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the magazine of the australasian sonographers association

soundeffects
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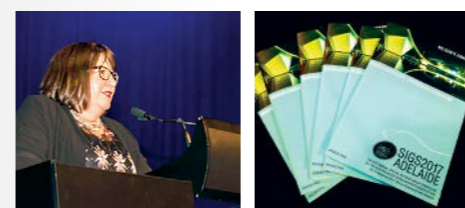




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from the editor



the magazine of the australasian sonographers association

soundeffects news

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ISSN: 1447-4301

Welcome to the December issue of your member magazine.

Our *feature article* celebrates the 25th birthday of the Australasian Sonographers Association (ASA). As we stroll down memory lane, we have reflections offered by some founding members and a history of the ASA. We also present the Honour Rolls of past presidents and recipients of the Sonographer of the Year award to recognise those sonographers who have been instrumental in the growth of the ASA and the sonography profession.

This issue includes a wrap-up of the Special Interest Group Symposium (SIGS2017) held in Adelaide in September, including a centre spread with lots of happy snaps from the event.

In our *person profile*, the spotlight is on our new ASA Board member Ian Schroen and his passion for sonography and all aspects of ultrasound. Ian is

engaged in clinical imaging, research and teaching and is particularly passionate about vascular ultrasound and patient communication.

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

wh&s matters addresses sonographer burnout, a very real problem of modern clinical practice, and recognises that further research is needed to develop strategies that may assist in avoiding or managing this workplace issue.

advocacy alert brings you up to date with what the ASA has been doing behind the scenes to raise the profile of sonographers and advance the profession.

As always, our *reader competition* offers the challenge of a tricky case to diagnose.

Finally, a reminder that here at the ASA we're always interested in the journeys or pathways that sonography takes our members. Have you volunteered on local or community programs? Are you using your sonography skills and knowledge in a non-scanning context? Would you like to add your own recollections of the ASA's history and events to those published in this issue? We would love to hear from you and share your story.

Happy scanning and reading!

Carol De La Haye
 Editor
communications@sonographers.org

Season's greetings

The ASA Board of Directors and staff wish all members and their families a safe and happy holiday period. The ASA office will close on Friday 22 December 2017 and re-open Tuesday 2 January 2018.



A DIFFERENT POINT OF VIEW



ASA2018 SYDNEY

THE 25TH ANNUAL INTERNATIONAL CONFERENCE OF THE AUSTRALASIAN SONOGRAPHERS ASSOCIATION
 International Convention Centre Sydney, 25-27 May 2018

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We are sorry, Ilona ...

In our September *soundeffects news* our *person profile* featured Ilona Lavender and we somehow managed to go to press with the wrong spelling! Our sincere apologies for any dismay this has caused you, Ilona.

president's message

It seems auspicious that October was Medical Ultrasound Awareness Month and twenty-five years ago, on 27 October 1992, after many months of planning, the Victorian Ultrasonographers Group, with support of sonographers across the country, registered the Australian Sonographers Association.

Our first president was Andrew Martin and the ASA mission was 'Sonographers representing sonographers' interests'. The first ASA National Conference was held in Sydney in 1994 at the ANA Hotel. There were lectures and workshops and the majority of the presenters were sonographers; a dramatic change from what was the 'norm' of the time.

Now, as the Australasian Sonographers Association, the peak body and leading voice for sonographers, the ASA continues to provide professional development events and learning opportunities in many formats, including the Annual Conference, Special Interest Group (SIG) Symposium, Travelling Workshops and **asawebinars**.

The ASA continues to work towards expanding sonographer practice and, with a grant from Queensland Health, will partner with QUT to develop a research project investigating sonographer-delivered MSK injections. This will build on the international literature in support of this sonographer practice and provide a local perspective, which is important to establish before offering the Postgraduate Certificate in Ultrasound-guided Musculoskeletal Interventions again.

It is no secret that the traditional generous support of our corporate partners can no longer be relied upon in

the current financial climate. To help keep the cost of the ASA Annual Conference affordable, it will rotate between Sydney, Brisbane and Melbourne, returning to Brisbane in 2019, 2021 and 2023. During the rotation period, the ASA will review the feedback from attending delegates for future planning. The SIG Symposiums will continue to move around Australia and New Zealand, with SIGS2018 in Perth, SIGS2019 in Canberra and SIGS2020 in New Zealand. The Travelling Workshop program will continue in 2018, with some of the presenters reverting to a full-day program. The Northern Territory will host an MSK Travelling Workshop and other Travelling Workshops will be presented in rural New South Wales, Tasmania, Victoria and South Australia. The **asawebinar** program continues to bring the best of sonography education to wherever there is an internet connection and a computer.

The Annual Conference in Sydney, on 25–27 May 2018, is shaping up to be an amazing event in one of the most modern convention centres in the country. To celebrate our silver anniversary, the program will see international, national and local speakers come together to highlight the unique point of view that sonographers are privileged to have, and to encourage us in our endeavours to advance the profession. Submit your abstract and lock it in your diaries – it promises to be an event not to be missed.

The ASA Board welcomes Ian Schroen from Victoria, who was elected as a Director in August, filling the position vacated by outgoing Board member Tony Parmiter. We look forward to Ian's contribution to the ASA Board. Members can get to know our newest Director a



little better by reading about Ian in this issue's *person profile*.

In October, we bade farewell to Dr Gillian Whalley. Having fulfilled the role of Acting CEO for almost a year, Gillian has returned to academia to pursue a role in clinical research. During her tenure, Gillian challenged the traditional way of doing things in the ASA office and helped instigate many innovative measures that have benefited the ASA financially and culturally. We extend our thanks to Gillian for her leadership and guidance during her time with the ASA, and we wish her well in her future ventures.

While the ASA has undertaken the task of engaging a substantive CEO, Jodie Long, ASA Director, has been managing the ASA office. Jodie will continue to work with the ASA staff, liaising with external stakeholders, our corporate partners and government bodies until the appointment of the substantive CEO.

On behalf of the ASA Board of Directors and the ASA staff, we wish every member a safe and happy Christmas and a prosperous New Year.

Dr Jennifer Alphonse, President
president@sonographers.org

letters to the editor

Contributions to the Letters to the Editor section should be no more than 200 words. Thank you.

I was there at the inaugural ASA meeting in the hotel in Richmond – and I am still here! It has been wonderful to witness and be a part of the ASA formation and growth. We still have a lot to do though!

Louise Worley

The above comment was posted by Louise on the ASA's Facebook post celebrating our 25th birthday on 27 October 2017.

My experience being an ASA member is ASA staff have been very helpful

whether contacted by phone or an email. I've received very supportive advice and prompt responses throughout the past years on **asawebinars**, self-study questionnaires and other NSW events where presentations were very good. Hope we continue to experience the same quality and standard in ASA in coming years.

Thank you again!

Kind Regards
Chandrika Hewa Jayalath

Positive feedback from our members is always nice to hear. Thank you Chandrika!

letters to the editor

We'd like to hear from you ...

soundeffects news now has a direct line of communication with our readers and this is a great space for sonographers to contribute and be heard. Share your thoughts on *soundeffects news* stories or tell us about what is happening out there in your sonography space:

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

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

Contribute to the magazine of the Australasian Sonographers Association

soundeffects news

- *soundeffects news* is a quarterly magazine circulated to ASA members.
- Contribute by sharing any information that may be of interest to members.
- Share a story about a day in the life of your sonography practice or simply let us know more about someone from the sonography community. We are interested in articles that think outside the box as well.
- Have any non-clinical information that you would like to share? Implemented a new protocol recently or feel like refreshing memories about basic procedures? We are interested in it all.
- For further information, please contact the editor at editor@sonographers.org or refer to the author guidelines at the ASA website www.sonographers.org



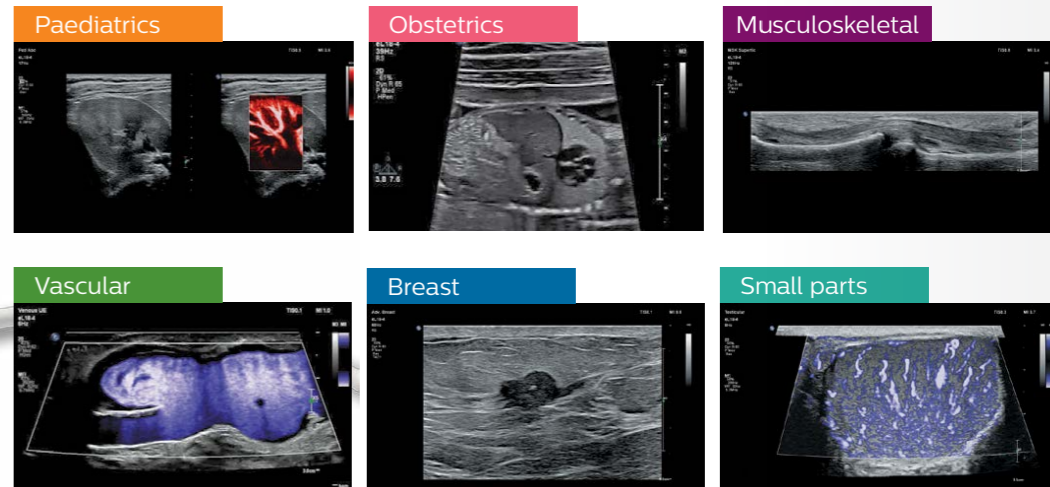
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PHILIPS

The 2017 ASA Salary Survey

Thank you to everyone who took the time to respond to the 2017 ASA Salary Survey! This important survey produces a highly-valued member resource and provides the only benchmark data for sonographers to compare salary and employment benefits to that of peers across Australia and New Zealand.

