

the newsletter of the australasian sonographers association

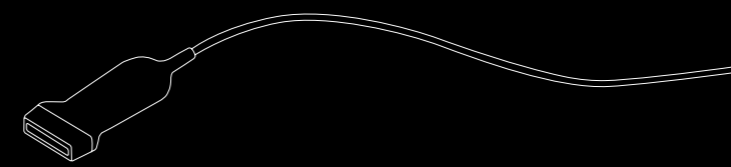
soundeffects news





MUSCULOSKELETAL AND OBSTETRICS + GYNAECOLOGY

FROM BASE CAMP TO THE SUMMIT – STRIVING TO BE THE EDMUND HILLARY OF SONOGRAPHY!



SIG2016 QUEENSTOWN



THE 12TH ANNUAL SPECIAL INTEREST GROUP SYMPOSIUM
OF THE AUSTRALASIAN SONOGRAPHERS ASSOCIATION
Hilton Queenstown Resort and Spa, Queenstown, NZ, 10–11 September 2016

from the editor

Welcome to the second issue of *soundeffects news* for 2016.

As always the conference is a great opportunity to see so many members. We will bring you a full conference round up of ASA2016 Melbourne in our September issue.

There are two *feature articles* included in this issue. On page 12 there is an account of the recent MSK injection course. Participants in the first formal training course had four days in March with the teams from the ASA and Essex University in Melbourne.

Manual handling training is important for sonographers to undertake regularly to ensure the minimisation of workplace injuries. Positioning patients can present a significant risk to the sonographer and the *feature article* by Harold Sternfeld on page 18 outlines how to facilitate a training session in the workplace.

WH&S Matters continues the theme with an account by Elizabeth Naseby of her experiences of changing approaches to

scanning. Liz is a new member of the ASA's WH&S SIG committee.

The winners of the Awards of Excellence, Student Awards, Rural and Remote Sonographer Scholarships are all featured in this issue on pages 8 and 14 respectively. Congratulations to all recipients of the awards and to those who were nominated.

Sonographers from the Lady Cilento Children's Hospital in Queensland are the feature of *A day in the life* on page 16. What a colourful place for children to be scanned! These motivated sonographers provide ultrasound imaging to the largest paediatric hospital in Australia.

The *Person Profile* is of one of the ASA's active Western Australian members Afroz Najafzadeh. She moved from Iran to the UK to train as a radiographer before qualifying as a sonographer and then moved to Australia where she has developed a passion for sonographer-led research.

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



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soundeffects news

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Editor

Glenda McLean
E: editor@a-s-a.com.au
T: +61 3 9552 0018

Editorial Committee

Sam McCrow, Julie Stafford and
Tamsin Wilson

All submissions to the Editor by email

editor@a-s-a.com.au

Advertising inquiries to

Emma Fitzsimons: efitzsimons@wiley.com or
Tamsin Wilson: publications@a-s-a.com.au

ASA Office

PO Box 356, Dingley Village,
Victoria 3172, Australia
T: +61 3 9552 0000 F: +61 3 9558 1399

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As sonographers, we sometimes take for granted what we do. I recently made a conscious effort to talk to as many patients as I could, in addition to the patients I scanned, to get a better appreciation of what having an ultrasound meant to them. I have had many ultrasound scans myself, but I think my experience in healthcare and hospitals has numbed me to the process. My aim was to refresh my 'patient's perspective'.

My waiting room is no different to any other ultrasound department around the country; we all see the full gamut of patients at various stages of life and health. We perform scans for screening, reassurance, insurance, acute diagnosis and serial monitoring.

I talked to a range of patients, including postoperative patients recovering from heart surgery, as well as newly diagnosed cancer patients undergoing the barrage of testing before commencing chemotherapy. There was a 35-year-old whose younger brother had died a fortnight earlier from sudden cardiac death (and who was later diagnosed with the same underlying condition). National level rugby players seeking clearance to play on the weekend shared the waiting room with expectant mothers and retirees undergoing travel insurance medicals. I laughed with my patients, got excited about their adventures and shared their grief and apprehensions. Most importantly, I was reminded that they were real people, not merely bookings.

These patients' personalities were as diverse as their presentations. While some people wanted to discuss every aspect of their examination, others wanted as few details as possible. Some made a joke of things to hide the reality/magnitude of their situation and some seemed almost hostile.

Despite the diversity in their clinical presentations and personalities, every patient expected that their test would be performed accurately and thoroughly. No one was happy to accept hypothetical scenarios, such as having the test performed by an unsupervised trainee or by someone who was not a sonographer. Nor would they accept an incomplete test or a rushed scan performed to get the bookings schedule back on track. Not surprisingly, patients attend ultrasound departments with the unwavering expectation they are going to receive an accurate test, carefully performed by a qualified sonographer (or under the supervision of one), as they should.

Never forget that our patients are real people or what an ultrasound means to them. Decisions such as medical management, surgical intervention, insurance, family planning, and fitness to work can all be based on scans that we perform as sonographers. An inaccurate or incomplete scan can have devastating consequences on someone's life.

Sonography is a fantastic profession, but it does demand excellence and so do our patients. Yes, the reporting physician may have the final say in the report, but they can only base their findings on the data presented to them. Many sonographers also produce a preliminary report that forms the backbone of the final diagnosis. Every aspect of what we do requires the highest level of excellence to care for the people that pass through our waiting rooms.

The ASA's commitment to excellence in sonography can be seen through its educational offerings, including **asawebinars**, Travelling Workshops, guidelines on best practice and the publication of *Sonography*. Advocacy at state and national government levels to raise the profile and standards of the



profession is ongoing and important for achieving a higher standard of excellence throughout the profession. We have also just celebrated the theme of 'excellence' at this year's ASA annual international conference in Melbourne.

I am fortunate to work in a profession where the pursuit of excellence can have such a positive impact on the lives of real people. This is definitely something that shouldn't be taken for granted.

Tony Forshaw, President
president@asa.com.au

soundbite

Q. I am a Student Member. Is membership still free?

A. Yes. The ASA still offers free student membership to support sonography students. Students will have access to all ASA member benefits, including online access to both quarterly publications:

- *soundeffects news* – source of ASA/sonography news and information
- *Sonography* – the ASA's peer reviewed journal.

However, if you would like to 'opt in' to receive the printed version of these publications, you will need to pay a \$50 fee to cover the cost of the publications.

If you think about the amazing changes in the use of ultrasound, especially the range of health conditions that ultrasound is used for and the quality of images that can be produced, the mind boggles. The application and quality of diagnostic medical ultrasound is continually being reviewed and renewed. So too the sonography profession must be constantly reviewed and renewed. With this in mind, we have been working on improving two key aspects of the profession: career structure and education.

A clear career structure is becoming increasingly important as allied health professions are being encouraged to expand their scopes of practice. There is a need to go beyond our existing entry level competencies and define standards of practice and competencies for sonographers at every level. Our Sonographer Advancement Working Party has suggested a framework comprising four professional levels:

Table 1: Framework for competency levels

	Entry level	Experienced	Specialist/Advanced	Extended scope and sonographer practitioner
Diagnostics				
Pharmacology				
Anatomy and physiology				
Reporting				
Communication				
Applied pathology				
Clinical assessment				
Medico-legal				

Specific competencies to be determined

entry, experienced, advanced and extended scope. Using this, we can begin to build a scaffold of competencies at each level for core facets of the sonographer role. In order for extended scope practices to be accepted, we need to be able to clearly demonstrate a logical pathway which builds with experience and qualifications. Table 1 provides the frame of reference for this work.

Establishing a competency/skills framework will also allow us to advocate for industrial awards to recognise the level of expertise as it grows and develops. This is a long-term goal but one that needs careful consideration now to ensure the building blocks are in place.

Education pathways can also be reviewed and renewed. With a variety of undergraduate degrees now accepted for entry to sonographer training, the traditional pathway from radiographer to sonographer is gradually changing. However, one of the critical constraints on the number of sonographers remains: the limited number of clinical training placements available. We must think innovatively about how to generate adequate practice hours, and can learn from the examples of other allied health professions. Can the 'apprenticeship' model be changed with different educational pathways?

Once a sonographer has been accredited for practice, what is the next step? What are the different career tracks available? For example, sonographers may choose to specialise and develop a deep clinical expertise; dedicate themselves to teaching others; undertake themselves to teaching others; undertake sonographic health research; or focus on

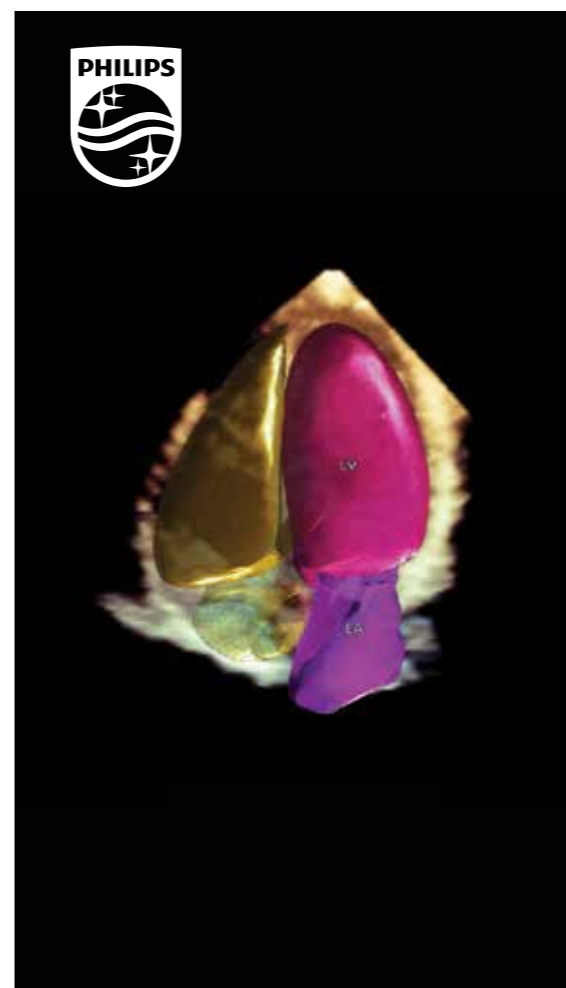


management. How is that recognised? Are there qualifications that need to be developed to demonstrate competency in these areas? How should individuals be accredited for undertaking advanced and extended scope of work practices? These questions are critical as we outline a path to the sonographer practitioner role, which is a clear objective in our new *Strategic Intent*.

An interesting consequence of advanced and extended scopes of practice is that they highlight the need for sonographer registration. As the profession's scope of practice expands into new diagnostic and even interventional territory, the case for registration becomes more compelling.

To finish off on a different note, I'd like to give special thanks to Faye Temple, Margaret Condon and the organising committee for the annual international conference in Melbourne. Each year the conference organising committees do an amazing job of raising the bar for the next group! For a full wrap up of the conference, stay tuned for the September issue of *soundeffects news*. I look forward to being with you again at the SIG2016 Queenstown symposium in New Zealand this September.

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



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Sonographer regulation

The ASA has a clear remit to advocate and influence the transition of the profession to a robust regulatory regime in Australia.

The ASA, and other peak bodies of self-regulating health professions, were disappointed by the outcomes of last year's review of the National Regulation and Accreditation Scheme (NRAS) and the decision by Australian governments not to include any further professions under the NRAS at this time.

