



the magazine of the australasian sonographers association

soundeffects
news

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SIGS2019 CANBERRA

THE 15TH ANNUAL SPECIAL INTEREST GROUP SYMPOSIUM
OF THE AUSTRALASIAN SONOGRAPHERS ASSOCIATION
National Convention Centre Canberra, 26–27 October 2019

from the editor

Welcome to the September issue of your member magazine.

To start with, our *advocacy feature* continues the spotlight on key issues and provides an update on what the ASA is doing to get sonographers regulated and solve the critical workforce shortage in Australia and New Zealand.

Once again we honour our outstanding sonographers of 2018–19 who were recognised with the (inaugural) Pru Pratten Memorial Lifetime Achievement Award and the ASA Awards of Excellence. This is followed by the *wrap up* of the ASA2019 Brisbane Annual Conference and a pictorial centrefold highlighting the event.

Our *fellowship announcements* introduce new inductees and recognise their generous contribution of time, knowledge and experience invested in our association.

In our *person profile* we pay tribute to recently retired past ASA president Faye Temple and we have compiled a pictorial reflection on some of Faye's achievements.

Our *branch reports* for this issue are from your colleagues in metro areas. As always, a big shout out and thank you to all our branches and members who continuously support the ASA by volunteering their time to plan, organise and present at ASA educational activities each month, as well as those of you who attend these events.

wh&s matters looks at best practice for 'scanning patients in hospital beds' and *research matters* explores 'the basic steps in evidence-based best medical practice' and addresses how to formulate a research question and identify the best evidence in literature to answer that question.

Don't forget, we would love to hear from you to share your story. We're always interested in the journeys or pathways that sonography takes our members.

Happy scanning and reading!

Carol De La Haye
Editor
communications@sonographers.org



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soundeffects news is the quarterly magazine of the Australasian Sonographers Association (ASA) Ltd.

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Join us in
celebrating
sonographers on
27 October for
Australasian
Sonographers Day

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president's message



ASA2019 Brisbane, the 26th Annual Conference was a fabulous event as those that attended would attest. The vibe was electric and there was a continuous ‘buzz’ of enthusiasm everywhere. Not only is Brisbane an excellent escape from winter, the Brisbane Exhibition and Convention Centre (BECC) continues to be a standout conference venue for the ASA Annual Conference.

The opening plenary was both interesting and entertaining. We listened to the direction that AI is taking health, and although the role of the sonographer is not yet replaceable by AI, we heard how AI is creeping into our workplace to make our workplace and workflow easier.

The Future Directions Forum provided an excellent opportunity for members to engage with external stakeholders and ASA experts on the topics of *Sonographer regulation* and *Workforce shortage*. Read the update in this issue on both of these hot topics by James Brooks-Dowsett, the ASA Policy and Advocacy Advisor.

At the conference, a Special General Meeting (SGM) was held where the change to the ASA Director Terms was passed by majority vote. This change will strengthen ASA governance with increased board training and

the preservation of corporate knowledge optimised.

The Gala Dinner was electric and ‘SONOGRAPHER’ on stage and up in lights was a sight to behold. The Gala Dinner was also the opportunity to induct nine more sonographers into the Fellowship of the Australasian Sonographers Association (FASA). These members have made a significant contribution to the ASA. If you are an ASA member and you give your time to the ASA, consider applying for Associate Fellowship of the Australasian Sonographers Association. Information is easily available on the ASA website.

It was also my pleasure to award the *Pru Pratten Memorial Lifetime Achievement Award* to Louise Worley. Louise is a most worthy recipient, being a founding member of the ASA, having been present at the first meeting 26 years ago; volunteering on many ASA committees; and is a regular ASA presenter. Read more about Louise in this issue.

This year the SIG symposium will be held in Canberra on the weekend of the 26 and 27 October with the topics of women’s health, vascular and musculoskeletal ultrasound. On the Sunday (27 October) it will be

Australasian Sonographers Day. Come to SIGS2019 Canberra and share in the celebrations. Also, look out for the ASA Annual Report in your mail box. This is a financial and operational record of how the ASA has performed over the past 12 months. If you are at SIGS2019 Canberra, join the AGM and support the Annual Report.

Sonography, the ASA journal, is enjoying enormous success but it still needs your help. With a focus on evidence-based practice and ethical research, there is always a need for articles. The process is very straightforward with author guidelines on the ASA website and submission online at the click of a mouse. Join the multitude of excellent authors getting their voice heard and demonstrating that the ASA is most definitely ‘the peak body and leading voice for all sonographers’.

Jennifer Alphonse
ASA President

soundbite

Q. Have you considered applying for Associate Fellowship (AFASA)?

A. Fellowship is the highest grade of membership for professional associates. If you are already volunteering, presenting or publishing, you may be a worthy candidate. Why not apply for Associate Fellowship? Log in to: www.sonographers.org/membership/fellowship-program for more details.

update from the ceo

For those of you who attended the annual conference in Brisbane, I hope you enjoyed the fantastic program with the high calibre speakers we had on offer and that you all walked away inspired to achieve more for the sonography profession. The conference was a huge success with close to 1,300 attendees. The highlight for many was seeing the word 'SONOGRAPHER' lit up on stage. It was great to see so many sonographers feeling proud and having their photos with the sign to post all across social media. The conference really did shine a light on the profession.

A conference takes many people to bring it together and we couldn't do it without the dedication of the program committee. Nor would it be possible without all of the amazing speakers who spend many unseen hours before the conference preparing their presentations. We are also extremely grateful to the companies who contribute across all aspects of the conference through their sponsorship.

It is so important to recognise those in our profession who make outstanding contributions and I would like to congratulate all those who were nominated for awards, with the recipients acknowledged on subsequent pages. I would encourage you to read about

them as they are truly inspiring. Fellows of the ASA are also inspirational and shining lights of our profession and this year we inducted 11 more. See who they are and aim for this achievement and recognition yourself.

The conference is a place where we also encourage new speakers and people to share their knowledge and experiences on an area of interest or case study. These sessions are invaluable for other sonographers to learn. I would encourage all of you to consider submitting an abstract for ASA2020 Melbourne and, if presenting is perhaps a step too far at this stage, then please create a poster. The best presenters are highlighted on page 18 of this issue and a big thank you to all submitters of abstracts.

I would like to acknowledge Faye Temple for her outstanding contributions to the sonography profession and the ASA over her extensive career as she enters retirement. Her passion for the profession has helped lead the profession to where it is today, and I would encourage you to read about her in the *person profile* on page 30 and be inspired.

More CPD opportunities, especially online, are something you all ask for and we have recently appointed a CPD



Content Advisor, Janessa Baddeley, whose role is to ensure we do just that. Be on the lookout for more CPD opportunities, especially online.

For those of you who want to experience high end professional development content, make sure you register for our SIG Symposium to be held in Canberra from the 26–27 October. The symposium will showcase an amazing line-up of speakers in the streams of MSK, Vascular and Women's Health over two days. Sunday will incorporate Australasian Sonographers Day and we will be organising a celebratory breakfast. More information on the SIG program can be found on the ASA website and I look forward to seeing many of you there.

I would also like to take the opportunity to thank you all for renewing with us and I commit to you that we will continue to be your voice as well as provide you with outstanding value and support in the coming year.

Jodie Long
CEO@sonographers.org

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Responses to letter | Children: An unacceptable distraction in the ultrasound room

Dear Ed,

I am writing in response to Dr Elizabeth McCloghry with regard to her letter about the 'Unacceptable distractions in the ultrasound room' published in the June issue of *soundeffects news*.

Dear Dr McCloghry

Your due concerns about the unnecessary distractions caused by small children during obstetric ultrasound examinations are shared by many sonographers.

I feel so strongly about this problem that I have dedicated four or five years of my career as a researcher sonographer and a university academic to study its impact on sonographers' performance and patients and sonographers health and safety.

In my published paper of 2012 (*soundeffects* peer reviewed) in a study of over 200 obstetric examinations, where small children were present in the scan room, greater variations were noted in maternal heart rate throughout the scan. To observe the effect on sonographer performance, the exam duration was chosen as an unbiased and objective outcome measure. We found a statistically significant association between distraction caused by children and the scan duration. To my surprise, the scan duration was significantly shorter in a distraction-rich environment compared to when the scan room was free of distraction, suggesting sonographers performing the scans in the study rushed to finish the examination and engaged less with the patient and her partner.¹

Later, in 2015, with two like-minded colleagues we performed a survey

of Australian and New Zealand sonographers and sonologists addressing various distractors and their possible negative impact on scan performance.

That highlighted many areas of concern, and answers to the open-ended questions resulted in intense discussions among sonographers in Australia and New Zealand. Results of this study were published in *AJUM* earlier this year.²

Sonographers identified a gap in the workplace policy around this issue; over 60% of those with a policy in place limiting the number of observers agreed that the policy is not often implemented or not adhered to due to sonographers giving in to pressures from the woman's family or due to lack of support from the employer (more so in private practices than in public hospitals).

Our third paper on policy around this issue is currently under review and we expect that if successful will be published in the December issue of the *Sonography* journal, the special edition related to sonographer wellbeing. Watch this space.

If you would like further information about this, please don't hesitate to contact me. Thank you for raising the awareness of this issue again.

Kind regards,

Afrooz Najafzadeh PhD, MSc, AMS, Senior Lecturer, Medical Sonography School of Health, Medical and Applied Sciences, CQUniversity Perth

1. Najazadeh A. Children accompanying their mothers during routine obstetric scans: Effect on the mother's heart rate variations and on the sonographer's work practice. *soundeffects*. 2012 Dec;(4):19-22 .
2. Najazadeh A, Woodrow N, Thoires K. Distractors in obstetric ultrasound: Do sonographers have safety concerns? *AJUM*. 2019 23 Feb. <https://doi.org/10.1002/ajum.12134>

Dear Ed,

My thoughts ... I read this letter as both a mother and an experienced obstetric sonographer. As a sonographer, I think it's a topic we need to have mature discussions around, and I commend the author for endeavouring to start this. But as a mother I'm outraged by this commentary. I found it almost an amusing juxtaposition against the following letter discussing how workplaces could accommodate breastfeeding mothers returning to work. On the one hand, we should do everything in our power to support mums to feed their babies, but if she needs to bring her child to a scan, we lock the doors!

The process of having my own children made me a significantly better obstetric sonographer. I gained an understanding of antenatal care (which is as much social work as it is medicine) and my role in it that was never taught in my sonography education. When I was expecting my second child, I was not a pregnant woman needing medical care. I was a human being introducing another human being into my family. Her relationship with my husband and I was as important as her relationship with her older sister. At no time would any of the midwives or doctors I saw have not allowed her in the room for visits. She could have been at the birth if we'd wanted! Obviously, there are rules and expectations around this, but it can be accommodated.

Fast forward two years, and as a mother, I'm burnt out – a feeling which is the norm amongst most young mothers. Being told I need to find care for my children to attend an appointment I need becomes just another thing on my never-ending to-do list. I'd find it much easier to just bring them and load up the iPad with 10 episodes of *Peppa Pig*! Not every hospital or private practice can provide childcare. Not everyone has the support

around them to leave the kids at home, and frankly, why should they? If a child wants to see their sibling, we should try to facilitate this in a manner that permits that bonding whilst still allowing a quality study to be performed. It's not impossible; it just takes more complex planning than waving a policy in a mother's face telling her to deal with it. That simply doesn't help anyone or achieve anything.

To me, the issue is not rowdy children in the room per se but rather it highlights the shameful way in which we prepare student sonographers for the demands of obstetric sonography and the lack of support within the workplace many obstetric sonographers feel. We teach technical skills but equip students with no insight into the psychosocial and cultural side of obstetric sonography. How many students receive mentoring on how to begin an uncomfortable conversation regarding the kids in the room? How many students are adequately prepared to handle the emotional toll of discovering a baby with a fatal abnormality? How many hours do they spend learning how to deliver upsetting news in an efficient yet empathetic manner?