In 2017, due to such strong support and engagement, we had the highest number of sonographers respond to the survey in the seven years that ASA has been conducting it! This is a truly exciting achievement and means we will be able to provide you the best possible information on employment conditions and remuneration for Australian and New Zealand sonographers.

Di Marzio Research is currently analysing the survey responses. Once the aggregate report is supplied to the ASA, we will undertake our own assessment and provide a summary to the membership. This summary will be available early in the new year through our weekly newsletter *cross section*. A copy of the summary will also be available in the March 2018 issue of *soundeffects news*.

Inaugural ASA Research Grant

Earlier this year the ASA was pleased to launch the inaugural funding round of the ASA Research Grant Scheme. From 2017 the ASA has committed to provide funding to support one or more research projects in the subsequent year.

A funding pool of AUD\$15,000 will be available each year to support

and facilitate new Australian and New Zealand research that contributes to sonography practice. This funding opportunity is only available to ASA Ordinary Members, with applications due by the end of October each year.

The ASA Research Grant Scheme aligns with the ASA's strategic intent to be a world leader in providing sonographer education and research, and to promote and advocate for the highest possible professional standards. It supports members to undertake quality research that will then lead to publications and contribute to the evidence base for sonography.

It was great to see the inaugural ASA Research Grant Scheme funding round received so many high quality applications. This emphasises the need for the ASA to support sonography research, and the profession's commitment to evidence-based practice. Projects that were successful in winning the support of an ASA Research Grant from this round will be announced to members in 2018.

To read more about the ASA Research Grant Scheme, or other ways the ASA supports sonography-focused research, visit the 'Research' page on the ASA's website under 'Advocacy'.

Industry consultation and you

Over the past few months, through our weekly member newsletter *cross section*, we have highlighted a number of consultations of relevance to sonographers. These have included:

- the Australian Health Practitioner Regulation Agency (AHPRA) survey 'What does professional behaviour look like?'

James Brooks-Dowsett ASA Policy and Advocacy

- the Medical Radiation Technologist Board's (MRTB) proposed annual fee structure change for New Zealand sonographers
- the Medicare Benefit Schedule (MBS) Review Taskforce Cardiac Services Committee consultation.

Whilst the ASA responds to many of these industry consultations on behalf of the membership, it is also important that members respond individually where they have the knowledge, time and/or interest in doing so. Doing this is a great way to contribute to raising the profile of the profession.

For other easy ideas on ways members can raise the profile of the profession, we encourage you to re-read the article 'Advocacy – it's for everyone' from the December 2016 issue of *soundeffects news*.

Regulation of Australian sonographers

Throughout 2017 the ASA has been quietly but busily undertaking work in support of sonographer regulation in Australia; particularly related to seeking sonographer regulation under the National Regulation and Accreditation Scheme (NRAS).

Building on work initiated by the Australasian Society for Ultrasound in Medicine (ASUM) at the end of 2016, throughout 2017 the ASA has been working in partnership with ASUM to develop a submission to the Australian Government for sonographer regulation under the NRAS.

A big part of this work has involved collaborating with other organisations

in the Australian diagnostic imaging industry to secure their support. So far, in-principle support for this has been indicated by all members to the Peak Imaging Coalition, including: the Royal Australian and New Zealand College of Radiologists (RANZCR); ASUM; the ASA; the Australian Society for Medical Imaging and Radiation Therapy (ASMIRT); the Australasian College of Physical Scientists and Engineers in Medicine; and the Medical Imaging Nurses Association of Australia (MINA). The Cardiac Society of Australia and New Zealand (CSANZ) has also indicated its in-principle support for this form of sonographer regulation.

In the last couple of months the ASA and ASUM have begun meeting with key government representatives, including the Medical Radiation Practice Board of Australia (MRPBA) and Chief Allied Health Officers, to seek their support for sonographer regulation under the NRAS.

This type of change takes a long view, as it requires support at all levels of industry, community and government. These activities set the solid foundation on which the ASA, in partnership with ASUM and the diagnostic imaging community, can build the case for

enforceable regulation of Australian sonographers. This will subsequently assure patient safety when accessing medical diagnostic ultrasound.

For further detail on issues concerning sonographer regulation, we encourage you to reflect on the March 2017 *soundeffects news* article 'Who you gonna call? Complaints handling and the regulation of sonographers'.

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ASA2018 SYDNEY

A call for papers – ASA2018 Sydney

Welcome to the ASA's 25th Annual Conference, ASA2018 Sydney. This conference program has been designed to cover the full spectrum of topics concerning our profession over three packed days and will be relevant to sonographers in all scanning specialties. International keynote speakers Doug Wuebben (USA) and Mark Rozen (USA) will be leading the charge on how to maintain healthy work practices with a fun exercise session, raising awareness of workplace safety. They will be joined by Alison Hall (MSK, UK) and Julia Solomon (O&G, USA). National keynote speakers Bonita Anderson (cardiac), Stephen Bird (MSK), Amy Clough (vascular), Fabricio Costa (O&G), Roger Gent (paediatrics), Le-Anne Grimshaw

(MSK), and Alison White (cardiac) will be delivering quality sessions on sonographer advancement, imaging using contrast, as well as exciting clinical updates.

The Future Directions Forum will take place on Day Two of the conference. It will reflect on the past 25 years in sonography advancement and discuss the future of our profession, including sonography reporting, MSK injections, professional registration and regulatory changes.

The call for papers for ASA2018 Sydney is now open until Thursday 8 February 2018. Below is an outline of the education program for our 25th Annual Conference. Keep an eye on the ASA website for more details to follow.



KEY DATES	
Conference dates	Friday–Sunday, 25–27 May 2018
Call for papers opens	Wednesday 15 November 2017
Call for papers closes	Thursday 8 February 2018
Early bird registration opens	Friday 1 December 2017
Early bird registration closes	Monday 2 April 2018

PROGRAM OUTLINE DAY ONE FRIDAY 25 MAY 2018							
8.30 AM REGISTRATION							
SESSION 1 OPENING PLENARY 10.00 AM–12.00 PM							
WELCOME TO COUNTRY AND GUEST SPEAKERS							
ORAL PRESENTATIONS				WORKSHOPS			
SESSION 2 1.00–2.30 PM							
OBSTETRICS	MSK	PAEDIATRICS	VASCULAR	BREAST	GYNAECOLOGY	ABDOMINAL	
			SMALL PARTS	VASCULAR	ABDOMINAL	GYNAECOLOGY	
SESSION 3 3.00–4.30 PM							
ABDOMINAL/VASCULAR	NON-CLINICAL (WH&S)	SMALL PARTS/MISCELLANEOUS	MSK	PAEDIATRICS	VASCULAR	OBSTETRICS	
			PAEDIATRICS	OBSTETRICS	BREAST	MSK	
ASA WELCOME RECEPTION 5.00–7.00 PM							

Abdominal/Chest Breast Cardiac MSK Non-clinical O&G Paediatrics Small parts Vascular