Fortunately the ASA has been progressing parallel work with other self-regulating health profession peak bodies. In 2016 the National Alliance of Self-Regulating Health Professions (NASRHP) will be established as a membership-based association for self-regulating health profession associations in Australia. The NASRHP has developed a set of minimum standards that all peak bodies of self-regulating health professions should meet to assure patient safety and nationally consistent quality health service provision.

Membership to NASRHP will be open to self-regulating health profession peak bodies, with admission subject to profession peak bodies demonstrating that they meet standards across areas such as:

- minimum education standards
- accreditation of university programs
- minimum entry practice standards
- continuing professional development
- code of ethics/conduct
- complaints mechanism, including information sharing, referral and reporting protocols.

Membership to NASRHP will provide assurance to consumers, organisations and other entities on the quality of health services provided by self-regulating health professionals in Australia. It will also complement other regulatory activity underway for self-regulating health professions, such as the National Code of Conduct for Healthcare Workers.

ASA members will also be aware that ASUM is developing an application to NRAS for sonography to be included as a defined profession under the NRAS. Although Australian governments have broadly indicated they are not supportive of such a change, the ASA is working closely with ASUM in support of this application.

Through both of these opportunities the ASA maintains its commitment to advocate for improved regulation of the profession with the aim that any change simplifies administration and is delivered for sonographers at the lowest possible cost.

MBS Taskforce

Work on the Commonwealth Medicare Benefits Schedule (MBS) Review is progressing quickly with the first committees (on Ear, Nose and Throat surgery; Obstetrics; Thoracic Medicine; and Gastroenterology) finalising their initial recommendations.

The ASA, along with other key industry stakeholders, met with the Commonwealth Government in April to hear the progress of the review and explore avenues and opportunities to ensure suitable consultation occurs when considering services under the MBS. The ASA was pleased by the

James Brooks-Dowsett ASA Policy and Advocacy

Commonwealth's commitment that any initial recommendations will be available for public consultation prior to the taskforce making recommendations to the Commonwealth Government for change.

Importantly the Diagnostic Imaging Committee will continue its analysis and consideration throughout the duration of the review, as diagnostic imaging represents a very large component of MBS items. The ASA will be actively contributing to their work to ensure any changes to the MBS do not impact the necessary services available to our patients. There is also the opportunity for ASA members to self-nominate to clinical committees or specialty working groups that inform the work of the MBS Review.

If you are interested in participating in any of the clinical committees or working groups, please email the MBS Review team at MBSReviews@health.gov.au and provide the following information: name, position/title, organisation, email and clinical interest/expertise.

Nominees should be committed to interpreting evidence/research and being productive team members, have current knowledge of practice in their clinical discipline and, preferably, contemporary experience of the MBS.

The ASA will continue to keep you updated on the important work of the MBS Review and opportunities to provide input into this process.

Sonographer research

A key result area of the ASA *Strategic Intent 2015–2020* is to support research undertaken to provide an evidence base

that supports the profession. Since the end of last year the ASA, through the office and the contributions of membership, has supported many new research activities including:

- the WFUMB International Infection Control survey, the outcomes of which will inform development of international guidelines
- Australian research into sonographers' perceptions on the impact of


'distractors' on the performance of obstetric ultrasound

- a University of South Australia research activity on Australian sonographers' knowledge, attitudes and practices towards ultrasound safety.

We would like to thank the many members who have taken the time to respond to these important research surveys and activities. The contribution of the ASA's membership is highly valued.

With more than 4,500 members across Australia and New Zealand, the ASA membership is truly representative of the Australasian workforce.

The ASA will continue to keep you aware of opportunities to contribute to future sonographer research activities and other activities of interest through our monthly e-newsletter. If you would like to discuss how we might support you in your research, please do not hesitate to contact us at admin@a-s-a.com.au


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SONOGRAPHY

What's in Volume 3, Issue 2?

Original articles

- Ultrasound in the assessment of hepatoma: A simple technique to determine an enlarged liver using reliable and valid measurements

Case series

- Ultrasound positioning of transpyloric feeding tubes in critically ill infants

Case reports

- First trimester diagnosis of isolated familial ectrodactyly
- Acute thrombosis of a non-traumatic venous false aneurysm: A sonographic diagnostic dilemma

Commentary

- Review of article on screening for fetal growth in the third trimester

Resource reviews

- How to read a paper: The basics of evidence-based medicine
- How to write a paper

CPD test

- From article *Ultrasound in the assessment of hepatoma: A simple technique to determine an enlarged liver using reliable and valid measurements*

www.onlinelibrary.wiley.com/journal/sono

The ASA Awards of Excellence presentations were held at the ASA2016 Melbourne Awards of Excellence Breakfast and ASA2016 Melbourne Gala Dinner on Saturday 14 May 2016.

As the peak body and leading voice for sonographers, the ASA is committed to recognising excellence and best practice within sonography. The ASA Awards of Excellence program recognises and rewards outstanding achievement in sonography and offers a unique opportunity to celebrate our most outstanding sonographers.

The ASA congratulates all recipients of the ASA Awards of Excellence and thanks the nominators and adjudication committee for their efforts and support to ensure the ongoing success of the Awards of Excellence program.

2016 Sonographer of the Year – The Pru Pratten Memorial Award

Awarded to Kerry Thoires



The Pru Pratten Memorial Award recognises excellence and outstanding achievement in sonography. There is no

nomination process for this category as winners of all of the awards (other than *Workplace of the Year* and *ASA Volunteer of the Year*) are automatically considered for this award. *The Pru Pratten Memorial Award* is the highest accolade bestowed by the ASA.

Researcher of the Year

This award recognises an accredited sonographer who has contributed significantly to research by adding to new knowledge and/or innovation and/or clinical care improvements within sonography.

Awarded to Kerry Thoires

Kerry Thoires qualified as a sonographer in 1985 and practised general sonography in private practice until 2008 when she took up a full-time leadership position at the University of South Australia after completing her PhD. Her current role at the University of South Australia as Associate Head of School (Academic) in the School of Health Sciences involves oversight of the academic quality of undergraduate and postgraduate allied health and medical radiation programs, in addition to teaching in the postgraduate medical sonography program and research activities.

Kerry's research is centred round supervision of student projects and investigating best practice in teaching and learning, particularly in medical sonography. This stems from a passion to increase awareness of research and evidence-based practice in sonographers and sonography education. She believes that this is best achieved by sonographers asking clinically relevant questions and planning and implementing their own research under the supervision of an experienced researcher. She has published over 30 publications in national and international

peer reviewed journals, and makes regular contributions to ASA annual international conferences and the *Sonography* journal. Kerry further contributes to the wider sonographic community as chair of the ASA Research Special Interest Group and acting as a peer reviewer for multiple journals. She is also an active member of the International Centre of Allied Health Evidence research group at the University of South Australia.

Educator of the Year

This award recognises an accredited sonographer who consistently shows professionalism and commitment to teaching, learning and professional development opportunities.

Awarded to Carolynne Cormack



Carolynne Cormack is a senior sonographer at Monash Health and leads a large physician credentialing program in point-of-

care ultrasound. In this educational role she has the opportunity to educate and impact the practice of over 150 clinicians across the Monash Health network, in emergency, intensive care, respiratory and other areas. This innovative program was an initiative of Diagnostic Imaging in response to the unregulated use of point-of-care ultrasound. The program has been successfully running and growing for more than five years, with excellent clinical quality outcomes.

Carolynne's unique educational role places her at the cutting edge of

developing policy to ensure diagnostic ultrasound is used responsibly within clear scopes of practice and that clinicians are properly trained and credentialed. She believes this collaborative approach helps control and regulate clinician performed ultrasound, as well as increasing the professional standing and recognition of the expertise of sonographers.

Carolynne is passionate about education and excellence in ultrasound. She has presented a number of papers at ASA international annual conferences, local meetings and published in *soundeffects*. She has completed a formal postgraduate medical education qualification (Grad. Cert. Health Professional Education). Carolynne is a peer reviewer for the ASA's *Sonography* journal and serves on the ASA Victorian Branch Committee.

Mentor of the Year

This award recognises an accredited sonographer whose dedication, skills and commitment guide and advise those entering, establishing or advancing themselves in the sonography profession.

Awarded to Rebecca Cooper



Rebecca Cooper has been employed as a sonographer for over 10 years. Rebecca began her medical imaging career in 2000

as a radiographer with Benson Radiology in South Australia. Rebecca had always been interested in sonography and in 2003 began postgraduate studies in ultrasound at the University of South Australia. In 2005 Rebecca completed her studies and qualified as a sonographer. Rebecca continued to work for Benson Radiology where she

developed a passion for providing quality care and educating new sonographers.

Rebecca continued to scan and teach new sonographers at Benson's until August 2012 when she moved to Victoria. Melbourne provided great opportunities both personally and professionally and upon arriving Rebecca accepted a position with Capital Radiology. In her time with Capital Radiology, Rebecca has helped establish a training program educating and mentoring new sonographers and has been involved with six trainees, two of whom are now qualified and four who are still currently involved with the training program.

It gives Rebecca great pleasure to impart what she has learnt not only about scanning technique but customer care with the trainee sonographers, as she believes strongly in creating a comfortable and professional environment for clients.

Sonographer of the Year

This award recognises accredited sonographers per geographical area who, by their personal efforts and desire for excellence, advance the profession of sonography.

Sonographer of the Year (New Zealand)

Awarded to Jill Muirhead



Ultrasound has been Jill's passion for many years. She trained in Dunedin in 1979 and has been passionate about the technology

ever since. Early in her career she was awarded a Rotary Foundation

Scholarship that allowed her to spend a year in Denver, USA, studying ultrasound at the University of Colorado Health Sciences Center. Jill achieved her DMU qualification in 1981 and her American Registry of Medical Sonographers qualification in 1982.

Jill commenced working for Morrison, Craw and Morris, soon to become Otago Radiology, and has just celebrated her 30th anniversary with this company. Now living in Wanaka, Jill's current role is overseeing the satellite ultrasound services, continuing to work as a sonographer and assisting with training sonographers in this environment.

Jill was on the DMU Board of Examiners from 2000 until 2002 and has continued to be active with ASUM as a DMU Practical Examiner and also an examiner for the New Zealand Medical Radiation Board. With the development of the ASA journal, *Sonography*, Jill is now involved as a member of the journal's Editorial Board.

Jill has been involved in teaching in the Post Graduate Certificate in Clinician Performed Ultrasound at the University of Otago, Dunedin School of Medicine since 2008, and also with the Department of Anatomy at the Dunedin School of Medicine, assisting with musculoskeletal research involving ultrasound.

Sonographer of the Year (New South Wales)

Awarded to Jennifer Alphonse



Dr Jennifer Alphonse has been working in ultrasound for more than 20 years and specialises in O&G ultrasound. She has always been interested in research and

continuing education, graduating recently from The University of Sydney (Faculty of Health Sciences) with a PhD. Her thesis titled 'Fronto maxillary facial angle in early pregnancy' contained five peer reviewed published papers.

Jennifer holds a position as a research sonographer at UNSW, is a clinical sonographer in the private sector and is a member of several ultrasound committees.