We need to stop thinking it's perfection or it's nothing because this is not always achievable as we cannot control our situations and we need to do the best we can with whatever we are presented. A best practice guideline suggesting we exclude children from the ultrasound room is, in my opinion, about as insulting as a best practice guideline suggesting we shouldn't provide morphology scans for obese women. Neither situation is ideal. Both situations have safety risks attached. But both will be encountered; they will be unavoidable. Sonographers need to be equipped to deal with them. Education and empowerment is the answer, not making the experience clinical and difficult for expectant mothers.

My tips ... here are some tips to help those who don't feel they can tackle this situation. These are based solely on my experience over the years. Hopefully others will add more insight.

1. If the cast of thousands have arrived to have a look, stop them in the waiting room. Tell them you'll just take the parents in first to do the measurements and then everyone else will be able to come in to see the baby towards the end. I've never had an issue doing this and most parents are quite happy to have most of the scan without all the onlookers.

2. If they bring kids in with them, mention the kids in your introduction. Explain how long the scan will take and that you're going to be looking at all of the baby's anatomy. Tell them the kids are welcome, but if they get restless and upset, they may need to be taken out, so it's clear straight up.

3. Try to show the profile, do the heart beat and reveal the sex (if they want to know) early on. These are the only things most people will really understand and want to see and likely the only things parents will be hoping to show the child if they brought them along especially to see the baby. Doing this means if the kid gets upset, the other parent or carer will probably be more willing to remove them without having to be told.

4. Make the place a bit kid-friendly. Have some books or toys available for them.

5. Keep things light-hearted. If the kid starts crying things like, 'I guess he wanted to be an only child', break the ice.

6. If you think the situation is unsafe (e.g. kid starts reaching into the sharps bin), you need to speak up.

7. If you feel you can't do your job, stop the scan and explain to the parents why. If they get annoyed, don't get annoyed back but stay assertive. Give them the option of removing the child or rebooking. This is the same as if you have a very overweight patient or a fetus that just

Kind regards

Alison Deslandes, GDip.med.sono, MMed.sono, Specialist O&G Sonographer, Specialist Imaging Partners

Dear Ed,

Great letter from Dr Elizabeth McCloghry in March issue of *soundeffects news*. It seems it is a battle we are losing as sonographers. Not only are children distracting, the practice of parents giving them mobile phones to keep them amused is an additional problem. How many times have I had to work with *Peppa Pig* in the background?

Too many is the answer.

Regards,

Monica Romeo, AMS, GDip.med. ultrasound, Sonographer, HIS Northern Hospital and Zedu

If you would like to add to the discussion on children being allowed in the ultrasound exam room during a scan, please email your feedback to communications@sonographers.org

letters to the editor

Keep your letters coming ...

Share on *soundeffects news* your thoughts, stories or what is happening in your sonography space:

- Feedback
- Questions
- Suggestions
- Achievements
- Volunteering
- Workplace awards
- Milestones
- Initiatives

communications@sonographers.org
Let's get the conversation started now!

James Brooks-Dowsett
ASA Policy and Advocacy Advisor

What's happening?

At the ASA Annual Conference in Brisbane, we discussed with expert panellists as part of the Future Directions Forum, two of the greatest challenges facing our profession: sonographer regulation in Australia and how we secure the future sonographer workforce supply across Australia and New Zealand.

The ideas and conversation between the panellists on these topics were engaging as well as insightful and aligned with the work the ASA has been doing to bring about changes in these areas. Following is an update on these issues, what the ASA is doing and the next steps.

Regulation of Australian sonographers

For the last nine months, the ASA has been working hard advancing the case for the national regulation of Australian sonographers, which would mean adding all sonographers to the list of registered practitioners regulated by the Medical Radiation Practice Board of Australia (MRPBA) under the Australian Health Practitioner Regulation Agency (AHPRA).

At the end of 2018, the ASA, ASAR, ASUM and a senior sonographer representative established the Working Group for the National Regulation of Australian Sonographers. This group meets fortnightly and is responsible for developing our application.

At the same time, the ASA has been meeting with all state and federal Australian health ministers and their advisors to seek their support. To add sonographers to MRPBA, we require a health minister to be a sponsor

and take the topic as an agenda item to the COAG Health Council for discussion. The COAG Health Council is composed of all Australian health ministers (federal, state and territory). For the submission to get to the next stage, the ASA would need the support of the majority (i.e. at least five) from the nine. Therefore, we must have this support before making our submission.

Since new processes were introduced for the COAG Health Council in 2013, no professions have successfully applied for inclusion under APHRA. However, they were all requesting their own boards.

Meeting with all health ministers has been incredibly important as we have been able to identify the gaps in our current argument. While there is broad support, the feedback has been clear and consistent. We need more data that quantifies the current risk that sonographers pose to patient health and safety, and that by including sonographers under APRHA will address the risk. We specifically need more data on complaints, patient injury, and critical incidents attributed to sonographers and their practice. The feedback also emphasised the need for this evidence to demonstrate the risk to patient health and safety if sonographers remained outside of APHRA. Their advice has been invaluable, as submitting an underdeveloped application would devastate our chances for this change – as the social work profession has found.

We currently do not have this data, and as such the working group, led by the ASA, has initiated work to identify complaints against sonographers and by gathering as much data on this as possible. Current sources we are working with include health complaints commissions, employers, insurance reports, and data from clinical risk

systems that include rates and numbers of critical incident reports and near misses attributed to sonographers.

With the support of key industry partners, including RANZCR, ADIA and RCGPs, the ASA is also building a collection of anecdotal case examples. Additionally, we are obtaining letters of support from across the medical industry, as well as government committees.

At this stage, the ASA is hoping to meet with the National Allied Health Advisors Committee Australia (NAHAC) in October to seek their support before making the submission to the COAG Health Council early next year.

Workforce shortage



New Zealand
New Zealand faces a significant

workforce shortage of sonographers. This has been in the media in the last two years due to patients not being able to access sonographic examinations locally in reasonable timeframes, particularly echocardiographic examinations.

This dire situation has been compounded now that the ASUM no longer offers the DMU, with new enrolments to the DMU ceasing on 11 February 2019 and with those enrolled having a maximum of five years to complete the course. This leaves a significant gap in training, with only one accredited course offered now, the Auckland University Course. Traditionally, more than 50% of annual sonographer graduates have come from the DMU.

Since this was announced, the ASA has been speaking with many parties involved in educating sonographers as well as government departments, to

collaborate on solutions to address this dangerous situation.

To date, the ASA has met with the Ministry of Health, including the new Chief Allied Health Professions Officer, regional alliance and Technical Advisory Service representatives, local universities and national educators, District Health Boards' representatives, private employers, unions, the Medical Radiation Technologists Board (MRTB) and other key stakeholders. These discussions have been around the workforce shortage as well as the lack of courses in New Zealand and on how to solve these issues.

While these discussions continue, Auckland University is investigating its capacity to increase the number of students it can enrol in its course. Options are also currently being explored to provide an additional postgraduate sonographer education course through the University of Otago to meet the immediate need.

The ASA will continue to work with all key stakeholders to look at new innovative solutions to sustain the workforce into the future, including looking at solutions already being employed in Australia and further abroad to ensure that patients continue to have access to quality comprehensive diagnostic ultrasound services in both a public and private health setting.



Australia
Australia has had a sonographer

workforce shortage for over a decade, which is getting worse every year. Throughout 2018, the ASA met with our corporate partners, other employers, educators and industry to gain an informed understanding of what can

be done to increase the availability of sonographer clinical training placements. The lack of availability is generally agreed to be the single greatest barrier to solving the critical workforce shortage and meet the growing demand for medical diagnostic ultrasound services.

With this advice, we released *The Australasian Sonographers Association 2019–20 Australian Government pre-budget submission*, which provides the ASA with a platform to present solutions to the federal government that would contribute to solving this issue. The ASA has a follow-up meeting with Minister Hunt's office and the Health Department in September to continue our discussions and outline solution options from a national perspective. These will form part of the ASA's pre-budget submission for 2020.

As state governments have responsibility for funding the workforce in public hospitals, we have also been meeting with each state health minister to seek their support to provide more local clinical training placements through enhanced sonographer clinical supervisor roles and commitments to increased provision of clinical training placements.

Some state governments have indicated interest in solutions, particularly those that either support or provide clinical training in a rural and remote setting. However, the employed model of providing clinical training for postgraduate sonographer students continues to be a challenge for all employers, private and public.

Overseas

As with the sonographer workforce shortage, regulation is also a global challenge for our profession, with our counterparts in Canada and the United

Kingdom also working hard to address these same issues.



Canada
In late 2017, the ASA was delighted with

the announcement that the Ontario Ministry of Health would make the necessary changes to legislation for the regulation of sonography, with a protected title. This was achieved by adding diagnostic medical sonographers as a fifth specialty to the list of professions regulated by the College of Medical Radiation Technologists of Ontario (CMRTO). CMRTO is the Canadian equivalent of the MRTB in New Zealand and the MRBA in Australia and the same model we are seeking in Australia.

These regulations, made under the Medical Radiation Technology Act, came into force on 1 January 2018. Effective 1 January 2019, it became mandatory for all diagnostic medical sonographers (general, cardiac and vascular) to be registered with the CMRTO in the specialty of diagnostic medical sonography to be legally authorised to practise diagnostic medical sonography and to apply soundwaves for diagnostic ultrasound in Ontario. Sonography Canada is continuing to work to achieve the same in the other provinces of Canada.



United Kingdom
Unfortunately, our colleagues

in the United Kingdom have had a recent challenge to their pursuit of the national regulation of sonographers. As reported by the ASA, at the beginning of July the UK Professional Standards Authority for Health and Social Care released a

report to the Government that concluded that 'there is currently not a clear case for immediate statutory regulation of sonographers as a separate profession in England'.

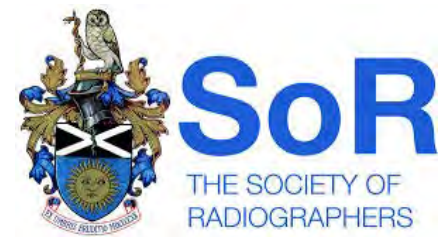
Part of the reason for this conclusion was that there was insufficient data to suggest there is a widespread prevalence of harm, although this may be partly due to limitations with the data available. This was a significant factor in the outcome of the report. It underscores again the need for good data to underpin our application. The report did state though that 'statutory regulation would need to be considered in future if the changes to routes entry to the profession and to the practice of sonography identified in our report materialise' such as an undergraduate education pathway, which has only recently commenced in the UK but is well established in Australia. The Society of Radiographers (SoR) responded raising strong concerns regarding patient safety and saying, 'Sonographers work with vulnerable and complex patients, conduct intimate

examinations such as endovaginal scans and work in significantly litigious fields of practice i.e. obstetric imaging. They have a direct and critical influence on patient care which the PSA do not seem to have recognised'.

In addition, the British Medical Ultrasound Society (BMUS) responded seeking clarity on the steps that are required in order to ensure that registration and regulation for the sonography profession can be achieved, and the Royal College of Radiologists stated explicitly 'that sonographers should be regulated to the same standards as medical practitioners undertaking ultrasound'.

The UK is currently undertaking a sonographer workforce project where they are outlining that the development of an undergraduate route into the sonography profession has to be considered alongside, not in replacement of, existing routes if the profession is ever going to have sufficient numbers of sonographers available to meet growing

BMUS
THE BRITISH MEDICAL ULTRASOUND SOCIETY



demand. The framework proposed does include an undergraduate entry level into the profession, but it also describes postgraduate entry and, importantly, describes the development route through the profession to advanced and consultant practitioner level. The third aspect is defining the progress through the sonographer career framework from the first post, career level five, through to career level seven and beyond.