PROGRAM OUTLINE DAY TWO SATURDAY 26 MAY 2018							
7.30 AM REGISTRATION							
AWARDS OF EXCELLENCE BREAKFAST							
SESSION 4 9.00–10.30 AM							
ORAL PRESENTATIONS				WORKSHOPS			
VASCULAR	MSK	BREAST	CARDIAC	OBSTETRICS	SMALL PARTS	ABDOMINAL	TBA
				ABDOMINAL	OBSTETRICS	TBA	PAEDIATRICS
10.30–11.00 AM MORNING TEA							
SESSION 5 11.00 AM–1.00 PM							
OBSTETRICS	NON-CLINICAL (RESEARCH)	BREAST	CARDIAC	MSK	VASCULAR	MSK	PAEDIATRICS
				VASCULAR	TBA	MSK	GYNAECOLOGY
1.00–2.00 PM LUNCH							
SESSION 6 2.00–3.30 PM							
MSK	VASCULAR	GYNAECOLOGY	CARDIAC	OBSTETRICS	PAEDIATRICS	BREAST	ABDOMINAL
				BREAST	MSK	OBSTETRICS	MSK
3.30–4.00 PM AFTERNOON TEA							
SESSION 7 4.00–5.30 PM – FUTURE DIRECTIONS FORUM							
7.00 PM–12.00 AM ASA GALA DINNER + SONOGRAPHER OF THE YEAR 2018 PRESENTATION							

PROGRAM OUTLINE DAY THREE SUNDAY 27 MAY 2018							
8.00 AM REGISTRATION							
EDITORIAL BOARD MEETING							
SESSION 8 9.00–11.00 AM							
ORAL PRESENTATIONS				WORKSHOPS			
NON-CLINICAL (EDUCATION AND TRAINING)	OBSTETRICS	ABDOMINAL	CARDIAC	SMALL PARTS	MSK	ABDOMINAL	
			CARDIAC	OBSTETRICS	PAEDIATRICS	VASCULAR	
			CARDIAC	VASCULAR	GYNAECOLOGY	PAEDIATRICS	
11.00 AM–12.00 PM BRUNCH							
SESSION 9 12.00–1.30 PM							
MULTISTREAM	MSK	PAEDIATRICS	EXHIBITOR BUMP OUT				
CLOSING PLENARY 1.30–2.00 PM Scientific Quiz and Passport Prize draws, Award and Fellowship presentations, ASA2019 Brisbane launch							



Education Advisory Committee report

The Education Advisory Committee (EAC) supports the ASA's professional development programs. This includes program committees of the Annual Conference and the Special Interest Group Symposium (SIGS) on speakers and topics; assisting with the revision

of abstracts for the Annual Conference (which was a mammoth task this year); and reviewing the major event programs.

The EAC compiles the **asawebinar** and Travelling Workshop programs for the year – see below for the schedule of these events in 2018. The EAC also

Dr Jennifer Alphonse,
ASA Education Advisory Committee

reviews content of presentations to ensure compliance with CPD criteria and also matters of copyright and confidentiality. The EAC is supported by the dedicated ASA staff who provide the framework and support to put these processes into action.



asawebinars 2018 from the comfort of home

February	Ann Quinton	Righty or lefty? A hands-on approach to fetal heterotaxy
March	Leah Wright	Cardiac strain imaging
April	Leanne Lambourn	Paediatric MSK
June	Mark Stieler	Interventional MSK
July	Valeria Lanzarone	Deep infiltrating endometriosis
August	TBA	Elastography
September	Kate Guskich	Neurosonography
October	Luke Doonan	Podiatrist feet
November	Breast SIG members	Breast
December	James Maunder	Vascular

The EAC went through a structural change this year, expanding to include a representative from each of the Special Interest Groups, in addition to a Board representative and two independent members.

This has allowed each ultrasound stream a voice on the professional development of sonographers and has been a great success.

The EAC is currently working on developing worksheets and other

member resources, as well as a new instructional poster. These will be made available on the ASA website when completed.

*Programs are subject to change at any time without notice. For all the latest ASA CPD event details, please visit www.sonographers.org

Abdominal/Chest Breast Cardiac MSK Non-clinical O&G Paediatrics Small parts Vascular



travelling workshops series 2018 bringing quality education to you

TBA	Swan Hill, Vic	Jacqui Robinson	Vascular
14 April 2018	Goulburn, NSW	Daniel Walkley	MSK
28 April 2018	Gold Coast, Qld	Catherine Robinson	O&G
12 May 2018	Mount Gambier, SA	Jane Keating	Abdomen
9 June 2018	Darwin, NT	Greg Lammers	MSK
14 July 2018	Wellington, NZ	Cain Brockley	Paediatric
4 August 2018	Launceston, Tas	Tracey Taylor	O&G
TBA	TBA	Jacqui Robinson	Vascular
13 October 2018	Echuca, Vic	TBA	MSK
10 November 2018	Mackay, Qld	TBA	Vascular

asa 25th birthday



History of the ASA

The Australian Sonographers Association (ASA) was registered under Victorian law on 27 October 1992 as a not-for-profit incorporated association, following many months of planning by the Victorian Ultrasonographers Group and strong interest from interstate sonographers for their inclusion. The impetus for the Association was the desire of sonographers across Australia to form a body that exclusively represented their profession. The Association's early mission was 'Sonographers representing

sonographers' interests', and the founding president was Andrew Martin.

The early years of the ASA were driven exclusively by volunteers, with nominal paid administrative support. Without doubt, an early highlight was the first Annual Conference held in Sydney in June 1994. Also, in that year, the Association joined with the Australasian Society for Ultrasound in Medicine (ASUM) and the Australian Institute of Radiography (AIR), now the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT), as the key stakeholders to

form the Australasian Sonographer Accreditation Board. This is now known as the Australian Sonographer Accreditation Registry (ASAR). From 1994 to 2001, the Association was instrumental in encouraging voluntary sonographer accreditation through ASAR and seeking stakeholder support. This led to sonographer accreditation being recognised as a minimum standard in Medicare regulation from November 2001.

By 1997 the ASA had grown to around 600 members. At this point, **soundeffects** was transformed from a newsletter to

publication format. By 1999 a growing membership and diversity of activities necessitated the appointment of a full-time secretariat. This supported the ASA Council to achieve the goals set out in the first formal strategic plan developed earlier that year.

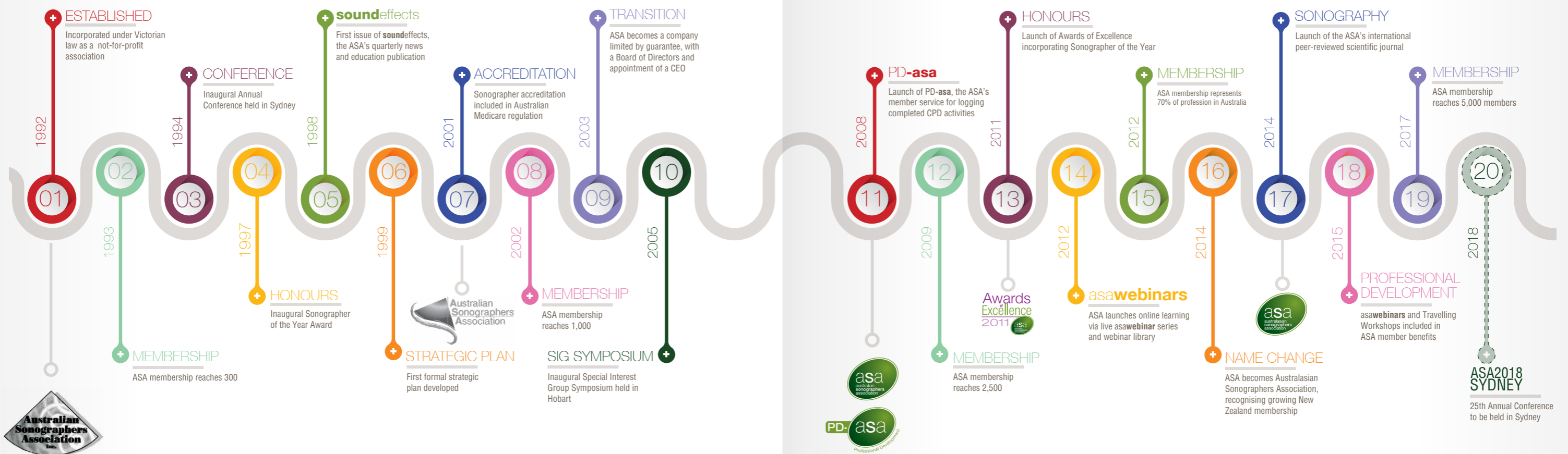
An external consultant was appointed to conduct an organisation-wide review of the ASA in 2003. The outcomes of this review set the pathway for significant governance and structural change. This included the transition to a company limited by guarantee, which necessitated

a change in the governing body from a Federal Council to a Board of Directors; constitutional review towards best practice governance; and the move to a formal office structure in 2004 to support the Association's anticipated growth. The Association's first CEO was appointed in November 2004.