Sonographer of the Year (Queensland)

Awarded to Donna Traves



Donna Traves has worked as a sonographer in the public health system in Queensland for 24 years. She is currently a senior sonographer at Women's Imaging at the Royal Brisbane and Women's Hospital in Queensland. Donna initially trained as a radiographer before completing a GDMU. She has presented and attended numerous times at local, national and international conferences and workshops.

Donna has a keen interest in obstetrics, particularly the fetal heart, and is committed to delivering a high level of ultrasound service to the women in our health system.

Sonographer of the Year (South Australia)

Awarded to Gary McCulloch



Gary McCulloch is the Senior Tutor Sonographer at Benson Radiology, Adelaide, South Australia, a position

he has held for five years. He has more than 13 years of experience in general ultrasound, completing his initial training at the Flinders Medical Centre in South Australia. He holds a Master of Medical Sonography that he completed through the University of South Australia in 2014.

Gary has a keen interest in education and has been involved in training and education at Benson Radiology since 2008. He was invited to present at the 2014 ASA annual international conference in Adelaide, giving a presentation on 'Ultrasound of the elbow' and facilitated two workshops on 'The elbow' and 'Liver segments'.

As a dedicated tutor sonographer, Gary encourages a healthy workplace environment that promotes inclusiveness and learning, along with self-reflection and professional development via open communication and case review. He gains immense satisfaction in seeing the progression of trainee sonographers.

Gary has a keen interest in advanced obstetric, vascular and musculoskeletal ultrasound. He has a strong emphasis on the delivery of a high quality, efficient ultrasound service whilst maintaining high levels of patient care and satisfaction.

Sonographer of the Year (Victoria)

Awarded to Diane Jackson



Diane Jackson has worked as a cardiac sonographer for more than 25 years. She has been involved in training, teaching and

professional development of cardiac sonography, working with several professional bodies and education providers (e.g. ASA, CSANZ, QUT), and is currently practising at Epworth Hospital, Richmond.

Diane also represents adult cardiac sonography as a Director on the Board of the Australian Sonographer Accreditation Registry.

Sonographer of the Year (Western Australia)

Awarded to Sandra O'Hara



Sandra O'Hara is the Tutor Sonographer at SKG Radiology in Perth, overseeing one of the largest ultrasound training programs in

Australia. She obtained the General DMU in 1993 and won the ASUM Giulia Franco Poster award in 1994. She is experienced in general, obstetric, vascular and musculoskeletal ultrasound, with a main interest in obstetric ultrasound.

Sandra completed a Master of Medical Sonography in 2015. This research involved a comparison of ultrasonic measurement techniques for measuring the maternal cervix during the mid-trimester. She has published the literature review component of this research in the AJUM in August 2013, the results of this research in the AJUM in August 2015 and also an education article entitled 'The maternal cervix: Why, when and how?' in the December 2015 issue of *Sonography*.

Sandra has been a member of local ASUM and ASA committees in Perth and was part of the ASA Annual International Conference Committee for ASA2015 Perth as the workshop coordinator. She has organised and presented at tutorials for all WA ultrasound trainees since 2008. These have been run at various locations in Perth.

Sandra is committed to maintaining high standards of practice in the field of sonography at SKG Radiology and regularly reviews SKG standards of

practice. On a personal level she is currently formulating a future research project that she will be undertaking in the field of obstetric ultrasound.

There were no nominations received for Sonographer of the Year – Tasmania, Northern Territory and Australian Capital Territory.

ASA Volunteer of the Year

This award acknowledges the significant and highly valued outstanding contribution to the profession by volunteers. The award honours a volunteer who has assisted through efforts and dedication of time to the organisation and the sonography profession.

Awarded to Tracey Taylor



Tracey Taylor began her career as a radiographer over 20 years ago and began studying ultrasound. Over the last two (plus) decades

Tracey has worked in most areas of ultrasound, including general and vascular, and holds graduate diplomas in each of these areas. For the last 11 years she has specialised in O&G ultrasound, working in a dedicated private practice in Wollongong, NSW.

Tracey has participated in ultrasound education on a number of levels extending from her own education through both university and non-university providers with various delivery modes, through to experience as a clinical supervisor and authoring some of the education modules for the University of Sydney Medical Ultrasound program. Tracey has also worked as a clinical skills tutor with the University of Wollongong, Graduate School of Medicine, and as a lecturer in Medical Imaging at the University of Notre Dame Medical School. She completed a Master in Medical Education

from the University of Sydney in 2012 and is currently a PhD candidate at the University of Sydney Medical School.

Tracey has a genuine passion for all things ASA and over the years has positively contributed to the association as the founding member of the Illawarra Branch, presenting as a travelling educator, publishing articles and as a regular presenter at local and national meetings. Tracey also served as the Hon. Feature Editor of *soundeffects* for almost five years. Tracey recently helped to organise the O&G Stream of SIG2015 Sydney in September 2015. Tracey currently holds volunteer positions with the AIR, ASAR and with the ASA Education Advisory Committee, O&G Special Interest Group, Fellowship Panel and *Sonography* Editorial Review Board.

Workplace of the Year

This award recognises the commitment a workplace demonstrates in supporting sonography, implementing career development initiatives and advancement of the workplace.

Awarded to St Vincent's Hospital Sydney – Ultrasound Department



The ultrasound department at St Vincent's Public Hospital Sydney is a small department catering to a range of patients,

including emergency, intensive care, hospital inpatients, outpatients, clinics, clinical trials/research and private referrals.

Throughout 2015/16 they performed approximately 10,000 examinations, including departmental, mobile and interventional studies. These included but were not limited to abdominal, gynaecological, obstetrics,

musculoskeletal, breast, small parts, vascular and interventional procedures, including biopsies.

Throughout 2015 all sonographers were involved in the selection and purchase of four new ultrasound machines. This was done by machine trial and evaluation using strong selection criteria. This resulted in the purchase of the latest technology to best suit department and patient needs, and the new machines were installed in February 2016.

Radiology registrars are trained by the department's sonographers to ensure they have basic competencies and meet the requirements of the Royal Australian and New Zealand College of Radiology (RANCR).

At St Vincent's, all ultrasound staff have equal access and opportunities to education and career training and development. All staff are encouraged to attend conferences, workshops, in-house training seminars and online learning. Attendance at these conferences and training programs has allowed individuals to enhance their own knowledge and experience and to share learned skills, techniques and knowledge with other staff when returning to work.

Departmental support has been given to staff that have joined ASA committees and presented at local meetings. To encourage education of all members, the use of facilities throughout St Vincent's Hospital Sydney are provided for ASA functions.

Postgraduate certificate in musculoskeletal (MSK) interventions – face-to-face module

**Karen Farrar,
Policy and Advocacy, ASA**

Sonographer education is a priority for the ASA, including opportunities for further education in advanced and extended practice. An example of this is the new *Postgraduate Certificate in Ultrasound-Guided MSK Interventions*, offered for the first time in 2016 by the ASA in conjunction with the University of Essex, UK.

Ultrasound guidance of injection therapy is increasingly popular because it helps practitioners confirm needle position prior to and during an intervention. As demand for this kind of procedure increases, the challenge for health professionals is to find ways to improve patient access to services. Having sonographers perform low risk, ultrasound-guided MSK interventions (at the direction of a medical practitioner) is one solution, and an example of work carried out under an extended sonographer scope of practice. This is currently practised in the UK and a growing evidence base indicates that it is a safe model with high quality outcomes.

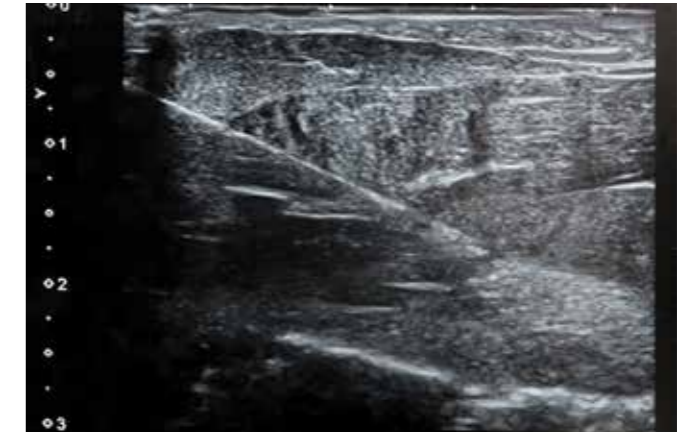
The *Postgraduate Certificate in Ultrasound-Guided MSK Interventions* has been designed for sonographers with experience in MSK scanning who are interested in formal training in ultrasound-guided injection therapy. The course includes theoretical and practical components, combining online and face-to-face teaching with clinical supervision in the workplace.

For four days in March 2016 the ASA and Essex teams came together with the first group of MSK sonographers to enrol in this new qualification in Melbourne to participate in the face-to-face module of the course. Topics covered in the module included:

- Theoretical considerations
- Evidence-based application
- Clinical governance and quality assurance
- Practical aspects of scanning and injection (including hands-on sessions).

It soon became clear that between the visiting faculty from the University of Essex and the experienced local sonographers there was a wealth of experience in the room. The audience members were eager to learn, engaged in the course content, and were active contributors to discussions. The collegial atmosphere resulted in some thoughtful discussions about procedures and equipment, infection control, professional issues, and comparisons between the UK and Australian experience.

The social gathering at the end of Day 1 allowed participants and organisers to mingle and share more stories and ideas. And social media (especially Twitter) buzzed with photos and comments being shared among the MSK ultrasound community for the duration of the course. Feedback from the face-to-face



Faculty, students and an image from the face-to-face module of the Ultrasound-Guided MSK Interventions course

module has been overwhelmingly positive, with all participants rating the course content, delivery and teaching staff highly.

Enhancing sonographer practice through this type of training not only aligns with the ASA strategic intent, but also with a practice model that is both desirable and potentially beneficial for Australia and New Zealand. We hope to offer the certificate program again in 2017.

Sonographers interested in undertaking the Postgraduate Certificate in MSK Interventions should have:

1. a minimum of 2 years' full-time postgraduate MSK experience
2. employment in a professional environment that enables completion of the practical components of the course i.e.
 - a mentor that is able to support them in the development of skills required for injection therapy
 - access to legally prescribed medication
 - suitable ultrasound equipment

3. accreditation/registration with an appropriate professional body.

For more information about modules and learning outcomes for the postgraduate certificate, and the face-to-face module specifically, refer to the course brochure which can be found at www.a-s-a.com.au/fileRepository/files/MSK/MSK_PG_Course_Brochure-150805.pdf

The ASA would like to thank the visiting faculty members from the University of Essex and course tutors: Mark Maybury, Allison Hall, Sue Innes, Gordon Lumsden. We would also like to acknowledge the support of Toshiba Medical, and especially the Victorian team, represented by Brett Ayres.

In addition to ASA staff that addressed the audience during the course (Stephen Duns, CEO; Gillian Whalley, Executive Director IDU; and James Brooks-Dowsett, Policy & Advocacy), there were many ASA staff members that worked behind the scenes to make the face-to-face module a success.



ASA staff and Essex University faculty members



ASA CEO Stephen Duns addressing the MSK sonographers group

2016 asa award winners

Student awards

As part of the ASA's commitment to sonographer education we sponsor university student awards across Australia.

