should perhaps have a massage or exercise and stretch them in order to negate the effects of prolonged contraction. Seek a paraprofessional's advice to help you understand your body and to design an exercise program that suits both your body habitus and fitness level. For example, an exercise they may recommend is to pull your scapular down and toward each other gently, taking care to have your shoulders down and neck and head neutral, with your chin slightly tucked. Clench your hands behind your backside and push out your chest (look proud). Relax your arms and roll your shoulders forward and back to help relieve tension.

If you find it difficult to understand the way you are standing when you scan, have a 'buddy system' so that another sonographer watches how you operate. They may be able to offer gentle advice that helps to maintain ESHKA.

Think safety at all times and have a happy and healthy New Year.

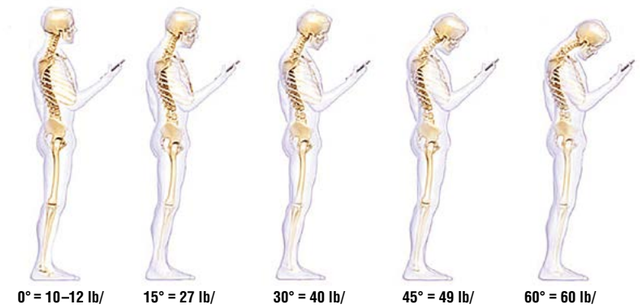


Fig 1. Force to cervical spine in pounds/kilograms (lb/kg), with varying degrees of inclination

Further reading

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6. Popsugar. Posture perfect: Fix your forward head. Available from: http://www.fitsugar.com/Quick-Fixes-Forward-Head-8206850 Accessed 24/12/2014.

branch reports

Australian Capital Territory

Canberra endocrinologist Dr Susan Wigg returned on 20 October 2014 to present for the second time in as many months. Following on from a comprehensive look at thyroid autoimmune disease, this time she concentrated on thyroid nodules.

A variety of nodules found in the thyroid were discussed, as well as their sonographic appearances, management and treatment options. The emphasis of her presentation was on not simply dismissing findings as multinodular goitre but documenting the largest nodule and the presence of microcalcifications and any other suspicious features.

A big thank you to Dr Wigg for giving up her time not once, but twice, and to Sue Caitcheon and the Canberra Imaging Group for organising the event.

Following on from previous years, Toshiba once again hosted the annual student case study night held on 4 December 2014 at the Toshiba rooms in Fyshwick. A record number of 12 trainee sonographers presented this year with ACT Branch Committee's student representative Jenny Gorton chairing the event. She introduced each speaker and gave some insight into each trainee's undergraduate background and the stage of their postgraduate training.

Presenters, Toshiba staff and Deb Paoletti


Toshiba's Brooke, Siobhan and James

Every year sonographers are impressed by the standard of the presentations and overall that was the case again this year. Topics were widely varied, including cases on cystic hygromas, sural nerve, acute scrotum, Budd-Chiari and TIPS.

A large number of local sonographers turned out to support the event that has become one of the favourite educational events on the ACT calendar. Sincere thanks to Brooke, Siobhan and James from Toshiba, not only for organising another terrific night, but also for continuing to support the education and training of local sonographers.

All eyes now turn to 2015. The committee has been busy putting the finishing touches on an exciting educational program for the New Year.

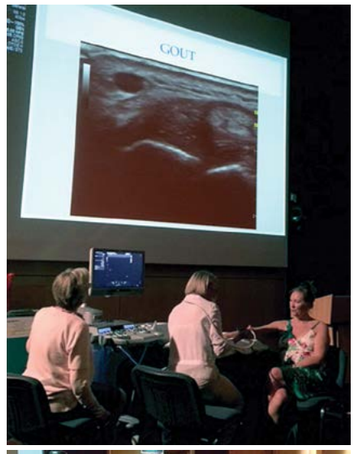
Looking forward to another great year.