In 2008 the current corporate branding was introduced. By then the ASA had grown to 2,200 members, providing a clear mandate for recognition as 'the peak body and leading voice for sonographers'. The *2008–2012 Strategic*

Plan set the scene for further growth and during this period membership grew rapidly to 70% of the profession in Australia. The *Code of Professional Conduct and Competency Standards for the Entry Level Sonographer* contributed to further regulation and the quality of sonographic services delivered across Australia.

In 2012 the ASA entered a new phase through the *2012–2015 Strategic Plan*. This placed an even stronger emphasis on activities that guided the advancement of the profession,



to ensure the community has access to quality sonographic services. In 2013 the ASA's growth continued, with membership nudging 4,000.

Initiatives rolled out during the 2012–2015 Strategic Plan included live **asawebinars** and an **asawebinar** library; the establishment of New Zealand branches; an online reference collection; the launch of our new peer reviewed journal, *Sonography*; and the new format *soundeffects news*. The major advocacy priorities were clinical training, self-regulation and advanced practice roles.

In 2014 the membership voted to change the Association's name to the Australasian Sonographers Association. This change recognised our increasing New Zealand membership, branches and volunteers. In July 2014 members voted to accept the new *Code of Conduct for Sonographers and Standards of Practice*.

In 2017 the ASA celebrates its 25th anniversary and in 2018 will hold its 25th Annual Conference in Sydney. The ASA also achieved a significant milestone in 2017, passing the 5000-member mark. The ASA continues to improve its operations in order to meet members' needs as the Association grows. Going forward, our *Strategic Intent 2015–2020* also sets a clear direction for our future and will ensure that the ASA leads the profession in delivering excellence in sonography for the community.

Reflections on the ASA by Linda Treweek

The first time I saw an ultrasound machine was in 1976 at a small village hospital in the South of England. It took up the whole room and no one but the radiologist was allowed to touch it. It was his new toy. However, as the cheeky Aussie in the department, I was permitted to quietly sit and watch the squiggly images this contraption produced. Right

there and then I knew that this was going to be an intriguing profession to be part of. I wasn't wrong!

On my return to Sydney, I landed a job at Royal Prince Alfred Hospital (RPA) in the newly established ultrasound department. I say 'department' but, really, we consisted of a bi stable machine in a disused office in King George V Hospital, with a similar beast behind a curtain in the X-ray dungeon across the road.

If I was to recall the most memorable moments of those earlier days it would be buying a piece of liver from the local butcher, placing a water-filled balloon underneath it and scanning over the liver with our one crystal transducer, thus mimicking a liver cyst which we promptly aspirated ... I also remember the excitement the day we realised we were looking at a real patient's bile duct! Woohoo!

Obstetric scanning was a challenge – one-centimetre increments building an image segment by segment over a pregnant belly with a mobile fetus: all in just black and white lines; no grayscale (50 shades or less!); painting olive oil onto the mum's body with a paintbrush. Why didn't I invent ultrasound gel?

We eventually took delivery of our first, small, real-time machine and the office/ultrasound room suddenly became the most popular place in the hospital, with everyone wanting to gawk at this marvellous, if very fuzzy, sight.

An Octoson machine was installed across the corridor. As well as pregnant bellies, all kinds of body parts were dangled in the water bath. All in the name of science!

At one of the first trade shows I went to we were shown some weird and wonderful images of something called Doppler ultrasound. Mmmm ... 'This will never take off', methinks. Duh.

I was so lucky to work in the same region as some of our profession's royalty. We soaked up everything Kaye Griffiths and her colleagues discovered. We learnt from each other. No official courses were available. Rumack* was the sonographer's bible. Google didn't exist.

The education resources that students and qualified sonographers have access to nowadays, through institutions and organisations like the ASA, are second to none. When the ASA was formed by sonographers, for sonographers, going to conferences suddenly became so much more beneficial. I know statistics, tables and pie charts are vital in publishing data and research, but the ASA provided practical scanning techniques that up until then had been sorely missing from scientific meetings. Now they were combined. The research material was presented hand in hand with useful tips to improve our day-to-day work. With sonographers at the helm, our profession has gone ahead in leaps and bounds.

What a wonderful career I chose to pursue 40 years ago: one that provides a challenging and rewarding experience each and every day. Thank goodness my Aussie twang got me in to see that new invention. Amazing really as I was actually born in that very hospital just down the corridor from that same dingy room.

* *Diagnostic Ultrasound*, Carol Rumack et al. (Mosby)

Reflections on the ASA by Lynne Johnson

I started training as a sonographer in 1990 and joined the ASA in 1992. I completed a Masters in Ultrasound in 2003.

During my career I have:

- presented at conferences, Special Interest Group Symposia, and state branch meetings

- written articles for **soundeffects** and *soundeffects news*
- participated in research
- been a member of the Board and was a foundation member of the Sonographer Advancement Working Party
- been awarded an Associate Fellowship of the ASA

and I am currently on the Victorian Branch Committee.

Apart from the obvious changes in technology (we had a static scanner in the department!), I believe sonographers now have more autonomy. However, with this there is the obvious flow-on effect of liability and potential for missing pathology in our endeavour to meet ever-increasing service demands. With the learning opportunities provided by various organisations, including ASA and peer support, sonographer knowledge and competency is at such a high level that we are more directly involved in clinical decision-making, and acknowledged as specialists in our field.

ASA has provided wonderful educational opportunities that have evolved over the years. To think that we have progressed from newsletters to webinars that can be enjoyed in the comfort of your own home! Teaching is a large portion of our profession and I feel privileged to have been able to impart some knowledge to students and peers.

Personally, I have achieved satisfaction from volunteering in my life. This has been multi-faceted but with regard to my career, it was hugely satisfying being on the ASA Board and being part of many decisions that have paved the way for our profession. Apart from this, I have had the opportunity to work with a number of extremely knowledgeable and motivated sonographers that left me in awe. I have also volunteered my ultrasound skills overseas, which was a humbling and thoroughly enjoyable experience.

In order to sustain our profession, we must continue to provide a high level of education and look into sustainable models of education for undergraduates. It has been a privilege to be involved in such a fabulous profession and a wonderful organisation in ASA. Best wishes for 25 years!

Reflections on the ASA by Val Gregory

It's with pleasure that I write my reflection of the ASA. I was a foundation member of the ASA, and remained an active member until 2012, when I retired after 44 years as a radiographer, including over 30 years as a sonographer. I am now a Retired Member of the ASA.

The ASA has always been the professional body that advocates for sonographers in Australia and now also New Zealand. When I started in ultrasound, 2D imaging was just being introduced, so I have seen huge changes in sonography.

I have had several roles in the ASA. I was a member of the first ASA NSW Committee in 1995/96 and was on that committee until my retirement. I had two periods on the federal governing body of the ASA, first as a member of the Federal Council and later as a Board member. I have also been on the program committee for several ASA annual conferences.

My biggest achievement in the ASA was my role as an advocate for the health and safety of sonographers. I first became aware of workplace injuries among sonographers in 1996. Researching on Medline (pre-internet) I realised that studies in the UK and USA reported that over 80% of the profession suffered injuries as a result of their work duties. In 1997, with the support of the ASA, I surveyed ASA members to assess the types and causes of injury in Australia. The results showed that a staggering 93% of sonographers had, or had

suffered, injuries as a result of their work. I published my first of many articles on this topic in 1998.

Around that time I co-authored the *Guidelines for reducing injuries to sonographers & sonologists*, a joint document by the ASA and the Australasian Society for Ultrasound in Medicine (ASUM). These guidelines, I believe, improved the working practices in our profession and have only recently been replaced by industry standards from the Society of Diagnostic Medical Sonography (SDMS).

I was a foundation member of the ASA OH&S Sub-Committee (now the Sonographer Health and Wellbeing Special Interest Group) and I was chair of this committee until 2012. This committee has published, and continues to publish, articles and posters on sonographer safety in the workplace. I have lectured extensively both in Australia and overseas on this topic.

In all the above, I have had the support and encouragement of the ASA, and I have immensely enjoyed my involvement with the ASA. Congratulations on your 25th anniversary.

Sonographer of the Year

Honour Roll

The ASA Awards of Excellence were introduced in 1997 to honour outstanding achievement in sonography. They celebrate our most exceptional sonographers and their contribution to the profession, and recognise the important role of sonographers in the healthcare sector. The awards are presented each year at the ASA's Annual Conference.