Winners receive complimentary Ordinary Membership for the following membership year, free full registration to our annual international conference, and an invitation to the exclusive Awards of Excellence Breakfast where they are presented with a framed certificate.

Congratulations to the following students, deserving winners of this year's awards:



Glen Andrews – QUT Cardiac



Abigail Ferris – University of Auckland



Kimberly Hui – UniSA



David Love – QUT General



Vivien Ng – CQU



Ian Schroen – Monash University

The winners' conference experiences will be published in the September issue of *soundeffects news*.

Rural and Remote Sonographer Scholarships

Supporting sonographers in rural and remote areas

The ASA recognises the challenges associated with living and working in rural and remote areas. As such, the ASA offers three Rural and Remote Sonographer Scholarships annually, to combat restrictions such as limited access to conferences and educational events.

What the 2016 ASA Rural and Remote Sonographer Scholarships cover

The program offers up to three scholarships (worth up to \$1000 each) to provide financial assistance for ASA members to attend the ASA's annual international conference.

Recipients of the scholarships are required to write a short article for publication in *soundeffects news* about the benefits of attending the conference. Recipients are also encouraged to maximise the benefits from attending the conference by submitting a presentation or poster for the conference. Alternatively, recipients may be encouraged to write an article for publication in *Sonography*.



Sonya Harland

Sonya has been a rural sonographer for 12 years, much of that time as a solo sonographer. She is passionate about providing services to the 'bush'. Rural sonography is a very challenging but extremely rewarding role. The advances in broadband internet and real time teleradiology have improved reporting turnaround and outcomes for some of her clients.

Sonya's case report *First trimester diagnosis of isolated familial ectrodactyly* will be published in the *Sonography* journal (volume 3, issue 2, June 2016).



Simon O'Brien

Simon is a sonographer at Mid-North Coast Diagnostic Imaging in New South Wales. As a recent graduate in ultrasound he feels fortunate to work in a department where he has been trained in multiple areas of ultrasound, including vascular, obstetric and musculoskeletal sonography. Given his recent study he is in an excellent position to contribute to ensuring best practice in his department and build upon the knowledge gained through university study.

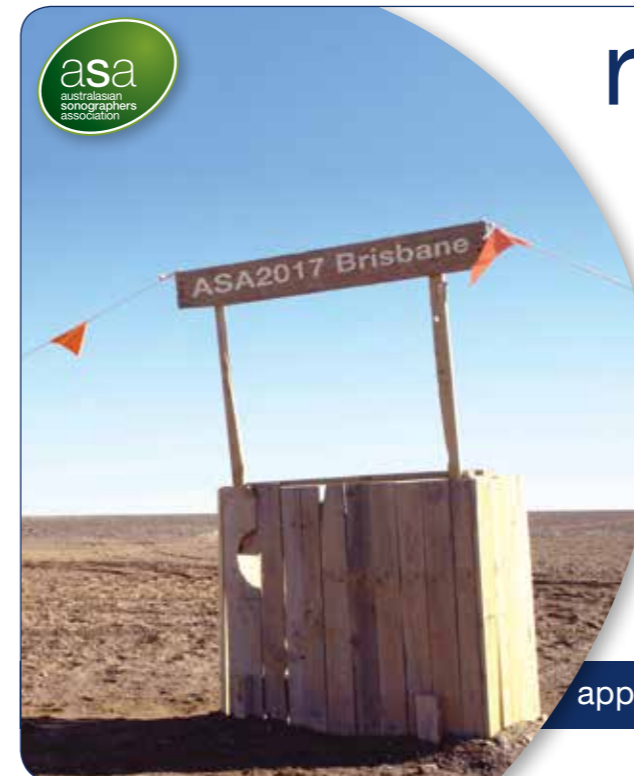
Simon's article *Synchronous lymphoma and metastatic squamous cell carcinoma in a patient with bilateral abnormal axillary lymph nodes* was published in the *Sonography* journal (volume 3, issue 1, March 2016).



Brian Richards

Two years ago Brian relocated to Albany in Western Australia from the Sunshine Coast in Queensland to work as a senior and tutor sonographer for Great Southern Radiology. His objective was to work, assist and train the less experienced sonographers. Brian has held workshops, lectures and workplace training for sonographers and collected more than 700 interesting cases to help with the training program.

Brian presented at ASA2016 Melbourne on *Ultrasound: it's a dark art*.



ruralandremote sonographer scholarships 2017

Supporting ASA members to attend the ASA's annual international conference in Brisbane, 2-4 June 2017

applications now open – visit www.a-s-a.com.au

Supporting sonographers in rural and remote areas

The ASA recognises the challenges associated with living and working in rural and remote areas, such as limited access to conferences and educational events. Every year, the ASA offers up to three grants of \$1,000 to assist sonographers to attend the ASA's annual international conference.

2017 scholarships

Up to three scholarships are offered for attendance at ASA2017 Brisbane. Recipients will be required to write a short article for publication in *soundeffects news* on the benefits gained from attending the conference.

Recipients of the scholarship are encouraged to maximise the benefits from attending the conference by submitting a presentation or poster for

the conference. Alternatively, recipients are encouraged to write an article for publication in *Sonography*.

Who should apply?

Applicants must be financial members of the ASA and live more than 100 km from a major capital city in Australia or New Zealand.

To apply, you will need to:

- complete the application form
- submit a letter stating how you and your workplace would benefit from you attending ASA2017 Brisbane
- provide your current CV
- provide the abstract to support your presentation or poster (if applicable).

Applications close Friday 2 December 2016. Visit www.a-s-a.com.au or contact the ASA Office on +61 3 9552 0000 for more information.

Previous recipients

- | | |
|------|--|
| 2016 | Sonya Harland, Simon O'Brien and Brian Richards |
| 2015 | Margaretha Breytenbach, Kathryn Deed and Jill Muirhead |
| 2014 | Tamara Allcorn, Jane Bennet and Kim Kuhnemann |
| 2013 | James Hilton, Tristan Hunt and Marnie Leighton |
| 2012 | Rayshelle Finch |
| 2011 | Natalie Clements |
| 2010 | not awarded |
| 2009 | Sian Jacobs |
| 2008 | Jessie Childs |
| 2007 | Michelle Pedretti |
| 2006 | Kerry Harvey |
| 2005 | Michelle Williamson and Brian Gilling |
| 2004 | Julie Thwaites |
| 2003 | Sonja Brennan |

Apply now – Applications close Friday 2 December 2016

Visit www.a-s-a.com.au or contact the ASA Office for more information

A day in the life of the sonographers of Lady Cilento Children's Hospital



Tristan Reddan and
Madonna Burnett

We are relatively new kids on the block, with our hospital opening on 29 November 2014. Lady Cilento Children's Hospital (LCCH) in Queensland is the largest paediatric hospital in Australia with 359 beds, including a 36-bed paediatric intensive care unit (PICU) and 48 emergency bays.

The hospital was a merger of the Royal Children's and Mater Children's Hospitals, both facilities with a proud history of paediatric healthcare in Brisbane. Each facility had specialist subsets, distinct from one another. This meant that children with complex conditions often needed to be treated at both facilities on either side of Brisbane. The LCCH brought all of the paediatric subspecialties together into a 12-storey green giant near the iconic South Bank parklands.

We have four ultrasound rooms in our department with lights and toys for distraction therapy. We also have an extra machine that splits its time between:

- guiding needles in theatre
- our interventional suite (as most children need a general anaesthetic for a fine-needle aspiration/biopsy)
- acting as our mobile machine in PICU
- the Bone Marrow Transplant unit, where we regularly travel up to visit our most fragile children.

We have a large cardiac surgery service with children often on extracorporeal membrane oxygenation (ECMO) post cardiac



Fig 1. Lady Cilento Children's Hospital



Fig 2. Nikki, Kathy, Nick, Kate and Vic in the ultrasound write-up area



Fig 3. Caroline, Tristan, Anne-Marie, Stephen, Lee-Anne, Madonna, Rachel, Michael and Kirby with Pink Bunny (by Stormie Mills)



Fig 4. On one of our crocodiles (front) Rachel, Caroline, Lee-Anne, Madonna, Michael, Anne-Marie, Kirby (rear) Michael and Stephen



Fig 5. Kathy, Vic and Nikki in one of our ultrasound rooms with some of the distraction therapy

repair and they require frequent head and renal scans. These can be technically and emotionally challenging studies but it's wonderful to see these children bounce back.

Within the department we perform a wide variety of outpatient and inpatient studies and have a radiology consultant and registrar in close proximity. Registrars have to complete a paediatric ultrasound logbook as part of their RANZCR program. We get to show them how easy it is scanning a hungry two-year-old's liver. This is a great opportunity for both parties to share knowledge. We often benefit from the registrar's interest in our cases and they will hopefully take away some tips that may help a child out later in their career in a suburban private practice unused to the idiosyncrasies of paediatric patients.

Our 15 radiographers/sonographers came together during the merger with a variety of experience and strengths in different sonographic subdisciplines and an obsession with *Dr Who*. The sonographer write-up area is usually a source of excellent baking, coffee, humour and we also do some ultrasound-related things. We have a variety of part-time and full-time staff who rotate through radiography shifts, weekends and our 24-hour on-call service – intussusceptions always seem to present

after 1.00 am! One of the department's three medical imaging assistants is rostered to ultrasound for a fortnight where they play an important role in our workflow and communications, along with our bookings officer, reception staff and nursing support when our patients need it.

We currently have two student sonographers and regular visitors from other sites, both students and qualified, to brush up on their paediatric knowledge. We actively try and give feedback to centres within Queensland Health when a child they may have scanned and was transferred to our tertiary facility has an interesting outcome. We have an interest in research and improving the service we can offer our patients and their families. In April 2015 we hosted an ASA Queensland Branch education night that was attended by approximately 100 sonographers from South-East Queensland. Dr Umesh Shetty and Jennifer Dopheide presented some really useful and interesting cases and techniques that helped establish us in the ultrasound community here.

Rarely a day goes by without some form of unusual pathology presenting itself, which is a great clinical challenge and a constant motivator to be at our very best with the probe, patient and parent.

'Like us' on Facebook!
'Follow us' on LinkedIn
'Tweet us' on Twitter



Manual handling training

Poor manual handling practice is one of the most common causes of injury in the workplace and the injuries can be disabling and costly. Before someone lodges a report for an MSK injury, it's a good idea to run some manual handling training to remind your sonographers how to safely identify, plan and perform manual handling tasks to reduce injuries occurring in the workplace.

Training sessions can be costly, so prior to planning and ultimately booking (before you plan and book) your manual handling training, there are a few things that should be taken into account.

Dos

Hands-on training, with role-play, should be promoted. Simulating scanning, patient transfers and difficult scenarios are good activities. If staff are expected to assist with hoist and pat slide transfers then using the hoist and the pat slide in training sessions, with sonographers taking turns in the various roles, is useful. Staff may have been shown how to use these tools previously but may not necessarily have had the time to workshop them in a non-urgent environment.

Role-play is important to get participants engaged. Demonstrations might work for some, but not for the majority. Far more will be gained by having attendees participate both as the sonographer and as the patient. Often when playing the role of the patient, participants will play out the patient types, postures and scans they find difficult. This will assist the trainer in providing the most meaningful session for the group.

When informing staff of any training session, they should be asked if there are any relevant issues they want to have included. What is the best way to move a patient or position the patient for various scans being performed? These are good examples for sonographer MHT sessions.