We will continue to liaise with our colleagues overseas on both these issues as there are synergies between us.

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SIGS2019
CANBERRA

The ASA's 15th Annual Special Interest Group Symposium (SIGS2019) will be held in Canberra at the National Convention Centre on 26–27 October 2019.

SIGS2019 is a boutique event, with expert presenters providing a comprehensive approach on select ultrasound streams over two full days, focusing on women's health, vascular and musculoskeletal sonography. Our presenters include:



MSK



Nick Brown

Nick Brown is the Professor of Allied Health Research at the University of Canberra and Canberra Health

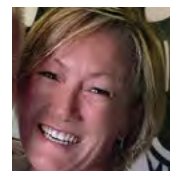
Services (CHS). Professor Brown works collaboratively with colleagues in allied health at University of Canberra (UC) and in Canberra Health Services to build research capability, develop research projects that seek to investigate practical solutions to healthcare challenges and to link UC researchers with CHS clinicians.



Dr Colin Chong

Colin is an MSK and interventional radiologist. Colin was appointed as a radiologist on the medical team for the Gold Coast Commonwealth Games in 2018. Colin is the chair of the RANZCR MRI Reference Group, and a member of the Safety, Standards and Quality Committee, Interventional Radiology

Standards Working Group, IRSA and TROG Cancer Research Group. Colin will be presenting two lectures and a live scanning workshop on athletic pulbagia and snapping conditions.



Lisa Hackett – FASA

Lisa Hackett is a qualified radiographer and an experienced MSK specialist sonographer. Lisa

has presented at both a national and international level. She has co-authored numerous peer reviewed papers and authored a paper on shoulder imaging, published in 2011 in the *Journal of Orthopaedic Surgery in Shoulder and Elbow Surgery*.



Vascular



Deb Coghlan

Deb Coghlan is a senior vascular sonographer with her own practice Precision Vascular

Imaging in Brisbane. Deb has extensive experience in all areas of vascular imaging. Deb has been presenting at local and international conferences for over 20 years and has a passion for training and education.



Gaorui Liu

Gaorui (Gary) is an Australian-trained vascular sonographer practising at Western

Sydney Vascular Laboratory. Gary will be sharing his hands-on experience in vein mapping and will discuss those factors that influence the detection of reflux in a practical manner and the unusual pathology you may see in the so-called 'normal' venous insufficiency studies.



Women's Health



Prof. Jon Hyett

Jon is the head of High Risk Obstetrics and a senior staff specialist in obstetrics and maternal and fetal medicine at

the Royal Prince Alfred Hospital. He is also Clinical Professor in the discipline of obstetrics, gynaecology and neonatology at the University of Sydney. Jon's primary research interests include predictive modelling and preventative interventions for adverse obstetric outcomes.



Jenny Parkes – FASA

Jenny is a clinical specialist sonographer at Maroondah Breast Screen and also a

tutor sonographer with I-Med/MIA Radiology in Melbourne. She is also the Breast and Thyroid Unit Coordinator of the Monash University MMU course. Jenny has many years experience in general ultrasound, specialising in breast and neck imaging, in addition to professional roles including past president of the ASA and current board member of the ASAR.

pru pratten memorial lifetime
achievement award

Awarded to sonographers who, during their lifetimes, have made contributions of outstanding significance to the field of sonography

Inaugural Pru Pratten Memorial Lifetime Achievement Award – presented to Louise Worley

For 21 years, the prestigious *Pru Pratten Memorial Award – Sonographer of the Year*, has recognised sonographers who, through their personal efforts and desire for excellence, have helped advance the profession of sonography. The winners have all demonstrated outstanding achievements in their passion for their field.

Commencing 2019, the Pru Pratten Memorial Award will now be known and recognised as the *Pru Pratten Memorial Lifetime Achievement Award*. This award recognises a sonographer's consistent contribution to the profession and the ASA over a significant career period (with a minimum of 15 years as an ASA Financial Member) and is separate to the annual Awards of Excellence.

Our inaugural recipient has a long history with the ASA. Louise Worley was present at the first meeting at The Retreat Hotel in Melbourne in 1992, where ideas were brainstormed on forming the ASA. She was an early committee member of the association and has continued to contribute to the ASA across 26 years, serving on numerous committees, including being the chair of the Victorian Branch, a SIG representative and participating on several ASA conference organising committees. In addition, Louise has presented on many occasions as an invited speaker at ASA events both locally as well as our national conferences.

Louise has been a tutor sonographer for many years and loves teaching and mentoring students and qualified sonographers, as well as radiology registrars and radiologists. She has served

as an examiner for Monash and South Australia University ultrasound courses, and lectured for Monash University ultrasound workshops. Louise has been a DMU examiner since 2007. In her working role, Louise has been the chief organiser of an employer-based regional education program, as well as involved with the development of guidelines and protocols for her workplace. This year, Louise is also volunteering with Radiology Across Borders to deliver education opportunities to developing nations.

Louise's passion, love and dedication to the profession of sonography and the ASA over the years has shone through, always going above and beyond in her commitment to promoting and advancing the sonography profession. Congratulations, Louise!



Louise Worley (above right) accepting the inaugural Pru Pratten Memorial Lifetime Achievement Award from ASA President Jennifer Alphonse

Registrations still open | 11 CPD points

Registrations are still open for SIGS2019 Canberra. Visit sonographers.org to register and view the latest program.

Full registration | 11 CPD points | ASA members \$695/Non-members \$899 | includes social functions

Saturday-only registration | 6.5 CPD points | ASA members \$485/Non-members \$555 | includes social functions

Sunday-only registration | 4.5 CPD points | ASA members \$400/Non-members \$500

www.sonographers.org



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honouring outstanding achievement

Awards of Excellence

The Awards of Excellence are our chance to celebrate our most outstanding sonographers and recognise their excellence, best practice and contributions to sonography. It is an opportunity to showcase the best of the profession and once again all of this year's nominees were of outstanding calibre and should be extremely proud of their achievement.



Sonographer of the Year NSW – Donna Oomens

Donna has a strong focus on teaching the new generation of sonographers, having given numerous presentations on specialty areas at both domestic and international conferences. In 2018, Donna took a leadership role in the ASA's 25th anniversary conference, contributing countless hours. She has a deep commitment to the profession having worked on developing a postgraduate specialty ultrasound course to ensure workforce sustainability. Donna also recently joined a volunteer team to provide humanitarian services to patients in Pakistan by training doctors to perform diagnostic ultrasound. Congratulations, Donna!



Sonographer of the Year NT – Dumitru Lupuleasa

Dumitru has dedicated 14 years to working in a remote regional setting and improving sonography services to the area. Dumitru was instrumental in establishing the Sonography Outreach Service where weekly visits with a portable machine are

made to deliver a sonography service that would otherwise not be available. Due to this service and Dumitru's work, patients happily attend the service because they can remain in their community with their family, and the best outcome can be achieved with early detection and treatment. Congratulations, Dumitru!



Sonographer of the Year NZ – Liz Hunt

Liz has initiated a number of innovations in her department, assisting patient flow and data management that has improved the efficiency and workflow of the hospital, including automating data registration and report generation. Liz continually provides teaching sessions for obstetric and radiology RMOs and SMOs, as well as sonography students. In addition, she has volunteered and helped with sonographer education in Samoa and then used this experience to develop a culturally sensitive radiology department, aiming to improve attendance levels and satisfaction of patients of Pacific origin. Liz is also actively involved with Immigration NZ and Kiwihealth to recruit sonographers to address the national shortage. Congratulations, Liz!



Sonographer of the Year QLD – Donna Napier

Donna generously gives her time mentoring and educating sonographers, students and registrars having given four presentations, conducted six workshops and five live-scanning tutorials in the last year. Academically, Donna has published articles and has research under review in the *Sonography* journal. Embracing

Awards of Excellence 2019

asa
australasian
sonographers
association

the ultrasound community, Donna has served on the ASA Program Committee for the last few years including ASA2019 Brisbane. Donna works tirelessly to assist all her colleagues to achieve their goals and is a Fellow of the ASA. Congratulations, Donna!



Sonographer of the Year SA – Sandhya Maranna

Sandhya goes the extra mile, playing a vital role on a number of ASA committees, as well as presenting within her state, nationally and internationally. She is also involved in significant research studies with numerous publications to her name. She is one of two sonographers chosen worldwide to work on a WHO/ISUOG collaboration providing training on conducting randomised trials on antenatal women, investigating risk of imminent preterm birth within hospitals from India to Kenya. Sandhya is an inaugural Fellow of the ASA and currently the Chair of the SA Branch. Congratulations, Sandhya!



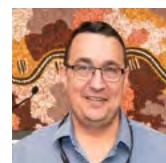
Sonographer of the Year TAS – Ann Millar

Ann has a passion for passing on her knowledge, taking time outside work hours to mentor and support new graduates and radiology registrars in ultrasound, which ultimately helps to improve patient access. Ann frequently runs weekend MSK practice sessions for individual students, and had given many presentations over the last year. In December last year, Ann was awarded the Tasmanian Health Service – South Medical Imaging Case Study of the Year. Congratulations, Ann!



Sonographer of the Year VIC – Julie Archbold

Julie has nearly 20 years' experience and a passion for ultrasound that drives her to achieve excellence and to inspire others to do so. Julie's clinical work is in a culturally diverse area and she makes a real difference in that community as well as ensuring there is best practice sharing, by running clinical and technical education sessions. Julie is always the first to volunteer to teach students or run ad hoc interesting case meetings to provide a solid foundation for students. Julie presented her proffered paper at this year's conference. Congratulations, Julie!



Sonographer of the Year WA – James Maunder

James frequently shares knowledge of his ultrasound specialty, having presented at previous ASA conferences, as well as ASA2019 Brisbane, educational symposiums and branch meetings. His latest **asawebinar** recorded the highest registration and live viewing ever, due to a combination of high level specialty knowledge and ability to present complex processes in a digestible format. James also regularly travels to remote communities in Western Australia to provide initial and surveillance vascular ultrasounds so that patients, who are often elderly and incapacitated do not need to travel to the state capital for this service. He is also currently a member of the ASA Special interest Group (Vascular). Congratulations, James!



Researcher of the Year – Tristan Reddan

This award recognises a sonographer who has contributed significantly

to research by adding to new knowledge and/or innovation and/or clinical care improvements within sonography.

Tristan is an extremely passionate researcher with over nine publications to his name in multiple journals, predominately *Sonography*, and four research papers in 2018 alone. Tristan has also presented his work at ASA conferences. This year, Tristan completed his Doctor of Philosophy Medical Ultrasound, on *Ultrasound of appendicitis in children and the value of secondary sonographic signs*, which has directly improved the care of paediatric patients. Tristan also actively encourages and mentors colleagues on setting up research in the clinical environment and continues to be active in this space as a Clinical Fellow at QUT, a member of the SIG Research Committee and is also an inaugural Fellow of the ASA. Congratulations, Tristan!



Tutor of the Year – Kristy Thomas

This award recognises a sonographer whose dedication, skills and

commitment guide and advise those entering, establishing or advancing themselves in the profession. Kristy is passionate about educating sonographers, holding half-hour tutorials for students and junior sonographers each week, assisting them in their studies and preparing them for exams. To further help with this, Kristy develops mock written exams and image interpretation practice exams. Kristy is dedicated to instilling in her student sonographers a sense of ownership over their findings and continually motivates and gives them the confidence to perform at their best. Kristy is regionally located and has contributed greatly to making high quality education accessible to those outside the metropolitan boundaries. Congratulations, Kristy!



Educator of the Year – Donna Napier

This award recognises a sonographer who has shown a commitment to teaching, learning, as well as professional development opportunities.