Lisa Hicks
ACT Branch Committee

New South Wales

The last branch meeting of 2014 was held at the Royal Prince Alfred Hospital. Lisa Hackett gave a dynamic presentation titled 'Rheumatoid arthritis of the wrist: What to look for'. Siemens kindly sponsored the meeting and provided the latest HELX system allowing Lisa to demonstrate the exquisite detail of the wrist using the 18L 6HD transducer during the live scanning. Lisa emphasised examining the appearance of the bone, the use of Power Doppler and to look at the echogenicity of the adjacent fat. Lisa's inclusive presentation style is always popular and ended up with delegates gathered around the system to observe her scanning technique. Thank you to Siemens for supplying the latest ultrasound system and probe.

The New Year brings change to the NSW Branch Committee. Lyndal Macpherson is stepping down from the committee for a position on the ASUM Council. Lyndal has made a significant contribution since joining in 2001 and will be greatly missed. The NSW committee sends their thanks and best wishes for her next venture.




Above: Lisa Hackett's presentation 'Rheumatoid arthritis of the wrist: What to look for' at Royal Prince Alfred Hospital in October 2014

Alexandra Chard and Monica Senior who have organised the latest excellent meetings at Royal North Shore Hospital are also formally stepping off the committee this year along with Rona Girdler. Thank you all for your contacts, organisational skills and the support you have given to the NSW Branch Committee. It is greatly appreciated.

A warm welcome goes to Solange Obeid from St Vincent's and Lou Fortus, Applications Specialist from GE Healthcare, who are keen to join the NSW Branch Committee and without who the obstetric and gynaecological education meeting at St Vincent's would not have taken place. We look forward to working more with you both over the coming year.

The NSW Branch Committee wishes everyone a fantastic 2015 and encourages you to be in touch directly via nsw@a-s-a.com.au if you wish to get more involved.

Christina Farr
NSW Branch Committee

Northern Territory

The Northern Territory Branch capped off a busy educational year at Darwin Medical Imaging with a group viewing of Cain Brockley's excellent asa**webinar** on paediatric head and neck imaging.

The latter part of the year saw our Chairperson Barbara Vanini depart for a six-month work stint at Tennant Creek in the middle of the NT – literally getting away from it all! The NT Committee has had a reshuffle and we welcome Sheree White as co-chair alongside Carol Brotherton.

Considering our small sonographer numbers and difficulties in accessing well-known speakers, we managed to hold seven educational meetings in 2014, including two asa**webinars**.

We would like to acknowledge Royal Darwin Hospital and Darwin Medical Imaging for supporting our education meetings with the use of their venues and equipment.

Carol Brotherton
NT Branch Committee

Queensland

Happy New Year to all! Here's hoping everyone had a wonderful festive season filled with good food and great company.

2014 was an eventful year for the ASA Queensland Branch. Our last educational evening of 2014 featured Dr Jackie Chua, Director of Queensland Ultrasound for Women and Staff Specialist at Mater Maternal Fetal Medicine. The presentation was on non-invasive prenatal testing (NIPT), an innovation that has been gathering more and more interest. This evening was well attended and we received positive feedback from attendees who left with a much greater understanding of the topic than when they arrived. Thank you to Jackie Chua for your very informative presentation.

The ASA Queensland Branch has been busily planning a full calendar of events for the upcoming year. We are excited about working jointly with the physiotherapy profession to cover musculoskeletal topics that are of interest to both sonographers and physiotherapists. Other events in the works include an interactive case study night covering a wide range of topics, an obstetric evening, a half-day vascular event, a case study evening and a paediatric education meeting. After a very successful joint symposium event, we are also looking at the possibility of collaborating again with the Australian Society of Cytology. Keep an eye out for more details to come. On behalf of the Queensland Branch, we wish you all a wonderful year ahead and look forward to seeing you at our upcoming events. Cheers!

Heather Allen
Qld Branch Committee

South Australia

The South Australia Branch held an interesting case evening/Christmas get-together hosted by the University of South Australia on Tuesday 9 December 2014. Some very interesting cases were presented with many of the presentations being of conference standard. A wonderful evening was had by all.

Janessa Baddeley from Flinders Medical Centre presented a case of cytomegalovirus. Victoria Kepka, also from Flinders Medical Centre, presented a case of a severed extensor pollicis brevis tendon that was the result of a python bite. Tony Parmiter from the Repatriation Hospital presented two case studies (right-sided aortic arch and a lump in the hand). Tony also presented a quiz with the bonus of chocolate prizes. Cara Kirsten from Sound Radiology presented a case of fallopian tube carcinoma.