The prestigious *Sonographer of the Year – The Pru Pratten Memorial Award* recognises excellence and outstanding achievement in sonography. The Sonographer of the Year is selected from winners of the Awards of Excellence of that year.

ASA Sonographer of the Year – Past Recipients

2017 – Ilona Lavender and Michelle Pedretti	2007 – Robyn Tantau
2016 – Kerry Thoires	2006 – Jane Keating
2015 – Cain Brockley	2005 – Shaun O’Regan
2014 – Jessie Childs	2004 – Val Gregory
2013 – Ann Quinton	2003 – Pru Pratten
2012 – Vanessa Pincham	2002 – Stephen Bird
2011 – Susan Campbell Westerway	2001 – Jenny Parkes
2010 – Bonita Anderson	2000 – Marilyn Zelesco
2009 – Margaret Condon	1999 – Peter Coombs
2008 – Faye Temple	1998 – Roger Gent
	1997 – Margo Harkness

ASA Past Presidents

2015–2017 – Tony Forshaw
2014–2015 – Ann Quinton
2012–2014 – Cain Brockley
2009–2012 – Faye Temple
2006–2009 – Andrew Wilmot
2003–2006 – Robyn Tantau
2002–2003 – Cara Kirsten
2001–2002 – Rowan Lambert
2000–2001 – Greg Lammers
1998–2000 – Jenny Parkes
1996–1998 – Rob McGregor
1992–1996 – Andrew Martin

ASA Sonographer of the Year Award – Pru Pratten Memorial Award

The ASA’s most prestigious award is named after South Australian sonographer Pru Pratten, acknowledging the outstanding contributions she made to the sonography profession. Pru qualified as a radiographer and sonographer before migrating to Australia from the United Kingdom in 1977. After acquiring her DMU in 1979, Pru became an active member of her profession.

Pru was a skilled sonographer, presenter and educator, renowned for her commitment to advancing sonography through teaching and research. She had a particular interest in the area of musculoskeletal sonography and shared her passion with many students and colleagues. She also organised numerous education meetings at the state and national level.



Pru Patten passed away in 2002. In 2003, the ASA renamed the Sonographer of the Year Award in her honour and Pru was posthumously named as the award winner that year.

ASA Volunteer of the Year Award – Sue Caitcheon Memorial Award

Early this year, the ASA was saddened by the loss of active ACT Branch member and volunteer Sue Caitcheon. In honour of the significant work Sue carried out as an ASA volunteer and ACT Branch member, the ASA has decided to rename the ASA Volunteer of the Year Award as the Sue Caitcheon Memorial Award.

Sue originally trained in Sydney, before moving to Canberra where she was a committed educator and active member of the ACT sonography community. Sue was a lifelong learner, driven to educate both herself and Canberra’s sonographers.

Sue made significant contributions to the ASA as co-convenor of ASA2006 Canberra, and co-founder and Chair of the ASA’s ACT Branch. Sue was recognised for her efforts with the ASA’s Sonographer of the Year Award (ACT) in 2011 and a Certificate of Outstanding Service in 2014.

The inaugural Sue Caitcheon Memorial Award will be presented to the 2018 ASA Volunteer of the Year Award winner at ASA2018 Sydney.



In the health and education corridor of the city of Adelaide, the 2017 Special Interest Group Symposium (SIGS) was held and it was the perfect place. Musculoskeletal (MSK), vascular and, for a day, paediatric sonographers shared their knowledge with enthusiasm and passion.

The delegates drank in the atmosphere and scurried from room to room. Some workshops were run simultaneously but duplicated so that delegates could hear both presenters in their specialty. This worked well and will hopefully be a feature of future SIG symposiums.

The paediatrics stream on Saturday was well attended and well received. The presentation on *Pitfalls, errors and artifacts* was relevant to all sonographers and a reminder of the ‘tricks’ ultrasound physics can play on our images. The images of gut pathology and renal anomalies were incredible. Many of the delegates were blown away with the detail demonstrated by the two expert sonographer presenters. Thank you to both Roger Gent and

Lino Piotto for generously sharing their knowledge and time.

The synergy of knowledge between sonographers and other health professionals was on show in one of the MSK sessions, where a surgeon and physiotherapist joined a sonographer to give the overall picture of patient care. Daniel Walkley, Mr Gavin Nimon and Marc Elliot talked about the upper limb biceps musculotendinous apparatus, including anatomy; pathology; normal and abnormal ultrasound appearances; and surgical and physiotherapy management. This was an innovative and exciting way to learn and the overall feedback was very positive.

The collaboration between surgeon and sonographer was again a highlight during a vascular session on Saturday. Mr Peter Subramaniam described his approach to endovascular surgery, where sonographer and doctor work as a surgical team in theatre. Richard Allen spoke on innovative endovascular

applications of intravenous contrast in the treatment of arterial stenosis and occlusions.

It is impossible to mention all the presenters at SIGS2017 Adelaide. However, the ASA would like to thank each and every presenter for their knowledge and engagement. The Board would also like to thank the Adelaide SIGS program committee for putting together such an inspired and versatile program and the ASA staff members involved for their effort and enthusiasm. We also thank all the delegates who attended, and have no doubt that every sonographer took something away from the symposium that they’re now applying in their own practice to the benefit of their patients.

ASA Board of Directors

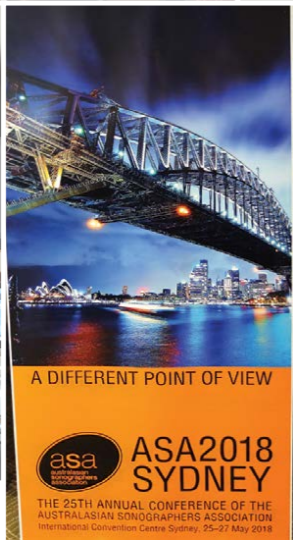
SIGS2017 Program Committee

Daniel Walkley	Sandhya Maranna
Sue Farnan	Jessie Childs
Lino Piotto	Tony Parmiter
Joanne Johnson	



THE 13TH ANNUAL SPECIAL INTEREST GROUP SYMPOSIUM OF THE AUSTRALASIAN SONOGRAPHERS ASSOCIATION 16–17 September 2017, Mercure Grosvenor Hotel, Adelaide

asa SIGS2017 ADELAIDE



PD-asa report



End-of-triennium information for sonographers

Continuing professional development (CPD) is important for all sonographers, and must be undertaken by all practitioners to maintain accreditation with the Australian Sonographer Accreditation Registry (ASAR) or registration with the New Zealand Medical Radiation Technologists Board (MRTB). The ASA provides a variety of educational opportunities to assist sonographers maintain their CPD requirements.

The ASAR and MRTB set the required number of CPD points/hours for sonographers in each triennium period. All CPD activities claimed must fall within the start and end triennium date; CPD accruals cannot be carried over to the next triennium. At the end of each triennium, audits are an integral part of determining sonographers' compliance with CPD requirements.

Australian Sonographer Accreditation Registry (ASAR)

Approved CPD activities are outlined in the ASAR CPD activities framework. With four ASAR activity codes and a range of

activities available, CPD requirements can be comfortably achieved by the end of a triennium. The CPD codes include:

1. Attendance
2. Publishing/presenting
3. Educational
4. Other

The ASA recommends that sonographers complete CPD activities in each year of their triennium, so that they are not under undue pressure in the final year of the triennium.

Throughout the year, the PD-asa Program Coordinator works with members who have selected the ASA CPD program, to ensure each individual's activities are recorded accurately. At the end of the year, the Program Coordinator also works with PD-asa participants who are randomly selected for audit on behalf of the ASAR.

If you are selected for audit, you will be advised within 20 working days of the end of the year via email and post. Sonographers being audited are required to provide evidence of their non-ASA CPD activities logged within a triennium. The ASA will verify any ASA CPD activities logged in participants' records. The PD-asa Program Coordinator will then advise the ASAR of participants' CPD accruals and audit outcome. The ASA will also advise auditees in writing of their audit outcome.

Medical Radiation Technologists Board (MRTB)

The MRTB has fixed sonographers' trienniums to align with the annual practising certificate renewal date of 31 March. The next trienniums are:

1. 1 April 2017 to 31 March 2020
2. 1 April 2020 to 31 March 2023
3. 1 April 2023 to 31 March 2026

The MRTB has a two-tiered CPD framework:

- Substantive CPD activities – at least 35 hours. Substantive CPD activities have significant intellectual or practical content primarily directed to your scope of practice (or expansion of practice).
- General CPD activities – up to 25 hours. General CPD activities are those activities that relate to learning in the healthcare environment.