Donna dedicates her time to passing on knowledge educating students, doctors, sonographers and other multidisciplinary teams. She has collaborated with key ultrasound personnel to develop a structured training program for students, providing greater levels of supervision, defined milestones, assessment and constructive feedback. A consistent level of progression has resulted in improved levels of patient care and reduced stress felt by the students. Donna currently mentors students and graduates with their research projects and educates radiology registrars, introducing them to interventional ultrasound practices. Congratulations, Donna!

Employer of the Year – Queensland X-Ray

This award recognises the commitment an employer has demonstrated in supporting sonographers and the profession.

Retaining a large number of experienced sonographers over an extended period of time is testament to Queensland X-Ray's culture, as well as managing a large student training program in their state. Continual sonographer education is important to Qld X-Ray, with sonographers encouraged and engaged in research programs as well as heavily involved in the implementation of new techniques across their sites. Qld X-Ray also recognises the work health safety concerns associated with being a sonographer with a dedicated WHS team, in-house training, access to ergonomic equipment, fatigue leave, as well as well-supported back-to-work programs. Continual professional development is supported by a professional development fund as well as in-house professional development opportunities and a regular

honouring outstanding achievement

case study of the week. They employ over 80 sonographers in Brisbane alone. Congratulations, Queensland X-Ray!



Sue Caitcheon
*Memorial Award –
ASA Volunteer of the
Year – Jill Wilcock*

This award acknowledges the significant and outstanding contribution

to the profession by a volunteer who gives their time and dedication to the association and the profession.

Jill is the co-founder of the Newcastle regional ASA branch, she is passionate about helping rural sonographers keep up to date and have access to professional development. Jill works tirelessly to provide local and accessible education

opportunities, having collaborated and organised 5 workshop events for more than 250 sonographers in the past year alone. In addition to organising so many events, Jill also presents regularly and regularly contributes to the ASA *soundeffects news* magazine, having written many articles.

student clinical practice excellence awards

ASA2019 Brisbane experience

The ASA Clinical Excellence Award is presented to students who demonstrate the highest standards in sonography clinical practice, scanning capability and patient care. The award includes a Certificate of Recognition and free registration to the ASA Annual Conference or Special Interest Group Symposium.

Nora Yanni – Australian Institute of Healthcare Education

First of all, I want to thank the ASA for giving me the *Clinical Practice Excellence Award*, which furnished me with a full registration to ASA2019 Brisbane.

It was a great experience to attend ASA2019 at the Brisbane Convention Centre, June 21–23. As it was my first conference since I graduated as a qualified sonographer, my objective was to learn what is new in sonography and gain maximum learning from the lectures and workshops.

On my first day, I attended a very helpful workshop about the neonatal spine, which was really good.

On the second day, the workshop on endometriosis was very rich as it gave us tips on doing a transvaginal scan and how to differentiate endometriosis. The breast workshop and how to see very small lesions and differentiate between malignant and benign lesions was a great workshop. The best workshop was on the elbow because it was live scanning and very helpful as I'm learning how to scan elbows.

Actually, all the workshops and lectures were very good, and the speakers were great. And, also, the social program was great, starting from the Welcome Reception and the Brazilian show to the Gala Dinner, which was very impressive.

Finally, getting to know new sonographers and talking to doctors

and sharing each other's challenging scannings and patients was a very worthwhile experience for me. Thank you again, ASA!

Julianne Cantwell – Western Sydney University

I was lucky to be a recipient of the ASA *Clinical Practice Excellence Award*, and as a result was able to attend the ASA2019 Brisbane recently. I found the experience to be very rewarding with regard to professional networking and keeping up to date with new developments, specifically in the area of cardiac sonography. Attending conferences such as this gets you excited to see what is in store for the year to come with new techniques and ongoing improvements to the software being used. It is also interesting to hear the latest research and to see the direction it is taking that will help shape your personal scanning and challenge you to be the best that you can be.

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with BioAcoustic™ Technology

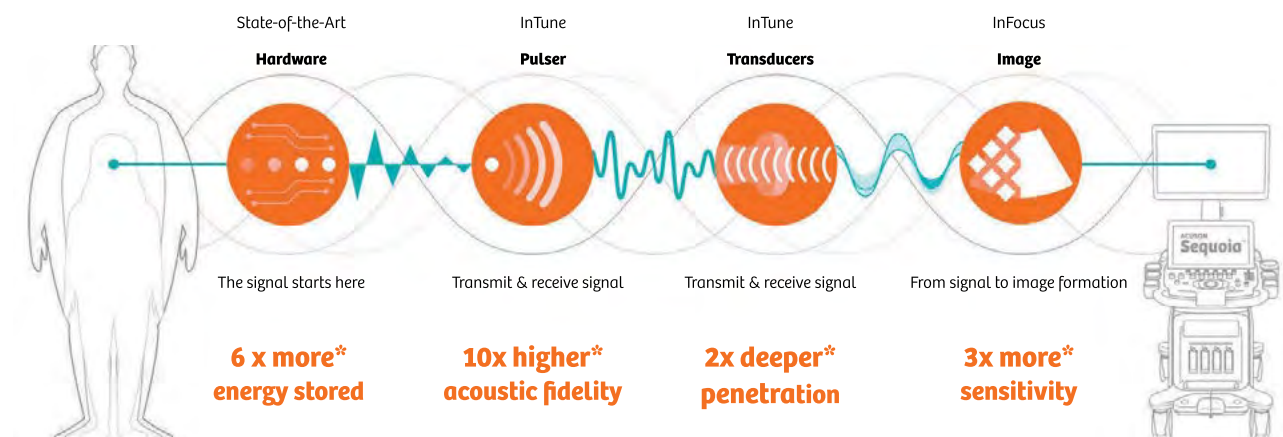


The return of an icon - taking ultrasound to new heights

The original ACUSON Sequoia is arguably the most popular Ultrasound system we have ever created. In image quality, colour sensitivity and advanced imaging modes, the ACUSON Sequoia was – and still is – an industry benchmark. The new ACUSON Sequoia is a remarkable evolution of a product that was so right in so many ways.

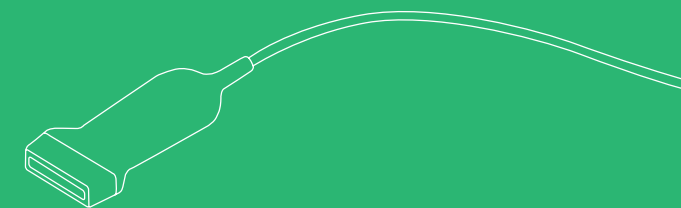
Patient's biological acoustic variables, technology variations and user-specific variability are all limiting factors that prevent Ultrasound from living up to its potential as the go to medical imaging modality. Driven by our commitment to improve quality outcomes and lower unwarranted variability, a new Ultrasound solution emerges – The ACUSON Sequoia with BioAcoustic technology.

BioAcoustic Imaging Technology



* compared to ACUSON S3000 ultrasound system
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Conference wrap up

What an outstanding annual conference we had in Brisbane. The feedback from the attendees has been very positive and that is in part due to the tireless work of the committee who volunteered significant hours of their time to create the fantastic program. This year we had for the first time a student and a clinical supervisors' stream which was met with very positive feedback and we will look to add and improve on this for next year in Melbourne.

In addition, a big thank you to all of the sponsors and a special mention to our Gold sponsors – Canon Medical Systems, GE Healthcare, Philips and Siemens Healthineers.

The opening plenary took us out of the day-to-day and focused on the future role of the sonographer and where technology may lead us. The addresses by Australia's leading experts in artificial intelligence and health informatics, Professor Enrico Coiera and Dr Olivier Salvado, were fascinating and insightful. Both globally recognised for their scientific and technical knowledge, they encouraged sonographers to embrace new technology and not the fear of our skills being replaced by it.

Best conference presentation awards at ASA2019 Brisbane

A range of awards are made to conference presenters, to encourage and celebrate excellent contributions to the profession. Congratulations to the winners:

Best oral presentation – Chin Chin Ooi

Best research presentation – Sandra O'Hara

Best ePoster – Airlie Chamberlain

Best first-time presentation – Roger Lee

Best overall presentation – Sandra O'Hara

The feedback from delegates regarding presentations and the relevance of the content was phenomenally positive.

Do you have an interesting case study? You should consider proffering your interesting case for consideration as an ePoster or even an oral presentation for ASA2020 Melbourne. Imagine yourself having a published piece of work plus your name on the conference program!

If anything, it will enhance the diagnostic power of ultrasound in the hands of a sonographer.

Thank you to our international keynote, national keynote and local speakers. Dr Mark Cresswell's MSK workshops and lectures were so popular that the rooms were close to capacity. Dr Ligita Jokubkiene's gynaecology ultrasound sessions gave even highly experienced sonographers new information to take back to their workplaces and Jennie Durant's broad range of topics meant no technical question was left unanswered. Tim Hartshorne demonstrated why he is one of the world's best in vascular ultrasound and another international keynote who attendees have requested return for a future ASA conference.

It was an early start for the guests at the Awards of Excellence breakfast, but everyone felt it was worth it to hear Rachael Robertson recount her incredible experience in leading a research team in Antarctica and sharing her valuable insights with leaders of the sonography profession in the room. This year's nominees were of outstanding calibre and everyone who was nominated should be extremely proud of what they have achieved. All are an inspiration and shining lights of our profession for others to look up to. The award recipients are highlighted in this issue on pages 14–16.

As Jennifer mentioned in her President's Report, Saturday night can be summed up in one word: 'SONOGRAPHER'. You've no doubt seen the social media coverage, as we literally shone a light on the sonography profession with giant illuminated letters. Seeing this year's FASA inductees in front of the giant letters was inspirational. So, too, was watching the very well-deserving Louise Worley receive her Pru Pratten Memorial Lifetime Achievement Award for her considerable contribution to the profession throughout her career (see page 13).

Thank you to all of our proffered paper presenters and those who provided ePosters. We would especially like to thank all those first-time presenters. It can be daunting to present; however, you have all embraced it and it's great to see new speakers coming through the profession. Congratulations to Sandra O'Hara who was awarded the Best Research Presentation and the Best Overall Presentation.

Three amazing days made for sonographers, by sonographers. Let's keep shining a light on the profession and we hope to see you at ASA2020 Melbourne.

Sponsorship

The ASA is grateful to the following companies for their support and contribution to the conference.

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Best Oral Presentation and Best
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Best ePoster Presentation sponsor



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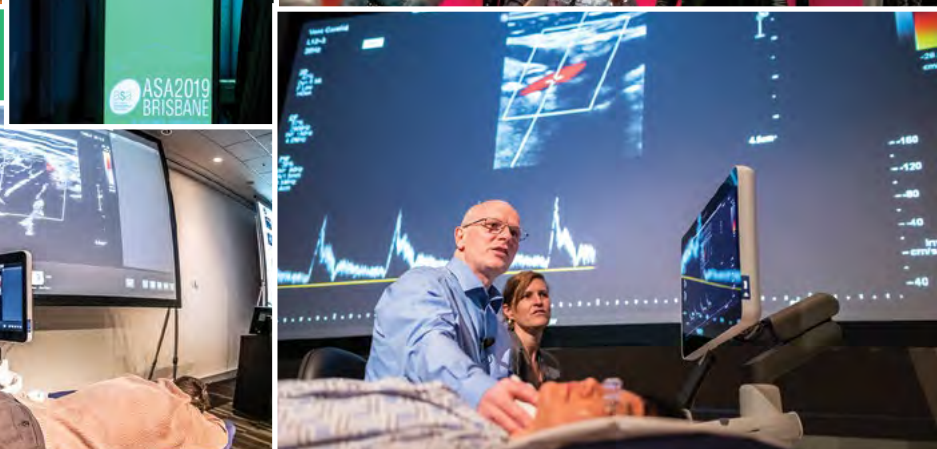
ASA2020 Melbourne

We are designing a world-class program for next year's ASA Annual Conference at the Melbourne Convention & Exhibition Centre, Melbourne (29–31 May 2020). This event is not to be missed – keep an eye on sonographers.org for updates!