Facilitating discussion

Open discussion is important in developing good manual handling techniques. The majority of sonographers work in a scanning room by themselves. Many of the less experienced

**Harold Sternfeld,
Physiotherapist, Victoria**

sonographers may not have a forum to ask questions or seek advice. Meanwhile, many more senior staff will be keen to educate and share their experiences. Discussion amongst staff members is a valuable learning tool. It also opens up the lines of communication for the time beyond MHT sessions.

Encourage questions

Why do you suggest we perform the task this way or that? Why can't we look at doing it this other way? Answering these questions, especially in a practical setting, allows sonographers to resolve some of these issues. Often improved standard operating procedures (SOPs) can be worked through for your clinical setting with younger minds assisting. Improved compliance with existing SOPs must be sought.

Sonographers should be encouraged to use alternative methods for individual examinations e.g. shoulders. In the sessions I run, we go through four patient starting positions for shoulder scans. This is especially relevant for any ergonomically difficult scans. Sonographers performing multiple, repetitive scans need to be shown alternative patient starting positions (where possible) in an attempt to reduce their own risk of MSK injury.

Sitting and standing

No one should sit or stand all day whilst performing their working tasks. Best practice includes having a mixture of sitting and standing time for the sonographer also. All staff members should have this reinforced. In my sessions, sonographers alternate these positions as part of the role-play. Further, some scans are best done with portions of the scan being conducted in the opposite posture.

Bilateral scanning

Some sonographers will say they can only scan with their right hand. Others can perform a number of scans with both hands. Time spent showing staff how to use the left hand will give the right arm a rest from scanning and is a great way of reducing MSK injury risk.

Use the available tools. Whether it be the range of chairs found in your department, forearm straps, wedges, slings or other, incorporate them into your session.

CPD points are important to sonographers. Ensure your trainer will be able to provide certificates of attendance that can be used for logging sonographers' CPD points.

Contact point

Ensure participants have a contact point for the trainer. Some people don't work well in groups. An email address or phone number given to the group, along with an invitation to contact the trainer, will give these sonographers a way to have their questions addressed.

Debrief the trainer in private after the session. With outside eyes and attentive ears, hazards, faulty equipment and the odd feedback about staff issues will assist your site management.

Don't's

Lecture

Many MHT sessions are run after a full working day. Keep the participants' attention by using role-play and movement and avoid a lecture-only session.

Audiovisual training is good for a part of your session. But, being asked to sit in front of a DVD or online training program at the end of a working day will not be effective and may put the participants to sleep.

Don't allow the session to descend into a complaints session or discussion about changes to the workplace. Often participants haven't seen each other for some time and see this as a forum to vent their frustrations. IT IS NOT!

Most ultrasound rooms are small, so the number of participants should be appropriate. Participants may not be able to see the role-play being enacted if there are too many people in the room. Secondly, you may end up with small break-away

groups having a chat. Sessions should ideally be limited to 10 participants.

Hijacking

Despite the fact MHT is often an opportunity for staff to raise issues about their pay and conditions, it is not the right forum for this. Yes, encourage dialogue and communication, but keep it on topic. Explain to them alternative times (like staff meetings) are more appropriate for discussing these points.

Interaction is encouraged, but there can only be one facilitator/trainer, so the group should be managed and directed by the trainer.

Don't spend too much time on any particular scan scenario. Nor should you spend out-of-context time on other procedures staff might be asked to perform. If you are to incorporate a new procedure into your training, then state from the outset that this forum is being used for that purpose. Thus you are acknowledging the out-of-context duration of time spent on this component of the session.

Don't tack on housekeeping or other training to the end of the session without staff members' prior knowledge. Although it might seem like a great opportunity to get a couple of other things done, if participants are expecting a 90-minute MHT session, then you are going to cloud their assessment of the session by adding a 10-minute chat to their already long day. Also, they are totally disengaged, and resentful, of their time being taken after the advertised 90-minute session has concluded.

Harold Sternfeld is a physiotherapist with extensive OHS experience. Harold produced the ASA training DVD 'Sonographers Working Safely'. He can be contacted on M: 0422 369 963 or E: harold@iworkactive.com.au

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 (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.

Afrooz Najafzadeh

A short bio

I was born in Iran where I completed my primary and secondary education. In 1985 (in the midst of the Iran-Iraq war), due to the political climate of the country, I moved to the UK to complete my tertiary education. In the UK, I was fortunate to train as a radiographer at St James's University Hospital, the largest teaching hospital in Europe at the time. During my radiography training I spent one month in the ultrasound department and that's when my interest in ultrasound began. I pursued my interest in ultrasound by enrolling at the University of Hertfordshire, where I graduated with a Master's Degree in Medical Imaging Science in 1995. While working in the UK, I was in charge of a vascular laboratory where I implemented preoperative surveillance programs for patients with aortic aneurysm and carotid artery stenosis, as well as a postoperative surveillance for patients with peripheral vascular surgical interventions. In 1999, I was sponsored by Perth Radiological Clinics and immigrated to Australia where I continued my ultrasound career in general and vascular ultrasound. Through collaborations between my current workplace (Global Diagnostics), Murdoch University and the University of Western Australia, an opportunity arose for me to be part of world-class research, the Peel Child Health Study (PCHS) funded by the Australian Research Council. I was awarded a PhD scholarship and conducted my research on the impacts of maternal anxiety and depression on fetoplacental circulation using the data from the PCHS cohort. I completed a PhD in Medicine in 2014 and have since published my research findings in Australian and international journals. I have been the recipient

of many awards, including the ASA Researcher of the Year in 2015, ASUM 2014 and ASA2015 Perth best research presentations. I am currently a reviewer for *Sonography* and a member of the ASA SIG Research Committee.

My current research is on the impact of distractions during obstetric examinations in collaboration with Dr Kerry Thoires and Dr Nicole Woodrow. We are in the process of analysing the preliminary results and look forward to presenting the findings in future upcoming ASA meetings.

Why is being a volunteer at the ASA important to you?

It allows me to promote sonographer-led research in ultrasound and helps me raise the profile of our profession in Australasia. Through volunteering for the ASA, I get to meet and collaborate with like-minded colleagues and feel a sense of belonging and commitment to our ultrasound community.

What are you passionate about?

Working with sonographers for sonographers. Having worked in the UK, I would like to see the same level of autonomy in the workplace for Australian sonographers.

What aspect of sonography has been most rewarding?

Being part of a woman's journey into motherhood. Although my clinical work list comprises mainly vascular cases, I still find obstetric scans more rewarding.

What does your current job involve?

I work part time at Global Diagnostics where I perform general, obstetrics and vascular ultrasound. I am also a tutor at



the University of Western Australia where I teach Foundation of Medical Practice to postgraduate medical students. I use ultrasound images to teach future doctors various examples of pathology.

Your greatest achievement?

Being able to obtain a PhD in Medicine while working part time and being a mum. Writing an 85,000-word thesis in my second language is also another great achievement!

Favourite movie?

Shawshank Redemption

Last meal you cooked?

Chinese stir-fry

Who are three people you would like to have dinner with?

My three children (all still at home!) as our busy lifestyle and after-school commitments do not allow us to sit and have dinner together every night!

What talent do you wish you had?

Drawing and painting

Do you have any musical talent/interest?

No, but fortunately my daughters do. One is on a music scholarship for voice and the other plays piano and receives lessons in percussion at school.

Who do you admire and why?

I admire Professor Fiona Wood, a Western Australian-based plastic surgeon and a previous Australian of

the Year (2005). Her sheer hard work, determination and high calibre research in the management of burns has changed the lives of many burns victims in WA and beyond.

Who do you have respect for and why?

I have great respect for health workers working for 'Doctors Without Borders' or other charity organisations. I admire them for risking their lives in some of the

most hostile environments and providing basic and specialised healthcare in war-torn countries. I hope one day I can be part of similar teams, using my clinical ultrasound skills for a worthy cause.

Associate Fellowship (AFASA) and Fellowship (FASA) applications now open!

Rewarding sonographers for achievement and service

Fellowship is the highest grade of membership to the ASA, preceded by a period of Associate Fellowship.

Becoming a Fellow is recognition of your significant contribution to the sonography profession and the ASA and is a reflection of your dedication and professionalism.

Only Associate Fellows and Fellows can use the post-nominals AFASA or FASA, which will ultimately be recognised worldwide.

The inaugural round of applications is being accepted between 2 May and 31 July 2016.

To apply or find out more visit www.a-s-a.com.au or contact Tracey Anthony on +61 3 9552 0000 or tracey.anthony@a-s-a.com.au

asa FELLOWSHIP PROGRAM





Glenda McLean,
Editor-in-Chief

The first volume of the *Sonography* journal was published in 2014 and contained two issues (September and December). In 2015 *Sonography* published quarterly issues in March, June, September and December and this will be ongoing. There was also a Supplement published in May 2015, containing the abstracts from ASA2015 Adelaide conference.

The second volume of *Sonography* has seen a growing online readership (more than a 100% increase in article downloads) with just under half of these from outside Australia and New Zealand. With both online and print versions, the journal has been made available to all ASA members, as well as the wider international ultrasound community, through the Wiley Online Library: [www.onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)2054-6750](http://www.onlinelibrary.wiley.com/journal/10.1002/(ISSN)2054-6750)

There has been an increase in the number of article downloads from 2014 to 2015 (Fig 1). The 10 most downloaded articles are displayed in Table 1. The average number of downloads per article in *Sonography* is 149. Wiley journals from the Radiology and Imaging group of journals have an average number of downloads per article of 54. With articles being downloaded all over the world this is very encouraging for authors and the journal. The global reach of the journal validates that the journal is truly international (Fig 1).

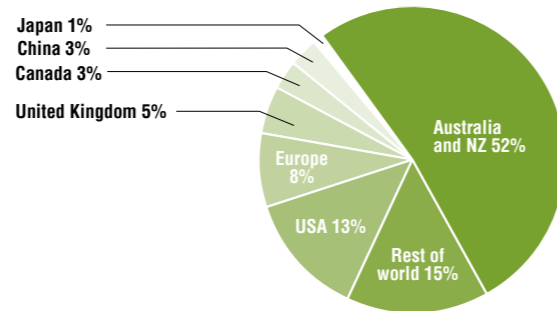


Fig 1. Readership by geographical location

New *Sonography* App

Just released is the *Sonography* IOS app from Apple (Fig 2). This will provide easy reading when on the go. The developers are now working on an Android app and we hope that this will be available later in 2016.

Content alerts

Content alerts are available and some readers have opted to receive automatic alerts from the journal when new content is available on Wiley Online Library. To activate this feature, members should click on the tag indicated in Figure 3 on the *Sonography* homepage.