Sonographers must complete a minimum of 10 hours of CPD activities in each year of their triennium. In addition, reflection is a mandatory component of CPD, where practitioners analyse experiences so as to learn from them and record that learning.

The MRTB undertakes annual audits to monitor practitioners' compliance with recertification requirements. The MRTB aims to audit 20% of its registrants each year. If practitioners are selected for audit, they will receive a written notification, including requirements for CPD documentation and an audit declaration form. Following the audit, the MRTB will advise registrants in writing of their audit outcome.

Should you have further questions with regard to your CPD, contact PD-asa Program Coordinator at cpd@sonographers.org

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Q: Are you up to date with recent CPD changes?

A: Visit the PD-asa page on the ASA website www.sonographers.org to stay up to date with changes and alerts. If you're not a PD-asa member, there's never been a better time to sign up to PD-asa and enjoy the benefit of a practical solution to planning and managing your CPD.



Ian Schroen

Short bio

As a radiographer and then a sonographer during the mid-1990s, I moved into vascular ultrasound and completed a Diploma of Medical Ultrasound (DMU) in vascular sonography in 1996. After a number of years in various roles in an ultrasound equipment company, including senior management, I gained unique skills and experience uncommon for a sonographer.

Returning to clinical ultrasound in 2012, I completed the Master of Medical Ultrasound at Monash University, while employed and supported at Monash Health gaining skills in all aspects of ultrasound. My Master's project won the ASA Student Award for Monash University (2015) and research presentation award at the 2016 ASA Annual Conference.

Engaged in clinical imaging, research and teaching, I am interested in all aspects of ultrasound. I am particularly passionate about vascular ultrasound and patient communication.

During 2017, I have been an active member of the ASA Sonographer Advancement Working Party (SAWP), providing review on policy and strategy. I was elected as an ASA Director in the 2017 ASA Board election.

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

I have had a long relationship with the ASA, both as a sonographer and while working for an ultrasound manufacturer. During these years, I have seen the investment of personal time, energy and knowledge by a great number of volunteers. These volunteers support not only the professional development activities of the ASA, but also numerous committees for advocacy, research, finances and the Board of Directors. It

feels great to invest in our organisation and follow the example set by others.

What does your current job involve?

I work full time as a sonographer throughout the bayside region of Melbourne for MIA Victoria, part of I-MED. I perform a wide range of clinical ultrasound examinations, largely within private radiology, as well as public hospital departments. Amongst its many centres, MIA Victoria operates musculoskeletal and breast imaging centres of excellence, in which I am fortunate to work. Additionally, I participate in clinical training, specifically in vascular ultrasound.

What aspect of sonography has been most rewarding?

As a sonographer, I gain great satisfaction from patient interactions. This is another area of ultrasound where I am always learning, and I believe sonographers are in a privileged position. In a very short window of time we are able to question and learn about a patient's injury or condition. This time gives us an opportunity to not just add clinical information for the examination, but also provide empathy and understanding on the patient condition.

Have you done other volunteer work?

I have been involved in a variety of volunteer opportunities with sports clubs, local schools and our church. However, joining the ASA Board of Directors has been my biggest volunteer commitment.

What do you enjoy doing outside work?

I enjoy time outside work with a young family that is busy throughout the weekend with sport, visits to parks and beaches, and walking the family dog. Outside of this, I love cooking and trying to keep fit by running. I also enjoy gardening and photography.



Who do you have respect for and why?

I have seen Tim Costello speak on a number of occasions and greatly respect his humility, compassion for others, and commitment to his cause. As the chief advocate of World Vision Australia, and an anti-gambling campaigner, he stands out with quiet determination for positive change and social justice within Australia and around the world.

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

For a night of great laughter: Sam Pang, Celia Pacquola and Lawrence Mooney.

What is the last meal you cooked?

Slow-cooked, red wine, beef ragu with gnocchi and béchamel sauce – a different play on lasagne for the family.

Favourite place you have travelled to?

Last year we were lucky enough to visit Italy and I loved the hill town areas across Umbria and into Tuscany. Being nestled in a hill town in late summer with a vista across Assisi and Perugia was an absolute treasure.

What talent do you wish you had?

I would love to be able to speak other languages. Some days I have trouble just with English but it's a great mental strength to develop this skill.

Do you have any musical talent?

My loved and cherished talent is musical appreciation. I revel in the ability and skill musicians have been given and have developed throughout hard work and practice. Outside this, I am relatively talent-poor.



Partners for Better Health in

2018



Sonographer burnout. A very real problem of modern clinical practice

Media coverage of late has focused on the stresses that medical practitioners find themselves under, and how they cope with this on a day-to-day level. While they may appear to be coping well on the outside, inside many are in turmoil [1].

It is heartening to read more articles being published in Australia and New Zealand on the subject of anxiety and burnout in health professionals, particularly the medical imaging profession. One reason that more data has not been published on this topic in sonography may be that once a sonographer suffers burnout, they are often lost to the profession and therefore lost to communication and follow-up.

What do we mean by the term 'burnout' and what should we be looking for in ourselves and in our colleagues?

Burnout has been defined as how an individual reacts to *unrelieved* stress, and has three distinct levels: exhaustion, cynicism and inefficiency [2]. 'It is a psychological debilitating condition that depletes energy, increases emotional exhaustion, lowers resistance to illness, increases depersonalization of interpersonal relationships, increases dissatisfaction and pessimism, and increases absenteeism and work inefficiency' [3].

Julie Daugherty's 2002 study of sonographers from Tennessee indicates that 'sonographers and vascular technologists experience moderate levels of all three sequential stages of burnout' [3]. The factors of unrelieved

stress described in the paper, including challenges to complete the required workload, are contributors to burnout in any field, but particularly sonography. The strongest association with chronic stress for sonographers was brought about by the expectation to complete an increasing number of scans per week.

A more recent study, and closer to home, published results of a 2010 survey distributed to radiographers, sonographers and radiologists in Australia and New Zealand through their professional associations [4]. At the time of the survey, 5196 radiographers, 3974 sonographers and 1618 radiologists were members of the then Australian Institute of Radiography, Australian Sonographers Association and Royal Australian and New Zealand College of Radiologists respectively. A total of 613 radiographers, 121 sonographers and 35 radiologists participated in the survey, giving a response rate of 12%, 3% and 2% respectively.

The 'Maslach Burnout Inventory' (MBI) was used to measure burnout levels for each profession. Radiographers, sonographers and radiologists all had a high mean burnout score for emotional exhaustion and depersonalisation compared to normal MBI levels. Radiographers also had low personal achievement compared to MBI norms.

Key survey findings:

- Radiographers and sonographers who were male, worked > 10 hours overtime and spent < 10% of their time training

Bernie Mason, ASA Sonographer Health and Wellbeing Special Interest Group

students per week had significantly higher depersonalisation scores.

- Sonographers working > 10 hours overtime per week had significantly higher emotional exhaustion than sonographers working 6–10 hours and 0–5 hours overtime per week.
- Sonographers working > 10 hours overtime per week also had significantly higher depersonalisation scores than sonographers working 6–10 hours and 0–5 hours overtime per week.
- Sonographers who were male and involved in < 10% of training per week had significantly higher depersonalisation scores than those who were female and involved in > 10% training per week.

Based on the survey findings, the study concluded that 'a high number of radiographers are experiencing occupational burnout for all three stages of burnout, while the majority of sonographers and radiologists are experiencing high levels of emotional exhaustion and depersonalization in Australia and New Zealand. Hours worked overtime is one of the key contributors to occupational burnout among radiographers and sonographers' [4].

Sonography is a strenuous occupation, both physically and mentally. 'The ongoing technological advancements, the pressure to complete patient lists and the ongoing need to stay abreast of technology and research places high demands on these professional groups. Sonographers are also prone

Sonographer burnout. A very real problem of modern clinical practice

feature article

to musculo-skeletal disorders over time which may contribute to dissatisfaction and disengagement with their work, further contributing to the onset of occupational burnout' [4]. Keeping pace with the changes, upgrading of skills and the degree of interactive technology employed at most clinical sites today can be challenging for sonographers who have worked in the field for many years.

The shortage of qualified sonographers is being partially addressed by education providers, but the shortage of clinical site supervisors and mentors is adding to an already overburdened profession. Many supervisors of student sonographers complain of the time constraints placed upon them. They are expected to teach, mentor and check all work of the students while servicing a long list of their own work throughout their day.