“ The number of workshops available this year was just fantastic. ”



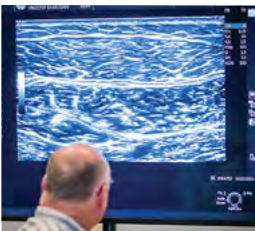
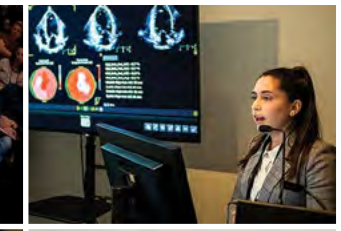
“ This conference was seriously one of the best. Thank you so much to the organisers. ”



“ The main reason I like to attend ASA conferences is to keep up with the latest developments and advances in my field. ”



“ As a young sonographer I enjoy getting to learn from a variety of knowledgeable veterans of the profession in my areas of interest. The CPD points are just a bonus ”



Conference reports

To recognise the challenges for sonographers who live and work in rural and remote areas, the ASA awarded four complimentary full conference registrations in 2019 and here we publish a report from each recipient. Thanks to Alpenglow, Guild Insurance, QUT and UniSA for supporting these grants. If you work in a rural or remote location, we would love to hear from you when Rural and Remote Support Grant applications open for ASA2020 Melbourne.

Ashton Ednie, Albury, NSW

What an outstanding conference! Three days jam-packed with valuable workshops, insightful lectures and fantastic opportunities to connect with peer sonographers, learn from international specialists and network with corporate partners.

Highlights for me included workshops by Cain Brockley, Dr Colin Chong and Rhyan Priestley, watching these experts in their fields, transducer in hand, showing us how to advance our examinations and ourselves as sonographers.

A notable lecture was *Ultrasound signs for clinical abnormalities in the first trimester: Head and face* by Paula Kinnane. The talk reiterated the importance of the intracranial translucency, maxillo-occipital line and retronasal triangle in assessing for abnormalities in the 11–13 weeks' scan, allowing earlier detection.

Dr Sofie Piessens' lecture *Deep infiltrating endometriosis* was particularly interesting considering how many women are affected by the condition and how easily a simple assessment could be added to a routine pelvic scan.

Social events also provided attendees the opportunity to unwind after a long

day of learning, catch up with old friends and make new ones. I am happy to say that I have returned home with new-found knowledge in a range of subspecialties and feel reinvigorated to share what I have learnt and better myself as a sonographer.

Ashtyn Lee, Cohuna, Victoria

Living in rural Australia makes it very challenging to attend conferences, workshops and seminars when the closest capital city is 1,496 km away. The cost of travel and taking leave for education also makes the journey that bit more difficult. So I was thrilled to receive the ASA Rural and Remote Sonographer Support grant to attend the annual conference in Brisbane this year.

I congratulate the convenors on providing such a comprehensive program. My experience was focused mainly around the clinical needs of our department and areas I wanted to improve: paediatrics and obstetrics.

A highlight was Carolynne Cormack's workshop, *Ultrasound of the bowel*. Carolynne's experience and enthusiasm for bowel ultrasound was inspiring and really opened my eyes to just how well ultrasound can interrogate the bowel.

Additionally, Allison Holley's *Neonatal spine* workshop had many useful tips to identify anatomy and appreciate normal variants that I have already transferred to my daily clinical practice. I found the workshops most useful and a great opportunity to engage and ask questions.

The lecture sessions were also great, particularly the *Thyroid and Ti-RAD classifications* talks by Dr Don McLeod and Matthew Bastian-Jordan. Both speakers were engaging and highlighted

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the importance of taking the time to classify nodules properly and to really interrogate neck lymph nodes, with the incidence of thyroid cancer on the rise.

ASA2019 Brisbane was a great opportunity to connect, share experiences, network, trial the latest equipment and up-skill by attending live scanning workshops. I left feeling very excited about the future of ultrasound, motivated to learn more and to do more to promote our profession.

Bec Marshall, Hillvue, NSW

If you have ever questioned going to the annual ASA conference, then question no more. Stop what you are doing and register now! This conference was the place to be. Everyone who knew anyone was there. Even if you went by yourself, I could just about guarantee you would leave with new friends. If that's not enough to convince you, I might also add that the food was delicious!

Such an uplifting event, I spoke to every exhibitor there. Being able to see new technology, accessories, along with networking and participating in fun quizzes, made each day so enjoyable. It was unbelievable the wealth of knowledge that was around. There were so many great workshops that I found it hard to choose which to attend. The workshops covered a variety of topics and skill sets, with each and every presenter entertaining and approachable.

I was so grateful to have been accepted as a grant recipient. I work with an amazing team in Tamworth and they couldn't wait to hear all about it. I have since been able to implement scanning techniques, additional views and dynamic assessments that I learnt from the workshops, and also share valuable imaging information with my colleagues.

Talking to vendors and watching live scanning has also given me additional skills to maximise the performance on our machines. This conference is definitely on my 'to-do' list each year from now on!

Alfred Smith, Thursday Island

First, a big thank you! Attending ASA2019 Brisbane has been a big highlight of my year. Planning my three days of conference was not easy and it was difficult to choose between the awesome selections available. Talks which I found particularly useful included Carolynne Cormack's presentation on Everyday

bowel ultrasound; Cain Brockley's *Paediatric MSK* and the workshop *Fetal brain development* by Teresa Clapham.

It was great to be able to pick and choose from the amazing selection of lectures and workshops and cater my selection to benefit my current skill level. This was highly important to me as living in such a remote location often means hands-on demonstrations are few and far between so any opportunity for professional development has to cover topics useful to me and to my level of training.

ASA2019 Brisbane was an important opportunity for me to network with sonographers and vendors from around the country. Working up on Thursday Island means I feel isolated from the rest of the profession and it was great to share experiences with other sonographers and to feel part of something bigger.

I'd like to thank the ASA for all the help they provide through their Rural and Remote sonographer support program and for the library of material available on the ASA website.

asa fellowships



The ASA congratulates the latest candidates who were recently awarded Fellowship. Le-Anne's and Donna's generous contributions of time, knowledge and experience are vital to the success of our association.

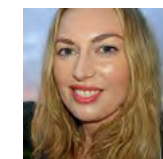


Le-Anne Grimshaw

ASA presentations

- ASA2018 Sydney – *Scanning the wrist for ligament injuries*

- ASA2018 Sydney workshop – *Clinical assessment and biomechanics of wrist pathology*
- ASA2018 Sydney oral presentation – *Sonographic assessment of adhesive capsulitis*
- ASA2018 Sydney workshop – *Sonographic assessment of adhesive capsulitis*
- ASA2018 Sydney workshop – *Scanning groin for hernias*
- ASA2018 Sydney oral presentation – *Ultrasound for pelvic neuralgia*
- 09/08/18 ASA Auckland Branch Meeting – *Live scanning: Upper limb, wrist and elbow, nerves*



Donna Napier

ASA Service

- ASA2019 Brisbane Program Committee – abdominal and small parts stream coordinator Publications

- 2018 review article – *The role of ultrasound in the diagnosis of penile fracture*, *Sonography* vol 6, issue 1
- 2019 case study – *Ultrasound in the diagnosis of rib fracture following blunt chest trauma: a case study*, *Sonography* vol 6 issue 2
- 2019 review article – *Splenic artery aneurysm rupture in the pregnant patient – the importance of utilising ultrasound in differentiating the acute abdomen from obstetric causes of abdominal pain*

Presentations

- ASA2019 Brisbane oral presentation – *The role of ultrasound in the diagnosis of penile fracture*

ASA Awards

- 2019 ASA Award of Excellence – Sonographer of the Year Queensland
- 2019 ASA Award of Excellence – Educator of the Year

Scanning patients in their hospital beds – a wake-up call!

A commonly requested examination, particularly relevant to hospital sonographers, is to perform a portable ultrasound examination in a ward or a departmental ultrasound with the patient in a ward bed. In this article, we will consider the practice of scanning patients in their beds and why it can be a bad idea.

Multiple studies performed worldwide demonstrate a high prevalence of work-related musculoskeletal disease (WMSD) in sonographers. Rates of sonographers scanning with pain are reported to be between 65 to 98%¹⁻⁴ and shoulder pain is reported as one of the most frequently painful sites.^{1-3,5,6} It is estimated that one in five sonographers will suffer a career-ending injury.⁷⁻⁹

There are multiple risk factors for WMSD, and these include:

- poor patient and equipment positioning
- static and awkward positioning
- continual probe pressure for long periods of time
- poor workplace ergonomics
- increased exam scheduling
- sonographer anthropometrics.¹⁰

Scanning patients in ward beds can increase a sonographer's exposure to most of these risk factors. A mobile examination requires a sonographer to push an ultrasound machine to a ward room and scan the patient at their bedside. This practice has been implicated in sonographer WMSD due to its ergonomic challenges^{10,11} and several representative bodies for sonographers recommend limiting mobile ultrasounds where possible.^{10,12,13} Ergonomic standards state the ultrasound machine should be positioned close to the sonographer to reduce over extension of the non-scanning arm and possible injury.¹¹ It can be difficult to position the ultrasound machine appropriately due to the furniture and medical equipment in the ward room, as compared to a well set up ultrasound examination room.

Commonly, ward beds are wide and it can be difficult to reach a patient, particularly if they are positioned at the far side of the bed. Shoulder abduction and reach will clearly increase as the distance between the patient and the sonographer increases. Muscle fatigue is thought to be part of the mechanism of injury of WMSD of the shoulder.¹⁴ Studies have shown that muscular fatigue increases with abduction of the shoulder¹⁵⁻¹⁷ and increasing shoulder abduction is correlated with increasing shoulder pain.^{18,19}

**Kristy Sweeney, SIG Sonographer
Health and Wellbeing**

An association between muscle fatigue and shoulder abduction greater than 30 degrees has been noted.¹⁶ A study by Murphy and Milkowski in 2006¹⁵ suggested that scanning one patient with 75 degrees of shoulder abduction was the equivalent to scanning 8 or 9 patients at less than 30 degrees abduction in terms of muscle exertion. In addition, the authors found the onset of fatigue at 60 degrees abduction is three times faster than at 30 degrees. The recommendation is for sonographers to scan with less than 30 degrees shoulder abduction where possible.^{12,13} Clearly, scanning patients in ward beds can make it difficult to follow this recommendation, increasing the risk of WMSD.

Neck pain is another common complaint in sonographer pain surveys.²⁰ The monitor should be positioned directly in front of the sonographer so there is no excessive rotation of the neck. The action of leaning over the bed towards a patient and having to twist awkwardly back towards the ultrasound machine is identified as a cause for WMSD.²¹

What can we do?

Sometimes a mobile ultrasound is ordered to prevent the patient from having to leave their room or to accommodate other health workers' schedules.²² Discuss with the referring doctor whether the patient is stable enough to be transported to the department. If they are, insist on a department ultrasound. If the patient cannot be moved from their room, discuss with the referring doctor whether the scan will change the management of a patient. If the answer is no, suggest delaying the scan until the patient can be moved. Patient care is very important, but sonographers must also practice self-care. If the scan is urgent, and must be mobile, consider the following practices:

1. Adjust the patient and room – if a patient cannot leave the ward, ask the staff to organise for equipment and furniture not essential to the patient to be moved out of the area where the ultrasound machine is to be placed. Organise for the patient to be moved as close as possible to the side of the ward bed. This should also be done for a departmental ultrasound in a ward bed. The bed should be adjusted to get the best ergonomic scanning position.
2. Bed height – the best ergonomic scanning position for the shoulder is with the bed low, so the sonographer can use gravity to assist with probe pressure and reduce the amount of shoulder abduction. Where this is not possible, the next best solution would be to raise the bed and rest the forearm to reduce upper limb fatigue.