The South Australia Branch Committee wishes to extend its sincerest thanks to all who presented and all who attended. We are hoping 2015 will be filled with more wonderful education events. The SA Branch Committee would love to have some more members, so if anyone is interested, please contact us by email sa@a-s-a.com.au.

Jessie Childs
SA Branch Committee

Tasmania

For those of us lucky enough to work during the end-of-year 'break', there was no slacking off in demand and a range of challenging and interesting presentations to our department. This served as a timely reminder of the importance of our role in the diagnostic chain and has helped to kick-start the search for interesting educational events on the 2015 ASA horizon. We look forward to seeing you at a branch education meeting in Tasmania during the year.

In November last year the Hobart folk of the Tasmania Branch held a case study evening in the south of the state. It was well attended with more than 20 sonographers from various places of employment, including one travelling from the north of the state. Ten case studies were presented, with topics including carotid body tumour, splenic artery aneurysm, quadriceps rupture and testicular and breast lesions.

To follow, a Thai meal was enjoyed by ten members who were able to stay after the case study presentations to celebrate 2014.

Craig Loosemore
Tas Branch Committee

Victoria

The 2014 education year ended in Victoria on 2 December with the annual Christmas case study evening – a favourite of many. The evening started with extended Christmas refreshments, giving everyone a chance to catch up with colleagues new and old and extend some Christmas cheer to fellow sonographers. This year the evening was attended by staff from the ASA Office who had a chance to gather some information from sonographers regarding what the ASA should 'keep', 'stop' and 'start doing'. No doubt the response has given them some ideas for 2015!

We had great case presentations by six sonographers from a variety of hospitals and clinics in Melbourne – many of them presenting for the first time. Well done!

Once again, four ribbons were awarded to the following recipients:
Best in Show – Margaret Condon (MIA City/North west)
Sherlock Holmes Award (case that solved the best mystery) – Christopher Hayes (Monash Health)
Chris Lilley Award (most entertaining case) – Robyn Archard (Austin Health)
Star Wars Award (most out-of-this-world case) – Catherine Franco (Monash Health)

The evening also provides an entertaining end to our usually full and productive education calendar – this year the Victoria Branch showed a YouTube clip with an amusing take on the ultrasound profession and Robyn Archard had everyone guessing what was really being seen in some ultrasound images. Of course the night would not be complete without the quiz from our resident quiz master Carolynne Cormack!

The Vic Branch is already well underway organising an interesting and informative education calendar for 2015 and look forward to another innovative and exciting year!

Want to see something in particular on the 2015 calendar? Please let us know! vic@a-s-a.com.au.

Emily Connell
Vic Branch Committee

Western Australia

The last educational meeting of December for the WA Branch saw over 70 people attend the interesting cases evening at the FJ Clarke Building, Sir Charles Gairdner Hospital. The evening, sponsored by GE, was a huge success with eight presenters from around the state entertaining the audience with the finer details of an intriguing find in their recent clinical practice.

Natasha Kapkanova, a trainee sonographer at Royal Perth Hospital, gave her first presentation on 'Burnt out testicular tumour'.

Marguerite Leber, an experienced sonographer at Envision Medical Imaging and a popular Travelling Workshop speaker, shared her imaging of the initial and chronic injury to a 'Torn hamstring origin'. Marguerite also highlighted the importance of imaging the sciatic nerve to investigate tethering due to hamstring pathology.

Alison Stock shared a suspected 'Placenta accreta' in a country patient that under histological investigation was found to be placenta increta with incipient accreta.

WA Branch Interesting cases evening, from left to right: Olivia Przybyszewski (GE), Kathleen McLoughney, Alison Stock, James Maunder, Marguerite Leber, Anne Holland, Gemma Cronin, Jan Mulholland, Natasha Kapnakova

Anne Holland of King Edward Memorial Hospital highlighted the radiological phenomenon of 'Satisfaction of search' where an anomaly scan she performed found a major lethal structural abnormality. Pentalogy of Cantrell was suspected, and on a repeat follow-up visit to confirm treatment options, a placenta accreta was also discovered.

Recently qualified sonographer Kathleen McLoughney of Royal Perth Hospital presented an examination of the extremely rare 'Popliteal vein aneurysm'.