A significant part of the problem may purely lie at the feet of the beast. We are a caring, nurturing profession that puts the needs of others before our own. We listen to our patients' problems and concerns because we want to help provide an answer to their medical problems. But do we share our own problems and stresses? And who listens to our concerns?

The Sonographer Health & Wellbeing Committee concurs that 'further research is needed to examine ways to alleviate burnout in these professions so that loss of experienced staff due to burnout can be minimized and quality of patient care can be maintained' [4].

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If you feel that you need to talk to someone about any of the issues discussed in this article, please contact:

Mental health helplines | healthdirect
www.healthdirect.gov.au/mental-health-helplines

Mental health support | beyondblue.org.au
www.beyondblue.org.au/mentalhealth



ruralandremote sonographer scholarships 2018



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Anna Graves and Dr Kerry Thoirs, ASA Research Special Interest Group

Introduction

For many sonographers, progressing past the title of a research paper may be an effort. For some, an instant reaction to the topic of research is that this 'is not for me', or that research is 'best left to professionals pursuing a more academic career'.

Both of these statements can easily be argued against. Active participation by sonographers in research projects, contribution to more formal research activity, and application of research in clinical discussions will all help the profession gain traction and contribute to greater professional recognition.

Research does not have to be a single-person task; many different forms of research exist. A sonographer might undertake a research project clinically, academically, singularly or as part of a larger group. Alternatively, they might refer to published research to seek answers to questions about current or proposed clinical practice or simply to keep abreast of current knowledge.

The exploration or research of existing literature, and the synthesis of that with clinical experience and the needs of the patient, is referred to as evidence-based practice (EBP). All sonographers should apply EBP; it is recognised by our profession as an entry level competency in the *ASA Competency Standards for the Entry Level Sonographer* [1]. Three elements of EBP are outlined in Unit 3 of the Competency Standards:

1. Identify and retrieve information
2. Review, interpret and synthesise information
3. Engage in research.

Review, interpret and synthesise information

In this article, we focus on the second of the above elements; that is, to review, interpret and synthesise information. We propose that you can use five simple questions to help you review, interpret and synthesise a published study for its contribution to the sonography knowledge base and its applicability to sonographic practice. Regular engagement in this process will keep you fit in critical thinking and help build evidence for what works and what doesn't work in the sonography profession to provide optimal patient-centred care.

Question 1: What existing knowledge does the article refer to?

Research articles will often provide information about the existing knowledge base, as an introduction to the problem they are addressing with their research, and as justification for undertaking the research. This information, while not new, is useful as new learnings for novice sonographers or revision content for more experienced sonographers.

Question 2: How is this existing knowledge relevant to sonographic practice?

This question allows us to reflect on what is known and how this knowledge can be applied to our practice. Even though the information is not new, it is worth revisiting in the context of changes to contemporary practice which may have been influenced by new technologies or new knowledge in related areas of practice.

Question 3: What are the results of the study?

It is important to understand what the

results are before making a judgement about Questions 4 and 5.

Question 4: How will the results inform/impact on your clinical practice or change to a protocol?

Answering this question will exercise your critical thinking skills to make a judgement about how the results could be applied to your clinical practice. Research articles will usually discuss how the existing knowledge intersects with the study results.

Question 5: Can you rely on the findings and are they applicable to my practice?

Answering this question will exercise your critical thinking skills to make a judgement if you should be applying the results of the study to your clinical practice.

Example paper

We have used an example paper to illustrate how the above five questions can assist in understanding research and research results, and how findings fit into clinical practice.

Paper: *Ultrasound Evaluation of the Normal Ulnar Nerve in Guyon's Tunnel: Cross-sectional Area and Anthropometric Measurements*

Source: *Journal of Medical Ultrasound*
<http://dx.doi.org/10.1016/j.jmu.2015.09.002>

Authors: Kenneth E Reckelhoff, Jinpu Li, Martha A Kaeser, Daniel W Haun, Norman W Kettner

Date first published online: 29 Oct 2015
Setting: Logan University, Chesterfield, MO, USA

Study description

The aim of this paper was to obtain measurements of the ulnar nerve (UN) cross sectional area (CSA) using ultrasound within Guyon's Tunnel to:

1. establish normal values
2. identify any link between this measurement and the anthropometric measurements of the hand and wrist.

Asymptomatic volunteers were recruited from a university campus aged from 18 to 65, with a sample of 41 dominant and 42 non-dominant wrists (46 volunteers).

The exclusion criteria centred around previous or existing wrist injury or surgery, but also included specific health conditions that could be linked to nerve pathologies e.g. rheumatoid arthritis, hypothyroidism and demyelinating disease.

Anthropometric measurements of the hand and wrist were made by an examiner blinded to the sonographic CSA measurements of the UN.

A chiropractic radiologist with three years' musculoskeletal experience conducted the sonographic CSA measurements using a linear transducer with a frequency range of L8-18i. A clear measurement protocol was described to enable repeatable measurement, covering:

- wrist position (supinated)
- the use of bony landmarks in identifying the nerve position
- use of ellipsoid measurement or the trace tool for the UN CSA measurement depending on nerve shape.

Applying the five questions

1. What existing knowledge does the article refer to?

- Prevalence – prevalence of UN entrapment at Guyon's canal is low. However, it may be more common in

certain groups, such as long-distance cyclists, due to prolonged compression of the wrist on handlebars.

- Anatomy – a brief anatomical description of the UN; its location within Guyon's tunnel; division of the nerve into sensory and motor branches, with use of corresponding anatomical identifying landmarks; relationships and branching patterns of motor and sensory components of the nerve.
- Topography – division of Guyon's canal into zones (1, 2, 3) to localise lesions.

2. How is this existing knowledge relevant to sonographic practice?

- It will be uncommon to see UN entrapment at the Guyon's canal.
- Expect to see the UN bifurcate in Guyon's canal.
- The ulnar artery and pisiform bone are landmarks that can help you locate the UN at the wrist.

3. What are the results of the study and are they applicable to my practice?

- The UN was identified in all volunteers in the study.
- The success rate in visualising and measuring the motor and sensory branches was less, at approximately 78%.
- Mean CSA of the UN in Guyon's tunnel was $6.0 \pm 2.0 \text{ mm}^2$ in men and $5.0 \pm 1.0 \text{ mm}^2$ in women.
- CSA of the motor branch of the UN was $2.0 \pm 1.0 \text{ mm}^2$ in men and $2.0 \pm 1.0 \text{ mm}^2$ in women.
- CSA of the sensory branch of the UN was $3.0 \pm 1.0 \text{ mm}^2$ in men and $3.0 \pm 1.0 \text{ mm}^2$ in women.

- Intraneural hyperaemia was not present in any volunteers.

- Inter-examiner and intra-examiner reliability of CSA measurement was very good (ICC 0.867, 0.911).

- There were significant differences between the male and female anthropometric measurements at the level of the pisiform bone ($p \text{ value} < 0.001$).
- There was no significant difference between dominant and non-dominant hands in both the UN CSA and the anthropometric measurements ($p > 0.05$).
- There was a significant correlation between nerve size and all anthropometric variables ($p < 0.01$).
- Age and nerve CSA were not significantly correlated ($r = 0.115$; $p = 0.304$); this was inconsistent with results of previous studies.

Normal measurements in this study were slightly different than reported in other studies.

4. How will the results inform/impact on your clinical practice or change a protocol?

- With current ultrasound imaging equipment, it should be possible to identify the UN at Guyon's canal, but it may not always be possible to identify its branches.
- UN CSA at the wrist may differ by gender, body size or hand size. Therefore, using CSA measurements as a reference measurement is flawed unless nomograms are developed for differences in gender or body size.
- Using a non-symptomatic contralateral nerve as baseline measurement or control parameter is supported by this study. This seems to hold more significance in the general population than an absolute mean CSA UN measurement to discriminate between normal and abnormal nerves.

5. Can you rely on the findings?

To make a call on the trustworthiness of the findings, you need to assess if there are any potential biases to the

study results. This study used a cross-sectional design. We used the four categories of potential bias in cross-sectional studies described by Hammer et al., [2] to assist our assessment of potential bias in this study.

Selection bias

Sample population was not selected using randomisation and had a bias towards young white males. This limits the ability to apply these results to a general population, especially one of mixed ethnicity.

Information bias

Information bias results from inexact recording of individual factors. In this study, the risk of information bias is low as standardised measurement protocols were described for the ultrasound and anthropometric measurements, and the

scans were performed by an experienced operator.