3. Ultrasound machine position – place the ultrasound machine as close to the bed as possible. If leaning towards a patient is required, the sonographer should brace against the bed, the monitor should be placed in front, and the console moved in front so the controls can be easily reached, reducing neck and trunk rotation and the reach of the non-scanning arm.
4. Get help – all sonographers know the difficulty of the left kidney in a bed patient – try enlisting help from another person in the department or ward to use the controls on the ultrasound machine while the sonographer scans from the left side of the bed. Some departments have protocols for two people to perform mobile scans to facilitate this. Other potential solutions could include foot controls or left-handed scanning.

Obviously there are times when a patient will be too unstable to be moved. Good communication with referring doctors and nurses looking after the patient is essential to prepare the patients for their scan.

Conclusion

Whenever possible, sonographers should avoid scanning patients in their beds or performing mobile ultrasounds. If avoidance is not possible, then utilise simple ergonomic adjustments, primarily bringing the patient as close as possible, adjusting bed height and console placement and utilising a second person. The aim is to perform the examination with as little risk to the sonographer as achievable. WHS policies should include ergonomic advice about best practices for mobile ultrasound scanning. Policies regarding acceptable reasons for performing mobile ultrasounds and a two-person scanning policy should also be considered.

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The basic steps in evidence-based best medical practice

This issue's *Research Matters* article is a follow-on from the December 2018 article by Tristan Reddan and Kerry Thoires, where readers were given useful guidelines on how to take their research ideas further.

In this article we will discuss how to:

- formulate a research question (a well-built clinical question)
- identify the best evidence in literature to answer that question.

The information in this article will also guide sonographers on how to evaluate the impact of research and identify best evidence to integrate it into their clinical practice. This is particularly useful when scanning protocols are being reviewed or if ultrasound service providers intend to introduce a new ultrasound service and wish to appraise the available literature to select the best methods to implement and deliver the new service. A hypothetical example would be if a practice is looking into integrating tissue elastography in the ultrasound assessment of the cervix to identify obstetric patients with an increased risk of preterm birth. The practice will look into the best available evidence to help it choose suitable equipment or adopt best scanning protocol and/or measurement/classification criteria to achieve better specificity and sensitivity compared to the method currently in use e.g. transvaginal (TV) sonography alone.

Why do we need to formulate a well-built clinical question?

There are many reasons why a clinical researcher may wish to formulate a research question i.e. looking at risk of a disease, prevalence, methods of diagnosis, treatment and prognosis of the disease. In sonography, our clinical research questions are usually about the 'diagnosis' of a disease. The research questions would be: How accurate is a diagnostic test to diagnose the disease? Or how cost-effective or time-consuming is a diagnostic procedure to diagnose the disease? The answer to these questions would then guide the decision-makers to evaluate the resources they have to either continue with the current methods of diagnosis or implement changes suggested by their research.

Afrooz Najafzadeh, ASA Research Special Interest Group

The anatomy of a good clinical research question

The PICO framework is the most widely used method to formulate a good clinical question.¹⁻⁴

PICO stands for:

- Patient**, population or problem of interest (e.g. pregnant patients at a high risk of preterm birth)
- Intervention** (diagnostic test, prognostic factor, treatment e.g. TV scan +/- tissue elastography)
- Comparison** (comparing the current methods of ultrasound diagnosis (e.g. TV scan alone) to the new method being proposed (e.g. TV + tissue elastography)). This could include comparison of resources available, the patient's acceptability of the new method of diagnosis or the sonographer's expertise in the proposed method of diagnosis.
- Outcomes** (Have we improved our diagnosis? Are patients happy with this new service? Is this new method cost-effective? Would this new service be sustainable?)

Finding the best evidence to support the clinical question

Whatever source of information is used, it must be the most up-to-date information available. Evidence should be as recent as possible. The type of the study or the study design is the key factor to the strength of evidence.

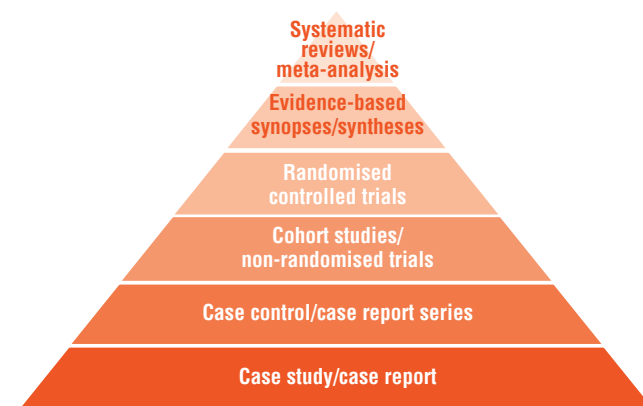


Fig 1. Hierarchy of evidence: Strength of study design for evidence-based clinical decision-making

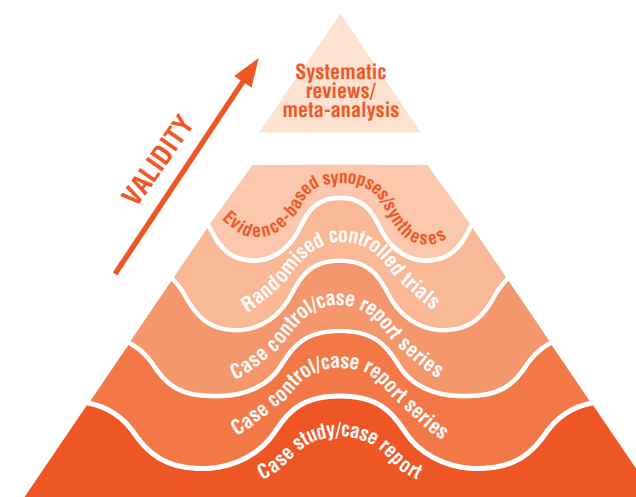


Fig 2. The proposed new evidence-based medicine pyramid; lines separating the study designs become wavy (Grading of Recommendations Assessment, Development and Evaluation); systematic reviews are 'chopped off' the pyramid; the revised pyramid – systematic reviews are a lens through which evidence is viewed (applied). Murad et al. (2016) Open Access Journal⁶

Researchers have categorised the type of studies into a pyramid named: 'hierarchy of evidence' as a guide to categorise the strength of the evidence based on the research design⁵ (Fig 1).

Refer to Fig 1 demonstrating the pyramid of hierarchy of evidence. As you move up the pyramid, the amount of available literature decreases (as these types of studies are hard to implement and more expensive to run), but its clinical relevance increases (because the rigour of the research method is high).

The studies at the bottom of the pyramids can answer simple clinical questions. In the middle of the pyramid the randomised controlled trials are hard to implement but carry a high level of evidence to support the answer to a good clinical question. At the top of the pyramid, the systematic reviews or their meta-analysis are more problem-focused and can be used to answer multiple questions or be used for a decision support system. These types of studies often consider multiple factors prior to making recommendations such as diagnostic yield, patient acceptability, cost-effectiveness, availability of resources and feasibility of the study.

This system has been in use since the early 1990s. The traditional pyramid, however, was deemed too simplistic at times and did not leave any room for argument and counterargument for the methodological merit of different designs. A decade later, the Grading of Recommendations Assessment, Development and Evaluation (GRADE) Working Group developed a framework in which the certainty in evidence was based on numerous

factors and not solely on study design which challenged the pyramid concept.⁶ This resulted in the introduction of a revised pyramid as demonstrated in Fig 2.

The National Health and Medical Research Council (NHMRC) levels of evidence and grades

The NHMRC in Australia has developed guidelines to support organisations involved in the development of evidence-based clinical practice guidelines.

Table 1 (page 28) shows the NHMRC recommended grades based on the strength of evidence. Grades I (highest) to IV (lowest) in the table above have been assigned to various study types not only based on their study design (e.g. Cohort or Case-controlled) but also on the type of research question. There are four types of research question identified by the NHMRC: diagnostic accuracy, prognosis, aetiology and screening intervention. You'll note the most relevant question type to ultrasound diagnosis would be the 'Diagnostic Accuracy'.

Consider the earlier hypothetical example of integrating tissue elastography into ultrasound assessment of the cervix. The likelihood of success in integrating this scanning technique is based on the level of evidence used to support the proposal. If the researcher has used case series (level IV) or a comparative study without control (level IIIa), they're less likely to be successful in making recommendations or implementing the change compared to if they can base their decision on several good quality systematic reviews or meta-analysis of randomised controlled studies.

In summary

Sonographers wishing to kick start their research or those who wish to review their current practices can use the information in this article to formulate a good research question(s). The revised pyramid for the hierarchy of evidence can be used as a guide for their literature search. Depending on the type of question and the strength of support required to answer the question, the NHMRC grading system (Table 1) can be used to score the strength of the evidence found to support their idea or to make recommendations or implement the change in practice. Having said that, if a change to current diagnostic practices is not part of the research question, the evidence-based best practice approach described here can be used to support the current methods of ultrasound diagnosis in use and can prove the already implemented diagnostic methods (scan types and scan techniques) are still current and accurate as supported by the available literature.

ASA Research Grants



Table 1. NHMRC evidence hierarchy: designations of ‘levels of evidence’ according to type of research question

Level	Intervention	Diagnostic accuracy	Prognosis	Aetiology	Screening Intervention
I	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies
II	A randomised controlled trial	A study of test accuracy with: an independent, blinded comparison with a valid reference standard, among consecutive persons with a defined clinical presentation	A prospective cohort study	A prospective cohort study	A randomised controlled trial
III-1	A pseudorandomised controlled trial (i.e. alternate allocation or some other method)	A study of test accuracy with: an independent, blinded comparison with a valid reference standard, among consecutive persons with a defined clinical presentation	All or none	All or none	A pseudorandomised controlled trial (i.e. alternate allocation or some other method)
III-2	A comparative study with concurrent controls: <ul style="list-style-type: none">▪ non-randomised experimental trial▪ cohort study▪ case-control study▪ Interrupted time series with a control group	A comparison with reference standard that does not meet the criteria required for Level II and III-1 evidence	Analysis of prognostic factors amongst persons in a single arm of a randomised controlled trial	A retrospective cohort study	A comparative study with concurrent controls: <ul style="list-style-type: none">▪ non-randomised experimental trial▪ cohort study▪ case-control study▪ Interrupted time series with a control group
III-3	A comparative study with concurrent controls: <ul style="list-style-type: none">▪ historical study▪ two or more single arm study▪ interrupted time series with a parallel control group	Diagnostic case-control study	A retrospective cohort study	A case control study	A comparative study with concurrent controls: <ul style="list-style-type: none">▪ historical study▪ two or more single arm study
IV	Case series with either post-test or pre-test/post-test outcomes	Study of diagnostic yield (no reference standard)	Case series or cohort study of persons at different stages of disease	A cross-sectional study or case series	Case series

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Recommended further reading

Murad MH, Asi N, Alsawas M, Alahdab F. *New evidence pyramid, Evidence-Based Medicine*. 2016, 21:125–127.

What has the ASA grant meant for you?

Our ASA Grant funding has allowed our research team the opportunity to analyse student perceptions of the various differing teaching styles and techniques for future sonographic educational deliveries. It has allowed me to develop a collegial study that will perhaps shape the way that sonographic teaching is being delivered in the future. This grant has facilitated developing my skill set in quantitative and qualitative techniques of research delivery and has provided me with invaluable learning experiences that will influence my teaching delivery in my occupation as a healthcare worker and educator.

How did you first become involved in sonography research?

This is my first formal sonographic research project! My colleague Brendan Goode and myself were interested in advancing our teaching styles and deliveries to our sonographic students to increase engagement and their immersion of learning techniques in musculoskeletal ultrasound. The study design was directed particularly at the distant student who may not be able to partake in clinical or laboratory training deliveries on a regular basis. This research opportunity has evolved from my enrolment in the Master of Ultrasound unit, Research Project 1, of which Dr Ann Quinton was the coordinator at Central Queensland University.