Table 1. Most downloaded articles from Wiley Online Library

Rank	Author(s)	Article Title	Vol.	Issue	No. of Accesses
1	O'Hara S, Zelesco M, et al	The maternal cervix: Why, when and how?	2	4	453
2	Schultz T	Axillary artery aneurysm	1	2	428
3	Hare M	Complete atrioventricular septal defect identified...	1	2	398
4	Fenech M	Fundamentals of musculoskeletal ultrasound (Second...)	1	2	393
5	N/A	Abstracts	2	S1	368
6	Cartwright L	A sonographer's guide to the assessment of heart...	1	1	361
7	Allcorn T	Sonographers guide to venous surgery and treatments	2	1	332
8	Stoodley P, Richards D	Cardiac amyloidosis: the value of myocardial...	2	2	256
9	Bloomfield S	Venous anomalies of the fetal heart	1	1	232
10	Deed K, Childs J, et al	What are the perceptions of women towards transvaginal...	1	2	194

Reading options

Articles can be read online using conventional HTML or PDF or by accessing the Enhanced HTML Article format or the ReadCube-enhanced PDF, both of which include additions to the base article providing improved readability and functionality of *Sonography* articles. ReadCube's technology takes the functional capabilities of HTML – such as inline reference links, figure browsing, one-click author search, related articles and annotation/highlighting tools – and applies them to the traditional PDF, generating a hybrid document that gives depth to a previously flat experience (Fig 4).

Services for authors and reviewers

Authors and reviewers should visit Wiley Author Services – a collection of tools and services designed to help authors in the publishing process. This includes help with English language editing if required. The Reviewer Resource Centre includes a webinar and guides on how to perform a peer review and advice on the peer review process.

Submissions

Authors are encouraged to submit their work for publication in *Sonography*. Manuscripts on all aspects of sonography and medical ultrasound are encouraged and may take the form of original articles, review articles, case reports and series,



Fig 2. The new *Sonography* app

resource reviews, commentary, letters to the editor and education articles outlining new techniques and equipment. All manuscripts are to be submitted and processed online. To submit your manuscript to *Sonography* you will need to create an account on the ScholarOne manuscript website and follow the instructions to upload the article and images. www.mc.manuscriptcentral.com/sono

To view the author guidelines for *Sonography*, visit the Wiley Online Library website. These guidelines will assist you to prepare your manuscript. <http://onlinelibrary.wiley.com/doi/10.1002/sono.v2.S1/issueoc>



Fig 3. Content alerts can be activated by clicking on the circled journal tool



Fig 4. The ReadCube-enhanced PDF

Education Advisory Committee report

Tracey Taylor, EAC

Issue 4, 2015 of *soundeffects news* last year included the EAC's initiative a *Guide to scientific content* as a tool for sonographers to consider when working on their presentations. The March 2016 issue of *soundeffects news* included the EAC supported *The ePoster: a guide to content and design*: a summary of which is available on the ASA2016 Melbourne website within the Call for Papers – Guidelines page. These guidelines are now used by the EAC to review *asawebinar* content before it is made available online.

The EAC has also been involved in the review of the adjudication guidelines for the presenter awards at the international conference with the aim of ensuring continuity between each of the awards and in subsequent conferences.

In conjunction with the EAC, all Special Interest Group (SIG) committees have been requested to review their terms of reference with the aim of identifying any areas in which they would benefit from input and support.

The EAC continues to work closely with the organising committees for both of our international events each year, and with the program coordinators for all of the ASA's CPD

events, including Travelling Workshops and *asawebinars*. We are looking at ways the EAC can support education at both state and branch levels. Any suggestions from members or requests from committees will be enthusiastically received.

The EAC is fully committed to the ASA's CPD Program: PD-*asa*. Combined with the free CPD activities offered by the ASA, this program is the ideal method of managing your CPD points. All ASA CPD points are automatically logged into your records by the PD-*asa* Program Coordinator who will also assist with any audit in the event you are required to participate.

Taking on the responsibility of membership of the Program Committee for SIG2016 Queenstown resulted in Deb Mackintosh recently standing down from the EAC. We thank Deb for her input and continuing support of ASA education. Gillian Whalley has joined the EAC. As both a cardiac sonographer and the Executive Director of the ASA's Institute of Diagnostic Ultrasound and General Manager, Education and Practice Development, Gillian is in an ideal position to contribute to the direction of the EAC and ASA's educational initiatives.

asawebinars Learn in the comfort of your own home

- 21 Jun** Advanced achilles scan – Greg Lammers
- 28 Jul** Ultrasound of the post treatment breast – Louise Worley
- 18 Aug** Vascular sonography – Gail Size
- 1 Sept** Paediatric sonography – TBC

To register, visit www.a-s-a.com.au

asa

SONOGRAPHY

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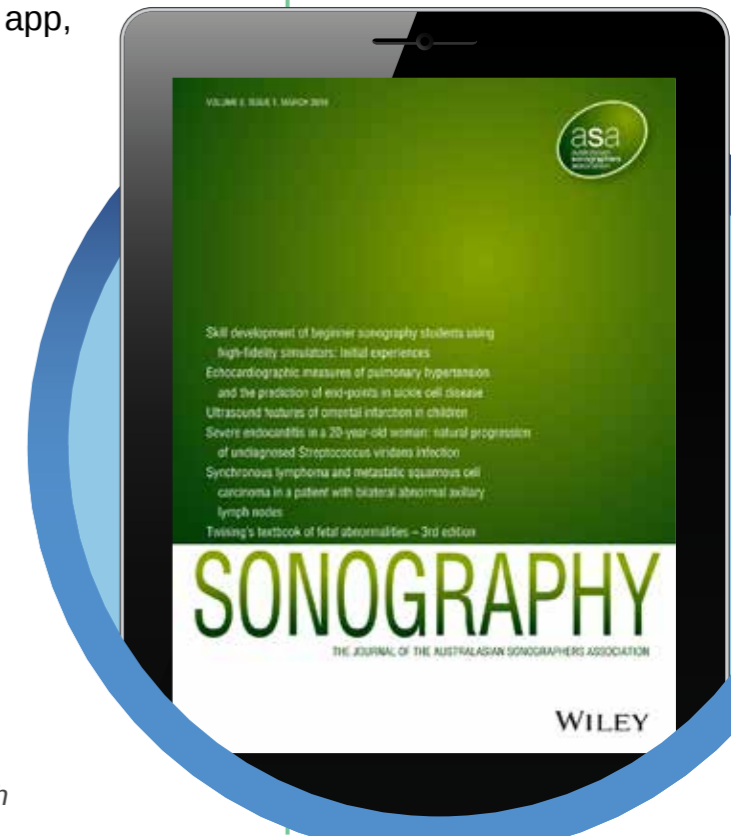
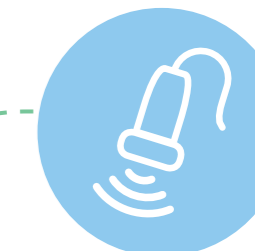
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Injury prevention: Back to basics

When I first decided to accept a position learning ultrasound in 1986, I did so in the belief that I was doing my body a favour. Radiography involved a lot of heavy lifting when positioning patients and the mobile X-ray machines were heavy to push, especially up and down ramps. We were also required to carry heavy piles of cassettes and wear lead aprons.

Back then the heaviest ultrasound probe was the breast/near field probe, which, with the water standoff attached, weighed about half a kilogram. I discovered that holding a half-kilogram weight at arm's length for any length of time is not kind to the arm, shoulder, neck and upper back. I very soon developed muscle spasm and this has plagued me ever since. I was taught to drape the cable across my shoulders to support it, which has also contributed to me developing muscle damage.

The ultrasound machine I was taught on was a Disonics DRF1. It consisted of a rectangular metal box about 1.5-metres high with a keyboard, processing controls and monitor incorporated into the box. Sonographers were encouraged to stand while they scanned, as there was nowhere to put your knees if you sat and none of the components moved independently of the 'box'.

Every ultrasound room had a telephone directory that was wrapped in a towel and used to prop up the female patients when performing transvaginal exams.

Things like scanning stools that were adjustable in height or adjustable patient beds were nonexistent.

Coming forward to 2016 and things have changed dramatically. However, old habits die hard and many experienced sonographers are exacerbating injuries by not taking advantage of the improvements in ergonomics and equipment which are available today.

Return surveys to ASA in 2014 revealed that 85% of sonographers are carrying between 1 and 5 injuries every day at work and 25% of return surveys stated that the injury was career ending [1]. There has been little change in the number of injuries reported by sonographers since an ASA survey done in 1998 which reported 95.4% of sonographers had experienced musculoskeletal pain since starting scanning [2].

Monitor and keyboard height and orientation are adjustable on most modern ultrasound machines. The monitor height should be adjusted so that the top of the screen is at eye level. The keyboard/control panel should be at elbow height. The patient couch and scanning stool adjusted so that the scanning arm is not extended past the scanner's body and the feet are comfortably flat on the floor or on a footrest.

The transducer should be held in a palm grip, not with the fingers in a pincer grip. Arm bands, which hold the cable, take a lot of strain off wrists and hands. They are quick to put on and are not uncomfortable to wear once you are used to them. The decrease in wrist and hand strain is worth it.

Elizabeth Naseby ASA Sonographer Health and Wellbeing Committee

The patient should be encouraged to move closer to the side of the examination table/bed so the sonographer does not have to lean or reach so far. The scanning arm should be rested on the patient's body, supported by a cushion if necessary.

Large, immobile, bedridden patients can be very difficult to scan. Leaning across the bed can cause injury to the sonographer. The opposite side can be scanned with the help of another sonographer who can operate the keyboard. Alternately, the bed can be turned and the sonographer scans left-handed.

Student sonographers should be encouraged to learn to scan right- and left-handed. Experienced sonographers will also benefit greatly from learning this skill, though it does take some time to teach the brain to work in the opposite direction. Start with abdominal scanning, which is very left and right orientated, as it is much easier to recognise which direction the image is facing. It is quite simple to change a room from right to left hand scanning. Just turn the US machine around so it is facing the opposite direction and put the patient on the bed with their head where their feet would normally be.

Where a separate monitor is available for the patient to watch, transvaginal exams can be done by moving the patient to the end of the bed and the sonographer sits at the end of the bed facing the patient. The scanning arm can be rested on a pillow between the patient's feet. If a

separate monitor is not available for the patient and they need to see the screen, then the bed should be raised so it is just above the level of the sonographer's elbow and the scanning arm placed under the patient's knee and rested on the bed.

It is good practice to write up sonographer worksheets as soon as the examination is finished. This gives the body time to relax between examinations and recover from repetitive strain.

For longer examinations, such as renal arteries studies, bilateral vascular studies and multiple obstetric exams, consider writing up the worksheet between sides.

This not only gives the sonographer a rest, but the patient may also appreciate the break.

Take scheduled tea and lunch breaks to give the body a rest. RSI stands for 'repetitive strain injury'. Breaks from that strain will help prevent the injury.

Sonographers should aim to keep fit. Exercise routines that strengthen the body core, like Pilates, are very beneficial in preventing back injury.

Sonographers should read the ASA and ASUM joint guidelines for reducing injuries to sonographers/sonologists [3].

References

1. Mason B. Scanning the obese patient. *soundeffects news*. issue 4, 2015.
2. Gregory V. Report on the results of the Australian sonography survey on the prevalence of musculoskeletal disorders among sonographers. *soundeffects*. December 1999.
3. ASA and ASUM joint guidelines for reducing injuries to sonographers/sonologists. 2010 [cited 2016 Mar 17]. www.asa.com.au/file_rep/WEBGuidelinesReducingInjury.GUIDELINES-101109.pdf



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Far North Queensland

Our meeting on 28 October 2015 included presentations by committee members and senior sonographers and was held at the Cairns Hospital with the theme: *Tips for TOPS and TAPS – mono chorionic (MC) twins pathologies and scanning techniques.*

Sharlyn Ellis and Lee Williams gave us an interesting insight into their experiences scanning complicated obstetric cases at the Cairns Hospital telehealth program, under the guidance of the Mater Mothers' Maternal Fetal Medicine specialists.