Gemma Cronin, a trainee sonographer at SKG Radiology, presented her thought-provoking case of anaplastic large cell lymphoma in a patient with breast implants.

Jan Mulholland, an experienced sonographer at Perth Radiological Imaging, gave a wonderful presentation on a 'Rotator cuff injury' highlighting the current ideas surrounding the pathology of biceps tendon subluxation and pathology within the subscapularis tendon.

Our last speaker, James Maunder of Vascular Solutions, presented an interesting case study involving a false aneurysm in a patient following her oophorectomy.

Ariana Sorensen
WA Branch Committee

Wellington

Picture this …
A dimly lit, smoke-filled basement resembling a Churchillian war room. Dispatches come in from far and wide. Three battle-hardened sonographers, representing the three arms of ultrasound (obstetrics, MSK and the rest) hunch over the 2015 calendar plotting their next move. Cigar ash and splashes of scotch rain down upon the table … as the three souls strive to ensure no Wellington Branch meeting is in conflict with other sources of CPD points next year. Not on our watch!

I might be embellishing a little here. There were three people at our planning meeting, but no cigars or scotch. In an effort to be better prepared for 2015 we have sketched out a plan to hold four Wellington Branch education meetings, scheduled to avoid clashing with major events in the ultrasound calendar (National Doppler Day, etc.)

Reflecting on the past year, I think we can all be satisfied we did a good job. Certainly, in my ten years living in Wellington we haven't had as many CPD events, either ASA or other. Smart planning should see us again offer a wide variety of topics for sonographer education.

As I am moving away from the Greater Wellington region (but close enough to stay involved) I am extremely grateful to Lynn McSweeney for stepping up and taking on the role of chairperson in 2015. I am confident she will do a great job (I have made plenty of mistakes for her to learn from), and I am sure she will be more organised and produce better branch reports!

Steve Mackintosh
Wellington Branch Committee

committee members

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Joining an ASA Special Interest Group (SIG) Committee is a great way to advance your professional development and share your expertise and experience. It is also an excellent way to expand your skills and knowledge and exchange ideas with other highly experienced sonographers from diverse backgrounds who are working in the same discipline or who have the same special interest.

To contact the following committees, please email admin@a-s-a.com.au

Special Interest Group Committees

SIG Musculoskeletal

Michelle Fenech, Sharmaine McKiernan, Ian Stewart

SIG Obstetric and Gynaecological

Rachel Cook, Lynda Fletcher, Alison Galek, Tracey Harrington, Ling Lee, Ann Quinton, Fiona Singer, Shannon Skillin

SIG Vascular

Tony Lightfoot, Anne Pacey, Bronwyn Parslow, Jacqui Robinson, Lucy Taylor
Poster – Greg Curry, Gavin Clifton

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Allison Holley, Leanne Lamborn, Glenda McLean, Cain Brockley

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Alison Arnison, Ramya Gunjur, Frauke Lever, Jenny Parkes

SIG Research

Heidi Croxson, Anna Graves, Ling Lee, Afrooz Najafzadeh, Kerry Thoirs

SIG WH&S

Samantha Brinsmead, Sandy Chamberlain, Lynette Hassall, Bernadette Mason, Catherine Robinson

SIG Cardiac

Richard Allwood, Luke Cartwright, Julie-Ann Craig, Anthony Forshaw, Holly Kapitz, Diane Jackson, Rebecca Perry

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Rayya B-Cliffe – Workshop coordinator/ Volunteer coordinator
David Burton – Social committee
Nicole Cammack – Scientific program coordinator
Natalie Colley – MSK
Gail Crawford – Co-convenor
Louise Deshon – Adjudication coordinator
Anna Graves – Co-convenor
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Afrooz Najafzadeh – Non clinical
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asa australasian sonographers association

As the peak body and leading voice for sonographers, the ASA guides the advancement of our profession to ensure the community has access to quality sonographic services.

Our core objectives are to:

- promote and advocate best practice in medical sonography
- support and disseminate research that contributes to the profession's body of knowledge
- position the profession as the experts in medical sonography
- provide and influence quality academic and clinical education
- deliver innovative resources and opportunities to foster quality practice and enhance the professional success of our members.

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