How do you decide on your research topic?

When undertaking my Master of Ultrasound studies, it became apparent that there was an obvious lack of research focused upon sonographic best practice teaching techniques and a

gap was prevalent in innovative ways to engage the sonographic students. I was very surprised at the lack of findings when I performed a literature review of this topic, which highlighted a definite void in sonographic educational platform analysis for future teaching techniques.

How did you find/identify the members of your research team?

Scientific research conducted by our team of health professionals has a lot of advantages, particularly in this study where our research team members represent different but related fields and scientific disciplines. I am proud of the fact that our research project has been developed with a high level of interdisciplinarity. Being a Central Queensland University employee, I was lucky to be surrounded by a very resourceful team that included professionals in their fields, such as Dr Ann Quinton, with her expertise in research techniques; Dr Delma Clifton, who acted as our research assistant for the study; Sharon Meng (PI) and Brendan Goode, who originally fielded this study plan. We were also lucky enough to have Darryl Clare, our IT and VR specialist and Matthew Browne, statistical analyst, on board providing invaluable advice on required research facets. I feel that our research study has promoted collegiality and is highlighting and pushing for new and innovative ways to provide sonographic education across the healthcare footprint.

What do you like most about research?

The engagement and collegiality that it brings to achieve a common goal. Research needs to be performed to analyse data about many facets and to increase knowledge through theoretical

and practical pathways for future growth. It provides answers for our questions that may guide innovation. Working with my team on this multifaceted project has helped combine various positive aspects of skill sets and contributions to our research conduction. I like the idea of being able to explore and create new knowledge and to be allowed the ability to explore, investigate and attempt to resolve problems of healthcare education that may exist

What do you think is the biggest challenge/barrier for sonographers wanting to undertake research?

I feel the biggest challenges for sonographers wanting to undertake research are to delegate and manage time commitments and constraints. I feel that many sonographers, particularly in sub-metropolitan and rural regions, are overcommitted with occupational requirements (after hours calls), family and study commitments, therefore, the reason for low outputs in the sonographic field. Another challenge that became apparent during the research project was an understanding of the ethical expectations and application processes.

What’s one thing you’ll do differently in your next research project?

Streamline processes for data collection. Perhaps focus at a local level, as multi-geographical studies can be quite expensive and time-consuming. Technology moves fast; therefore, keeping up with changes in virtual reality equipment can negate the worth of a study if it takes too long

Sharon Meng, Queensland

Faye Temple

ASA Past President Faye Temple (2009–11) has recently retired from her sonography role at St Vincent's Hospital. Faye's vision and leadership during her time as ASA president delivered many initiatives and strengthened the foundations for the association's continued growth as the peak body and leading voice for all sonographers. The ASA extends our gratitude and thanks to Faye for her passion, leadership and the positive impact she has had on the sonography profession. We offer our best wishes to Faye for the next chapter, which commences with an extended road trip through Australia.

Highlights of Faye's time as ASA President include:

2009

- Scoping study role evolution of sonographers looking at extended and advanced scope of practice
- Special Interest Group toured the country
- New look to *soundeffects news*

2010

- New ASA *Code of Professional Conduct*
- First New Zealand Travelling Workshops
- Australian Government implemented the National Regulation and Accreditation Scheme (NRAS) to regulate 12 health professions

2011

- Launch of the Awards of Excellence
- ASA *Competency Standards for entry level sonographer* used by the ASAR to accredit sonographer courses
- Free ASA membership for trainee sonographers
- ASA in partnership with ASUM make a formal submission to establish a sonographer board under NRAS which was unsuccessful
- **asawebinars** were launched

We asked Faye to share her ASA experience with us.

How did volunteering enrich your career?

I met so many sonographers with the same passion for the job that I had. We

achieved a lot and had lots of fun in the process. Volunteering enriches your commitment to be the best sonographer that you can be, and you know that your patients can only benefit as a result.

What are some highlights of your involvement with the ASA?

Having the opportunity to be involved in growing the ASA into the fantastic organisation that it is today by supporting best practice, representing sonographers at government level and providing opportunities for excellent education. Also, starting out on the long and very windy road to registration and advanced practice.

What plans do you have for the next chapter?

We have just spent a couple of weeks in the Simpson Desert watching Midnight Oil, among others! Now we are going up North to breathe in some more dust and fight off the flies (with thousands of other grey nomads, otherwise known as recycled teenagers!)



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1. Annual General Meeting, Canberra 2012; 2. ASA Board of Directors Melbourne 2010; 3. Presented with *Professional of the Year Award*, Canberra 2012; 4. Presenting *Sonographer of the Year (ACT)* to the late Sue Caitcheon, Brisbane 2011; 5. Awards of Excellence presentation, Brisbane 2011

Case 1 – supplied by Anna Galea

A 34-year-old woman presented at 30 weeks' gestation for an ultrasound examination to determine if the fetus was in breech presentation. This was her third

pregnancy and she had previously had two first trimester miscarriages. A cystic lesion can be seen anterior and medial to the left eye. The lesion was thought to be a lacrimal sac cyst. The typical ultrasound feature of a lacrimal sac cyst is a cystic mass without internal echoes in the

medial and inferior orbit. The cyst may resolve spontaneously after birth or be surgically removed.

Follow-up was obtained after the baby was delivered at term and the lacrimal duct cyst spontaneously resolved after birth.



Figs 1 and 2. Longitudinal and axial images of the fetal face

Case 2 – supplied by Allison Holley

A 4-year-old male child presented for an ocular ultrasound examination. The referral came as a result of his preschool eye sight screening querying the presence of drusen or calcification.

The equipment used

- Toshiba Aplio 500 with eye preset
- 18L7 transducer
- Power setting turned down low (ALARA)

- Hydroaid® standoff pad laid across both eyes.

Technique

- Depth was adjusted to include the optic nerve posteriorly
- Images were acquired in longitudinal and transverse planes
- Optic nerve width was measured (3 mm deep to optic disc)
- Normal size range: < 1 year = < 4 mm, >1 year = < 4.5 mm (Newman W et al. *Br J Ophthalmol.* 2002 Oct; 86(10): 1109–13)

Drusen

Imaging identified a calcified linear structure in the optic disc (optic nerve head). This measured 2.3 mm in size, was non-mobile and non-vascular with colour Doppler (Fig 1, below).

A drusen is an abnormal collection of protein and calcium salts which accumulate in the optic nerve. (<https://aapos.org/terms/conditions/82>)



Fig 1. 2.3 mm echogenic lesion in the optic disc



Fig 2A. 2.5 mm diameter optic nerve on the right



Fig 2B. 5.0 mm diameter optic nerve on the left

Queensland X-Ray

Whether you are working in one of our hospital sites, in our community-based imaging practices or at one of our specialist women's imaging centres, there is always diversity in the work we do, and it is always done with state-of-the-art ultrasound equipment.

Queensland X-Ray values employees and goes that step further to offer education and support to all. In addition to normal clinical professional development, we were recently provided a training initiative focusing on topics such as colleague and patient interaction and strategies to deal with difficult situations and conflict resolution. These forums not only allow staff to discuss these difficult topics with experts, but also discuss personal experiences with each other.

Our patients define our work practices and are at the forefront of everything we do. One of Queensland X-Ray's core values is commitment to service excellence; where we pledge to willingly serve those with whom we deal, with unsurpassed excellence. This was recently demonstrated by one of our sonographers, Chantal Sng. Here, she

describes a recent day at work when she had to share heartbreaking news with a patient.

From the moment the patient walked through the door her anxiety and fear were apparent. In that moment where she was most vulnerable, I tried my best to provide her a safe and comfortable space. The scans we perform as sonographers oscillate between such highs and lows – the joy of scanning a healthy baby to the overwhelming sadness of discovering bad news. Unfortunately, on this occasion, the news was not as we had hoped.

Following her experience with Chantal, the patient wrote us a heartfelt message. She wanted to let us know that Chantal gave her 'a feeling of calm and peace' from the moment she entered the room. She described Chantal as 'professional, empathetic, kind and caring' and said that she will 'never forget the way she spoke to me, the respect she showed me, the way she held onto my leg that was shaking and the way that she handled every step of the process'.

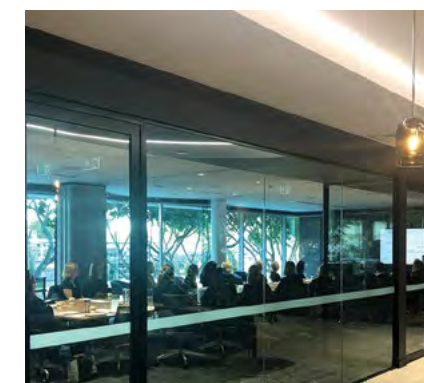
Claire Woulahan and Deborah Moir, Queensland X-Ray, Qld

Chantal demonstrated excellent patient care and was able to bring kindness and comfort to a patient during one of the most difficult days of her life. We showed Chantal how proud we were by surprising her with a beautiful bunch of flowers.

Queensland X-Ray is committed to providing staff with a safe workplace and we recently had our first injury prevention workshop for our sonographers. The team learnt about exercises and regimes that can help to prevent work-related injuries occurring.

At the heart of success are the Queensland X-Ray staff; we are a family that fosters mutual respect, team spirit and a safe learning environment. We see it as our responsibility to nurture and mentor our next generation of sonographers. Our students are a great asset to our team and help to keep us on our toes! Their enthusiasm is invigorating, and we all play a role in their ongoing training.

A day in the life of a sonographer can be a bit chaotic and somewhat unpredictable, but it is never the same and always rewarding!



From left to right: Employees meet regularly for education, discussion or non-clinical training; Chantal with the flowers she received for positive patient feedback

Australian Capital Territory

Our ACT Branch is looking for local sonographers to join the branch committee. This is a great opportunity for networking and providing direction for local events. We would love to hear from you, so please email us at memberservices@sonographers.org

Auckland–Waikato

An oversubscribed evening in February saw 46 registrants attend *Adenomyosis and endometriosis* presented by Dr Aleksandra Ivanecevic. Many more hopeful attendees were on our waiting list, with our apologies to those who missed this stimulating presentation.

A captivated audience learnt that adenomyosis is more common in older women, with increased uterine changes occurring with each subsequent pregnancy and ultrasound having a 75–88% sensitivity for diagnosis. Endometriosis being a chronic inflammation with increased risk of

occurrence prior to having children, and reducing risk with each pregnancy, prolonged lactation and late menarche.

Dynamic ultrasound is required for endometriosis, evaluating the uterus and adnexae, looking for soft markers and the sliding sign. A severe endometriosis marker is the question mark sign when the uterosacral ligament is involved, where the uterus is shaped like a question mark, being anteverted with the body/fundus being retroverted. Deep infiltrating endometriosis is found in the retrosigmoid, uterosacral ligaments, rectovaginal septum, vagina and bladder, with endometriosis evaluation most important at the posterior and fundal uterus. Important guidelines were provided on evaluating the uterus with a slow long push, using your free hand to move the fundal uterine region and bladder to check for sliding, with a mobile uterus moving away. Check ovarian mobility to the side wall and uterus, and check the vagina when withdrawing/inserting transducer whilst looking for bowel nodules, which are

typically hypoechoic or isoechoic solid masses with irregular outer margins. Bowel nodules involve the anterior rectum, rectosigmoid junction and/or sigmoid colon. Another sign is the kissing ovaries stuck posterior to the uterus, along with tenderness on palpation.

Our committee expresses its appreciation to Philips for their continued sponsorship, including the varied edibles provided and to Horizon Radiology for the venue for this enriching event. At the conclusion, all attendees were in excited anticipation of utilising their newly learnt evaluation skills for endometriosis, with my first diagnosis of bowel nodules occurring the next day – so wowed by this presentation.