The FNQ Branch annual *Interesting cases* evening was held on 4 December at Rydges Esplanade and was attended by 22 sonographers. Local sonographers were invited to share interesting cases; thank you to all who participated!

Cases presented included:

- Sharlyn Ellis – *Intussusception and hydrostatic reduction*
- Kathryn Deed – *Biliary duct duplication and what lies beneath* and *Sigmoid colon cancer*
- (Siang) Joo Yeo – *Horseshoe kidney and Uterus didelphys*
- Lisa Wellby – *Invasive carcinoma of the breast*



The FNQ Branch annual *Interesting cases* evening



Sharlyn Ellis with Lee Williams presenting *Tips for TOPS and TAPS*

- Marnie Leighton – *A little bit of trauma*
- James Hilton – *Interesting case studies*
- Alison Timings – *Right-sided aortic arch*
- Isla Lucas – *Krukenberg tumour*

2016 started with a presentation at the Cairns Hospital on 18 February by visiting sonographer, Lynette Hassall, titled *Advancements in point-of-care ultrasound*. Lynette is the Clinical Manager for SonoSite, Australia and New Zealand. Prior to this she worked as a clinical applications specialist for SonoSite and was a senior sonographer educator at the Australian Institute of Ultrasound. She was also the course coordinator at the Queensland University of Technology and holds a Master of Learning Innovation in Adult Education.

Lynette's presentation highlighted the importance of point-of-care ultrasound in a variety of work environments around the world, mainly due to its portability and ease of use for trained clinicians. The equipment she displayed was great to have a play with and it was interesting to see the range of uses for portable ultrasound and future technologies that will be available soon.

Kath Deed
Far North Queensland Branch Committee

Gold Coast

On 9 December 2015 the Gold Coast Branch met for our last meeting of the year. It was held at the Medland Orthodontics conference room in Benowa.

We had a great catch up with our small group of 11 attendees. Our speaker, Dr Alwyn Dunn, was, as always, informative and explained *The surgeon/obstetrician's view on fibroids vs infertility.*

We would like to thank Dr Dunn for his ongoing support. It has been a challenge to provide high quality, continuing professional development to our local members.

We look forward to seeing you at our 2016 education meetings.

Anna Galea
Gold Coast Branch Committee

Illawarra

Following the success of our specialist night in 2015, the Illawarra Branch started off the year with another specialist evening. On 7 March, three local specialists very generously donated their time and knowledge to speak to the local sonographers.

Dr Shannon Reid, a staff specialist in obstetrics and gynaecology at Wollongong Hospital, shared her knowledge of the use of transvaginal ultrasound for the prediction of deep infiltrating endometriosis and pelvic adhesions.

Dr Mario Malkoun, a general surgeon, spoke to the attendees about the importance of expanding our ultrasound

to assist in diagnosis and additional information that he considers useful for studies of the gallbladder and hernias.

Dr Tam Nguyen, a vascular and endovascular surgeon, discussed the need for ankle brachial indices and important diagnostic information required for arterial carotid and venous studies.

We all had a great evening and are very grateful for the support from our local specialists. Thank you to Philips Healthcare for their support and sponsorship of the education meeting.

Thank you to our local sonographers for your involvement and attendance at these local meetings.

The Illawarra Branch Committee is looking forward to the remainder of the year with three more education meetings planned.

Lauren Dwight
Illawarra Branch Committee

Newcastle

The inaugural meeting of the Newcastle Branch was held at the John Hunter Hospital in the Royal Newcastle Centre (RNC) on Saturday 13 February. This is an excellent facility and Kathleen Wyld from the RNC venue management ensured that everything ran smoothly.

The meeting was opened at 9.00 am by ASA CEO, Stephen Duns, who

informed us of the new MSK intervention course starting this year. He was very enthusiastic about the formation of a new ASA branch.

The meeting was well attended, with over 70 sonographers from the vascular, cardiac and general ultrasound fields. Sponsorship and a scrumptious morning tea were provided by Toshiba Australia Pty Ltd.

Our wonderful presenters covered a wide variety of subjects from all fields of ultrasound. Warren Lewis presented an informative talk on how to accurately measure AAA grafts pre- and post-surgery, as well as the different types of complications that may occur post-surgery.

An interesting case of *Quadricuspid aortic valve* was presented by Chee Fong. He had some wonderful images to show of this rare finding.

Danny Pavan took us *Back to basics when examining the thyroid with ultrasound*. He described different nodule appearances and what we should look out for and how to extend the exam, especially for endocrinologists.

Spectral Doppler and its use in the 3rd trimester growth scan was presented by Dr Seshu Mandapati. Dr Mandapati provided an extremely informative presentation, highlighting the most important information that is gained from the Doppler so as to provide treatment

or continue with surveillance in high-risk pregnancies.

When no DVT is actually a DVT, presented by Kate Harrison, was a fantastic reminder of a common pitfall when scanning arm DVTs. We need to be extremely mindful of the lack of phasic flow within the distal vessel being an indicator of a DVT proximally and to be extra vigilant when looking for a DVT in the arm.

Our last presentation was of other findings that may be found when scanning for a DVT, including tendon/muscle tears and other pathologies. This MSK topic was presented by Sonya Simpson.

All of the talks were extremely informative and we thank all the presenters for taking the time out of their busy schedules to share their knowledge.

Thanks must also go to Jill Wilcock for her tireless work in getting the education meeting organised.

Lastly a very special thank you to Barbara and the team at the ASA office for all their help, guidance and support to facilitate our first meeting.

Members can contact the committee if they would like to join and/or present to the Newcastle Branch by emailing newcastle@a-s-a.com.au

Sonya Simpson
Newcastle Branch Committee

soundbite

Q. I am an ASA Student Member enrolled in a sonography course. Can the ASA help me to find a clinical training position?

A. The ASA has an employment listing service offered to Student Members. This service allows student members currently seeking a clinical training placement to post a listing. Listings in this section will remain on the website for one month and can be reposted.

PD-asa is the CPD program of the ASA. It's free to ordinary and student members. To find out more, visit www.a-s-a.com.au or contact the PD-asa Program Coordinator via cpd@a-s-a.com.au

2015 audit results

Each year the ASA selects 10% of sonographers ending their triennium for audit. Members participating in PD-asa are assisted throughout their end-of-triennium year and the audit process by a dedicated PD-asa Program Coordinator, who is also responsible for helping members maintain a minimum standard of CPD.

Sonographers who select PD-asa as their CPD program may be audited by the ASA, but not by the Australian Sonographer Accreditation Registry (ASAR) as well.

We are delighted to report that all PD-asa participants audited for their ASAR triennium in 2015 received 100%

compliance. New Zealand participants who ended their triennium in 2015 accrued the required 40 CPD points. Congratulations to all participants involved!

A total of 33 PD-asa participants were selected for audit, including two participants on the Extension pathway.

CPD activities included both ASA and non-ASA CPD activities.

ASAR

A sonographer's compliance and accreditation is dependent on meeting the necessary continuing professional development standards set out by the ASAR. Regardless of whether you work full time or part time, or if you have moved to a role that involves infrequent clinical work, the profession has a minimum accrual of 40 CPD points per triennium.

NZMRTB

New Zealand members registered with the New Zealand Medical Radiation Technologists Board (NZMRTB) are responsible for maintaining a record of their CPD activities. The PD-asa system supports the record and evidence of CPD required should participants be called for audit by NZMRTB.

The PD-asa Program Coordinator is available to assist New Zealand participants audited by the NZMRTB to provide the relevant CPD evidence.

2016 CPD requirements

To discuss your CPD requirements for 2016, please contact our PD-asa Program Coordinator via email cpd@a-s-a.com.au or via telephone on +61 3 9552 0000.

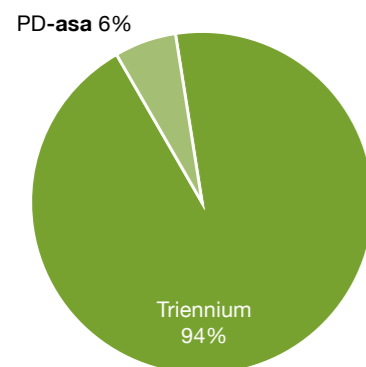


Fig 1. Total number of participants audited (%)

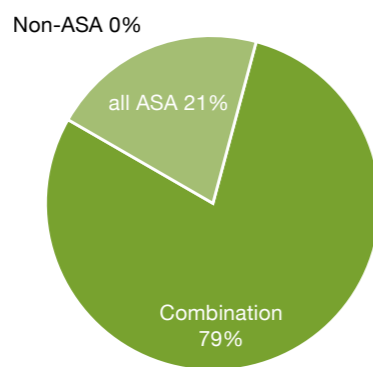


Fig 2. End-of-Triennium - CPD activity type

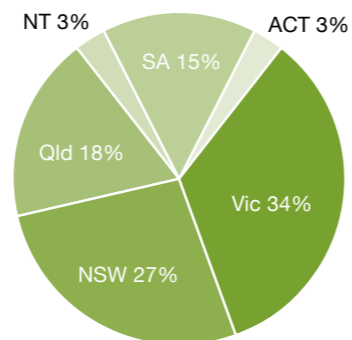


Fig 3. End-of-Triennium - participant location

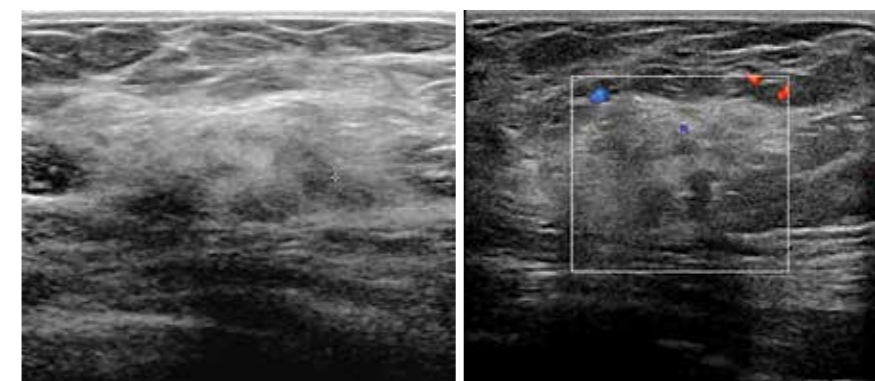


Make PD-asa your default CPD program in 2016 and enjoy the benefits. To find out how PD-asa can make your life easier, visit www.a-s-a.com.au or email the PD-asa Program Coordinator at cpd@a-s-a.com.au

This issue's cases

Case 1

This patient presented for routine mammography and ultrasound. An ill-defined area was demonstrated on ultrasound. What is the most likely diagnosis?



Case 1 Images supplied by Ramya Gunjur and Louise Worley

Case 2

This image is taken from a morphology scan performed at 20-weeks' gestation. What does this cord insertion represent?



Case 2 Image supplied by May Lee Yuen

Last issue's cases

In the last issue there were three cases for readers to consider.