In August 2018, our popular meeting had Anne Grimshaw provide some live scanning MSK tips, including the elbow, with one valuable tip for scanning the triceps and ulna nerve to get the patient to place their hand on their forehead, enabling best access and arm mobility for assessing ulna nerve instability.

Andrea Gibb provided a live scanning arm vein anatomy, explaining the main ones to interrogate and pulse wave Doppler use. Her hint was that a monophasic signal is a good indicator that there is a problem somewhere.

Our gratitude to Horizon Radiology for providing the venue, along with Samsung the food.

We wish to recognise and thank our expert presenters for sharing, resulting in our mental and professional nourishment.

Julie Heaney
Auckland-Waikato Branch Committee



New South Wales

2019 in Sydney started with our annual case study night, hosted and sponsored by AIHE. This was a great night with varied presentations. Congratulations to our winner, Trixie Kong, with her presentation on *Left rudimentary horn pregnancy*. A huge thank you to all our other presenters, including:

Anna White – *Popliteal artery entrapment syndrome*

Maria Isabel Gonzales – *Bilateral ectopic mammary tissue*

Trixie Kong – *Left rudimentary horn pregnancy*

Matthew Bell – *Carotid artery stent fracture*

Jeff Wai Sang – *Carotid body tumour*

Tina Cullen – *Triage by ultrasound in ED*
Keely Barakat – *The steal*

Kate Pollack – *Imperforate hymen*

Pamela – *Preeclampsia screening and the early anatomy scan*

Mary McPhail – *The burnt-out teenager*

Tina Liu – *Carotid cavernous fistula*

Our May event focused on breast imaging, hosted at St Vincent's Public Hospital and sponsored by Canon. This was a fantastic educational evening with presentations from Dr Merran McKessar (Mater Imaging) on *Breast ultrasound and MRI correlation*. Dr Elizabeth Lazarus (Spectrum Imaging) showed a variety of interesting breast ultrasound cases. This was a great opportunity to learn about best practice in ultrasound and to learn how we can best meet the needs of reporting radiologists whilst providing optimal imaging.

June saw many Sydneysiders head to Brisbane for the ASA annual conference for a weekend of amazing education and social events. A huge thanks to the planning committee, including our Sydney representative Robyn Tantau.

The second half of 2019 will see a range of topics included in our educational evenings, including vascular and non-clinical components. We will also be hosting an MSK Workshop in early November. We would like to thank all our speakers and participants and look forward to seeing you at an educational event in the near future.

Sarah Skillen
NSW Branch Committee

Queensland

A case study evening was held at the Prince Charles Hospital Education Centre on 27 February 2019, kindly sponsored by Canon. Fifty-one delegates gathered together, enjoying food and refreshments prior to the presentations. There were ten presenters in total, speaking on a wide variety of topics.

Glenn Naggs presented a case involving a thickened gallbladder wall and a diagnosis of acute hepatitis via liver biopsy, emphasising that there are many possible causes for a thickened gallbladder wall apart from cholecystitis. Mitchell Marriot presented a heart-wrenching case of lethal achondroplasia detected at a late morphology scan. Mitchell highlighted the circumstances leading to the late diagnosis of this condition, with a warning on the use of 'entertainment scans'.

Trevor Gillbard gave the audience a peek into military sonography with his presentation *Common flexor tendon tear in a hostile environment*, describing the ultrasound assessment of an overuse injury on an American soldier while deployed in Iraq. Anne-Marie Timms discussed two cases – both involving paediatric small bowel obstructions. The first of these was caused by a gastrointestinal duplication cyst in a seven-month-old infant. The second



From left to right: Tina Hamlyn, Sarah Colley (ASA Director), Gabe Palangeanu (Canon Medical), Danielle Bowles (winner of Best Presentation), Mehrnaz Masoumi, Tristan Reddan, Chris Gilmore and Madonna Burnett

case was caused by an internal hernia of the small bowel through a mesenteric defect in a six-year-old child.

Roger Steele spoke about a number of interesting cases encountered while scanning in the emergency department at Prince Charles Hospital. Craig Collins presented multiple examples of talipes and commented on a related audit conducted at Redcliffe Hospital.

Danielle Bowles discussed an interesting case of intussusception, reminding us that this pathology can be visualised in the adult population as well. Danielle Bowles won the prize for best presentation, kindly sponsored by the ASA, giving her a 25% discount on conference registration. Chris Gilmore presented a case entitled *An ED ultrasound case study: What goes bump in the night* – in this case the bump proved to represent a pseudoaneurysm.

Ian Walsh talked us through the case of a fifty-year-old male presenting for ultrasound with vague abdominal symptoms. A large renal mass and multiple solid hepatic lesions were identified. Sadly, due to the extent of disease, the patient went on to have palliative care. Iain Franklin presented a case involving a seven-month-old male with an increased head circumference and general lethargy. A mass was

identified, causing obstructive hydrocephalus, which was found to represent an infantile astrocytoma.

A huge thank you to all of the speakers involved for sharing their knowledge and experience.

Heather Allen
Queensland Branch Committee

South Australia

The SA Branch has had a couple of well-attended, face-to-face education sessions catering to the various needs of ASA members so far in 2019.

The first event was held in February and hosted by Dr Jones and Partners. It was a pleasure to hear from Andrew Spurrier, a well-respected and passionate sonographer, speak on the topic *Why sonographers need clinical skills and what questions they should be asking*. Over 55 members from various practices across SA attended the event and the general feedback was that it was very relevant to touch base on fundamentals every so often in the current busy work life.

The second event, organised at the University of South Australia, was a Travelling Workshop on the vascular



Travelling workshop at UniSA and below, Melissa Farnham's cupcakes

theme and we were very fortunate to hear from Jacqui Robinson and learn from her expertise in AV fistula assessment in haemodialysis patients, followed by a live scanning demo.

This was a fully booked-out event, co-sponsored by Phillips and ASA. Melissa Farnham's cupcakes were a big hit as well with the members at morning tea!

We have the O&G Travelling Workshop, to be presented by Ann Quinton, coming up in September and wrapping up with the case night (hosted by Lino Piotto).

We also had a pleasant branch committee meeting where it was nice to just debrief and informally catch up on drinks while putting all of the events together. All of this would not be possible if not for the hard work and collaborative teamwork from all of the committee members. So, a sincere thanks to all the SA Branch Committee members.

Sandhya Maranna
SA Branch Committee

Tasmania

Tasmanian sonographers recently attended the 2019 travelling workshop titled *A structured approach for assessing the normal and abnormal fetal heart* presented by Ann Quinton. A very informative workshop, it was attended by 35 sonographers from across the state – a great turnout for Tasmania.

The engaging half-day workshop enabled participants to watch a live scanning demonstration with a model. Attending sonographers commented that the workshop was a great refresher on fetal cardiac scanning and Ann's valuable advice will be implemented throughout our clinical roles. Thanks to Ann Quinton for travelling to Hobart and presenting, the Royal Hobart Hospital for hosting and to the ASA for organising.



Ann Millar with her Sonographer of the Year award

The branch was thrilled to have Ann Millar awarded Tasmanian Sonographer of the Year at the recent annual conference in Brisbane. Ann works as a clinical and tutor sonographer, both at Radiology Tasmania and the Royal Hobart Hospital. She has mentored and supported many sonographers during her career to date and is highly respected in the profession. Congratulations, Ann!

Zara Ramm and Emma Brodribb
ASA Tasmania Branch Committee

Victoria

We have had a great start to 2019. Our first educational evening was held in March and was kindly sponsored by Philips. A fabulous group of speakers from Monash Health provided a clinical update on the latest in vascular diagnosis and management. Interventional radiologist Associate Professor Ronil Chandra presented on *TIA management, clot retrieval & carotid Doppler beyond 2019*. Senior sonographer Greg Curry presented a very informative update on *AAA & endovascular aortic repair*. Charge sonographer Peter Coombs then presented an excellent *Vascular ultrasound criteria update*, covering a range of examinations such as carotid, peripheral arterial and renal Doppler. These talks stimulated plenty of discussion and audience interaction.

Our next educational event in May was focused on neck and thyroid and kindly sponsored by Canon. Senior sonographer Amanda Chan (I-MED) presented a highly informative talk on *Sonographic anatomy and segments of the neck*. Senior sonographer Judy Lees (Melbourne Health) did a wonderful presentation on *Scanning the post-resection neck*. Senior sonographer Robyn Archard (Austin Health) presented on *TIRADS*, with an interesting discussion of the implementation of this criterion at Austin Health.

In the next six months we are looking forward to an upper limb MSK live scanning workshop, obstetric educational event and Christmas case evening. It will also be a busy and exciting time ahead with Carolynne Cormack and Lynne Johnson co-convening ASA2020 Melbourne. Huge thanks as always to our fabulous committee members (see page 39) and wonderful sponsors (GE – Patrick Gallagher, Philips – Brett Smith, Canon – Brett Ayres and Siemens – Julie Bartholomew).

Carolynne Cormack
Victoria Branch Committee

Western Australia

On Saturday 27 April we held our first Travelling Workshop of the year in the Bruce Hunt Lecture Theatre at Royal Perth Hospital. This event was kindly sponsored by GE Healthcare and we thank them not only for their contribution on this day, but for their continuous support of branch CPD events. This half-day event hosted over 70 attendees and offered an excellent opportunity to network with colleagues and friends from other hospitals.

The Travelling Workshop consisted of a series of informative presentations by

Marilyn Zelesco in the field of general abdominal ultrasound. These included a comprehensive approach to *Chronic liver disease* and the *Ultrasound features of portal hypertension*. We also went on to explore *Sonography of the acute scrotum* with a series of case studies, and last but not least *Sonography of focal renal lesions*, which included criteria for investigating benign vs malignant pathology.

The event was a roaring success that received lots of positive feedback from delegates. The ASA would like to thank Marilyn for all of the precious time and effort she put into her presentations. We greatly appreciate the work involved to deliver such a detailed program.

As a committee, we look forward to the second half of the year and the branch meetings that will follow!

Kirsten MacLennan
West Australia Branch

Wellington

We have had a quieter start to this year, with Dr Jay Marlow speaking to us about all things gynaecological in March. It was very well attended by local staff, which is great to see.

There was great interaction in the group with Jay being one of our stand-out attractions amongst evening speakers here. We truly appreciate the time and effort she puts in to enlighten and challenge us in her areas of expertise.

April saw the Travelling Workshop come to town. Kirsty Thomas spoke to us on the topic *All about the liver*. We were all amazed at her knowledge and passion for teaching and most of us went away with renewed enthusiasm for our day-to-day scanning.

There have been quite a few changes for us as a committee, as we have lost our very accessible and well managed venue of the past few years to major renovations. This led to Pacific Radiology hosting at their Boulcott premises.

It was encouraging to have so many wishing to attend and we actually squeezed in a few so no one would miss out, making for quite an intimate workshop on some hard seats!

Many members have voiced the opinion that they would prefer more weekend workshops than during the week evening meetings and to try and address this need we are working hard to provide some more of these opportunities in the near future.

We would like some new committee members, especially from the hospitals and other private practices around Wellington as at the moment the majority of members are from Pacific Radiology employees and the input from other areas would be greatly appreciated. So, if you would like to help out just a bit, please make contact and we will welcome you.

Lynne Mcsweeney
Wellington Branch

soundbite

Q. I am currently a student member of the ASA, have recently completed my studies and am now qualified. What do I need to do about my current ASA membership status?

A. Congratulations on completing your studies! Contact the ASA Member Services via email: memberservices@sonographers.org or telephone +61 3 9552 0000, so that we can upgrade your membership category accordingly.

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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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- promote and advance the sonography profession
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- provide and support the highest quality professional development and research
- deliver exceptional member value and organisational excellence.

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