Case 1 was a banana cerebellum or Chiari II malformation associated with neural tube defect.

The correct answer was received from the following members: Sandra-Laura Mifsud, Itoku Soda and Poonam Leaversley.

Case 2 was a case of autosomal recessive polycystic kidney disease in a newborn.

Correct answers were received from the following members: Sandra-Laura Mifsud, Poonam Leaversley, Jenna Arnold, Sue Drinic and Allison Holley.

Case 3 was a papillary thyroid cancer with the suspicious features of microcalcification and increased flow with colour Doppler.

The correct answers were received from the following members:

Itoku Soda, Sandra-Laura Mifsud, Sue Drinic and Poonam Leaversley.

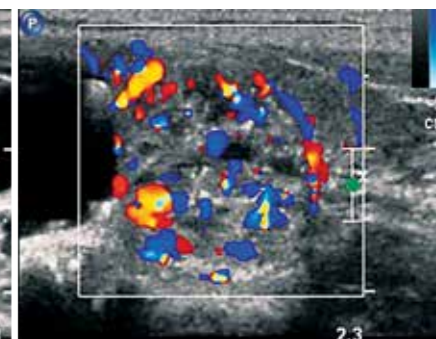
Thanks to Tracey Taylor, Glenda McLean and Ilona Lavender for supplying these cases and images.



Case 1 image supplied by Tracey Taylor



Case 2 image supplied by Glenda McLean



Case 3 images supplied by Ilona Lavender

January–March 2016

The ASA is committed to providing quality academic and clinical education. Delivering continuing professional development (CPD) opportunities is vital to support the professional success of sonographers, enhancing the community's access to quality sonographic services.

From January to March 2016 the ASA held a diverse range of CPD educational activities 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

2 March

Cardiac Branch Education Meeting Canberra, Canberra Hospital, *Echo teaching cases evening*, sponsored by Siemens

19 March

ACT Branch Education Meeting, Canberra Hospital, *Endometriosis seminar*, presented by Assoc. Prof. George Condous and Dr Bassem Gerges

Northern Territory

20 February

Darwin Travelling Workshop, Royal Darwin Hospital, *Abdominal and renal sonography*, presented by Faye Temple

30 March

Northern Territory Branch Education Meeting, Royal Darwin Hospital, *Sonography trivia evening*

Queensland

16 February

Queensland Branch Education Meeting, The Prince Charles Hospital, *Interesting cases evening*

18 February

Far North Queensland Branch Education Meeting, Cairns Hospital, *Advancements in point-of-care ultrasound*, presented by Lynette Hassall

2 March

Cardiac Branch Education Meeting Brisbane, Mater Hospital Brisbane, *Echo teaching cases evening*, sponsored by Siemens

12 March

Hervey Bay Travelling Workshop, St Stephen's Hospital, *Vascular*, presented by Ian Catchpole, sponsored by GE Healthcare

17 March

Toowoomba/Darling Downs Branch Education Meeting, Toowoomba Base Hospital, *asawebinar Pregnancy of unknown location and intrauterine pregnancy of uncertain viability*, presented by Dr Joanne Ludlow

Western Australia

20 February

Perth Travelling Workshop, Perth Royal Hospital, *Paediatric ultrasound – the classics*, presented by Allison Holley, sponsored by Siemens

31 March

Western Australia Branch Education Meeting, Wembley SKG, *Breast lesions are not all they are cut out to be*, presented by Dr Helena Hamilton-Wright, sponsored by Philips Healthcare

Victoria

16 February

Victoria Branch Education Meeting, St Vincent's Hospital, *New breast technology – Tomosynthesis: how it is changing breast imaging practice*, presented by Dr Darren Lockie; *Breast ultrasound in light of new technology*, presented by Jenny Parkes; *The effect that new imaging technology has on the management of breast cancer*, presented by Jane O'Brien, sponsored by Toshiba

12 March

Wodonga Travelling Workshop, Albury Wodonga Health, *Obstetric and gynaecological sonography*, presented by Paula Kinnane, sponsored by GE Healthcare

19 March

Geelong Travelling Workshop, Geelong Clinical School, *Making the diagnosis in MSK injury*, presented by Scott Allen, sponsored by GE Healthcare

New South Wales

9 February

New South Wales Branch Education Meeting, Novotel at Sydney Olympic Park, *Non-invasive prenatal testing (NIPT) in first trimester screening and the 12-week structural scan*, presented by Dr Joanne Ludlow; *Cervical length: what you need to know during pregnancy*, presented by Olivia Jeffries; *New criteria on uterine anomalies*, presented by Dr Philippa Ramsay, sponsored by Quantum Healthcare

13 February

Newcastle Branch Education Meeting, John Hunter Hospital, *AAA measurement*

and AAA endoluminal graft, presented by Warren Lewis; *Quadracuspid aortic valve*, presented by Chee Fong; *Doppler in the third trimester*, presented by Dr Seshu Mandapati; *Thyroid ultrasound back to basics*, presented by Danny Pavan; *When 'No DVT' is actually a DVT*, presented by Kate Harrison; *When there's no DVT, what else can it be?* presented by Sonya Simpson, sponsored by Toshiba

7 March

Illawarra Branch Education Meeting, Wollongong Hospital, *Specialists evening*, presented by Dr Shannon Reid, Dr Tam Nguyen and Dr Maria Malkoun, sponsored by Philips Healthcare

South Australia

20–21 February

Adelaide Travelling Workshop, University of South Australia, *MSK advanced upper limb*, presented by Marguerite Leber, sponsored by Siemens

New Zealand

Auckland

22 March

Auckland-Waikato Branch Education Meeting, Starship Children's Hospital, *Ultrasound of the paediatric spine*, presented by Philippa Maurer; *Carotid ultrasound*, presented by Vishwant Sandeep; *Basic, better, best – fetal heart*, presented by Dr Ann Quinton, sponsored by Toshiba

asawebinars

4 February

Ultrasound-guided injections for the musculoskeletal system – A professional opportunity, presented by Sue Innes, sponsored by Philips Healthcare

23 February

Leading with resilience in patient interactions, presented by Vivienne Black, sponsored by Philips Healthcare

17 March

Pregnancy of unknown location (PUL) and intrauterine pregnancy of uncertain viability (IPUV), presented by Dr Joanne Ludlow, sponsored by Philips Healthcare



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wa@a-s-a.com.au
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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.

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SIG Obstetric and Gynaecological

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SIG Paediatric

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Society of Diagnostic Medical Sonography – SDMS

2745 N Dallas Pkwy Ste 350, Plano TX 75093-4706 USA

T: +1 214 473 8057

F: +1 214 473 8563

W: www.sdms.org

Sonography Canada/Échographie Canada

PO Box 1220 Kemptville, ON K0G 1J0 Canada

T: +1 888 273 6746

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Aon
Steve Talbot
T: +61 3 9211 3484
E: steve.talbot@aon.com
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E: info@ashmed.com.au
W: www.ashmed.com.au

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W: www.aussielocums.com.au

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Veronika Machacek
T: +61 2 9482 8711
E: admin@asmi.edu.au
W: www.asmi.edu.au

ChoiceOne
Brett van Grootel
T: +61 8 9215 3888
E: brett@choiceone.com.au
W: www.choiceone.com.au

Coastal Medical Imaging
Sean O'Connor
T: +61 7 5413 5000
E: info@coastalxray.com.au
W: www.coastalxray.com.au

CQ University
Anita Bowman
T: +61 7 4923 2244
E: a.bowman@cqu.edu.au
W: www.cqu.edu.au

Fujifilm SonoSite Australasia
Sarah Leverett
T: +61 2 9466 2600
E: sarah.leverett@sonosite.com
W: www.sonosite.com

GE Healthcare Australia
Matt Tucker
T: +61 2 9846 4000
E: matt.tucker@ge.com
W: www.gehealthcare.com

Global Health Source
Joanna Calder
T: +61 8 9227 0822
E: ghs@globalhealth.com.au
W: www.globalhealth.com.au

H1 Healthcare
Tony Kimber
T: +61 2 9078 8195
E: tony.kimber@h1healthcare.com.au
W: www.h1healthcare.com.au

Healthcare Imaging Services
Marianne Farag
T: +61 2 9005 7797
E: marianne.farag@healthcareimaging.com.au
W: www.healthcareimaging.com.au

Heartwise
Yuli Willis
T: +61 (0)419 375 496
E: yuliuillis@gmail.com
W: www.heartwise.me

Horizon Radiology
Simon Cuncliffe
T: +64 0800 746 853
E: simon.cuncliffe@horizonradiology.co.nz
W: www.horizonradiology.co.nz

I-MED Network
Marcia Ross
T: +61 2 8274 1000
E: marcia.ross@i-med.com.au
W: www.i-med.com.au

Julie Warner Health
Caroline McAree
T: +61 2 9957 1166
E: caroline@jwhealth.com.au
W: www.jwhealth.com.au

Lantheus Medical Imaging
Sean Mallini
T: +61 3 9338 0341
E: sean.mallini@lantheus.com
W: www.lantheus.com

Meditron
Michael Fehrmann
T: +61 3 9879 6200
E: michael@meditron.com.au
W: www.meditron.com.au

Pacific Radiology
Steve Mackintosh
T: +64 027 576 9322
E: steve.mackintosh@prg.co.nz
W: www.pacificradiology.co.nz

Perth Cardiovascular Institute
Reza Barzegari
T: +61 8 6314 6833
E: reza@perthcardio.com.au
W: www.perthcardio.com.au

Philips Healthcare
Mark Rowlinson
T: +61 2 9947 0000
E: mark.rowlinson@philips.com
W: www.healthcare.philips.com

Qscan Radiology Clinics
Kate Challenor
T: +61 7 3357 0907
E: kate.challenor@qscan.com.au
W: www.qscan.com.au

Quantum Healthcare
Tricia Mares
T: 1800 228 118
E: sales@qhealthcare.com.au
W: www.qhealthcare.com.au

Queensland University of Technology
Colleen Cleary
T: +61 7 3138 5577
E: ejournals@qut.edu.au
W: www.library.qut.edu.au

Siemens Healthcare
Jodie Long
T: +61 2 9491 5936
E: jodie.long@siemens.com
W: www.siemens.com

Sono's Safety in the Workplace
Bernie Mason
T: +61 411 134 530
E: berniemason59@gmail.com

Sugarman Group International
Vivianne Antonievich
T: +61 2 9549 5700
E: vivianne@sugarmangroup.com.au
W: www.sugarmangroup.com.au

The Bambach Saddle Seat
Liana Arena
T: +61 2 8966 4800
E: larena@bambach.com.au
W: www.bambach.com.au

Tognetti Consulting
James Buck
T: +61 8 9322 3088
E: jamesb@tognetti.com.au
W: www.tognetti.com.au

Toshiba Australia
Queenie Northey
T: 1300 655 155
E: qnorthey@toshiba-tap.com
W: www.medical.toshiba.com.au

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ASA Office

PO Box 356
Dingley Village Vic 3172
Australia

T +61 3 9552 0000
F +61 3 9558 1399
W www.a-s-a.com.au

Membership and insurance enquiries should be directed to:

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PO Box 356
Dingley Village
Victoria 3172, Australia
T +61 3 9552 0000
F +61 3 9558 1399
W www.a-s-a.com.au