Measurement errors

Different ultrasound measurement techniques (ellipsoid function and trace tool) were used for different shaped nerves. This may have resulted in variability of measurements.

Confounders

A confounder is a factor that may be associated with the measurement of interest. This study has identified that gender and anthropometric factors are confounders to CSA measurements of the UN at Guyon's canal. Therefore, the reported mean normal values of CSA in this study may not be applicable to all individuals.

A word of caution: it would not be wise to change practice based on one study.

The literature should be investigated to see if other studies support the findings of this study. This will require the first EBP skill outlined in Unit 3 of the *ASA Competency Standards for the Entry Level Sonographer*: identify and retrieve information.

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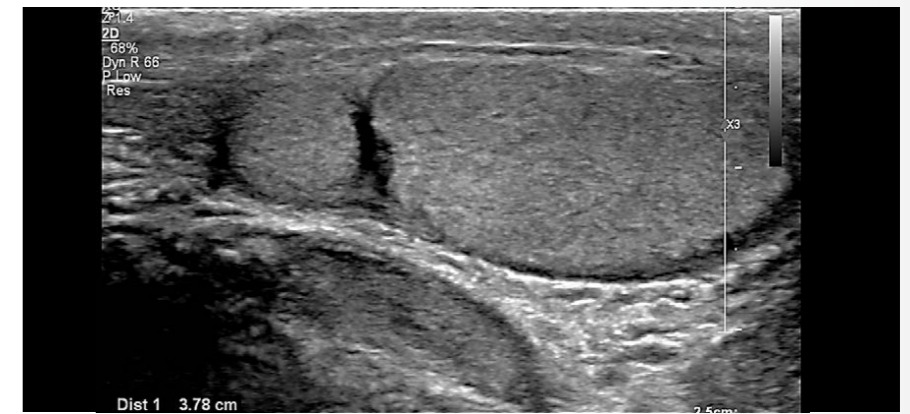
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2. Hammer GP, du Prel J-B, Blettner M. Avoiding bias in observational studies: Part 8 in a series of articles on evaluation of scientific publications. *Deutsches Ärzteblatt International*. 2009;106(41):664-8. doi:10.3238/arztebl.2009.0664

reader competition

This issue's case

An 18-year-old patient presented with concern about the size of his left testis. There was no history of trauma or evidence of a mass. Ultrasound demonstrated a rounded lesion superior to the left testis.

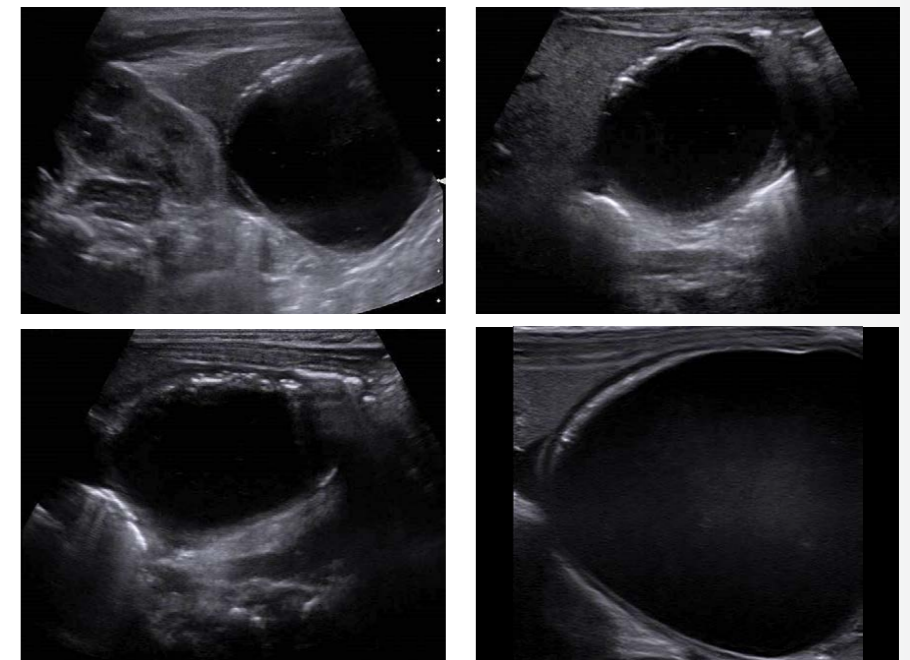
What is the likely diagnosis? Image supplied by Matthew Bondarenko



Last issue's cases

A palpable right lower quadrant mass was imaged. The abdominal scan demonstrated normal liver, spleen, pancreas, biliary tree and kidneys. The bladder was seen to be empty. The pathology demonstrated was a duplication cyst. The diagnostic features that enable identification of this pathology are that the cyst was attached to the bowel, and has an outer hypochoic wall and inner echogenic mucosa. Due to its location, if the patient is female, the sonographer should carefully check and identify the ovaries.

Suzana Drinic supplied correct answers to the reader competitions for June and September. Images supplied by Cain Brockley



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Transcranial colour coded duplex of the intracranial large arteries
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Solitary fibrous tumour – A rare find on ultrasound
Aggressive posterior retinopathy of prematurity

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Far North Queensland

The Far North Queensland (FNQ) Branch has luckily had some visiting presenters in Cairns providing some interesting meetings this year. Thank you, Chris Lewis and Val Gregory, for making the time for our branch. We have an open invitation out to anyone visiting our region that is interested in presenting.

On 11 May 2017 at Cairns Hospital, Chris Lewis (Advanced Sonographer, Clinical Educator Allied Health, Metro North, Queensland Health) presented *MSK* to 19 attendees.

Chris trained as a radiographer, qualifying in 1977. He was the Chief Sonographer and Deputy Director – Medical Imaging at Logan Hospital. In 2004 he received his Master in Applied Science (medical ultrasound) from QUT and received the ASA academic achievement award. In 2005 he moved to I-Med full time and has been chief sonographer since August 2008. He is currently on 9 months' sabbatical leave and is filling in as a coordinator for the rural and remote sonographer training program for Queensland Health.

Chris presented us with some common MSK injuries that may present to an emergency department using PowerPoint slides and some live-scanning demonstrations of techniques. The lower limb, upper limb and large muscle groups were covered during this informative meeting.

On 14 June 2017 at Cairns Hospital, Val Gregory and co-presenter Bronte Warner presented *OH&S in sonography – a discussion on how to work safely* to 18 attendees.

Val Gregory is a retired sonographer/radiographer after practising as a sonographer for over 30 years. She was an ASA Board member for over eight years, and co-authored the joint ASA/ASUM *Guidelines for reducing injuries to sonographers/sonologists** (published in 2001, revised in 2010). Val has authored many articles on this topic, and has lectured nationally and internationally on occupational health and safety in sonography. Val's passion is for us all to work safely.

Val's presentation provided detailed information on techniques and ideas to reduce muscular strain and injuries

soundbite

*Note, the ASA/ASUM guideline has been superseded by the SDMS *Industry standards for the prevention of work related musculoskeletal disorders in sonography*, as endorsed by the ASA Board. This document can be accessed via the ASA website under 'Resources/Guidelines'.

while at work. Val also fielded questions from attendees.

Physiotherapist Bronte Warner gave a demonstration of good posture techniques and fielded questions from attendees. He also assessed how sonographers may sit or stand with improved posture at a machine in the ultrasound room.

FNQ Branch Committee will be meeting to plan meetings in 2018, so if you have input, please contact us.

Kath Deed
FNQ Branch Committee

Gippsland, Victoria

In late May the Gippsland Branch hosted an *Interesting Cases* morning which was very well attended. All the presentations were informative and perchance most cases were of an obstetric and gynaecological nature. Highlights included talks on twin pregnancy amniotic banding; polyarteritis nodosa (PAN) vs testicular tumour; renal oncocytoma vs renal cell carcinoma; and current practice for ultrasound of perineal/anal tears and uterine prolapse. The best case of the day was awarded to first-time presenter, Beth, for her case, *Oh where oh where can my Mirena be?* Beth won a Philips Airfryer for her efforts. Thanks to Philips for donating this

fantastic prize. We have welcomed some new committee members to the branch and are looking forward to a bigger and brighter 2018.

Nerrida Robinson
Gippsland Branch Committee

Goulburn Valley, Victoria

In August we held a paediatric meeting in Shepparton. Melissa Murphy presented on the role of physiotherapy in and assessment of developmental dysplasia of the hip (DDH), and Glenda McLean presented the sonography of DDH. Ram Nataraja gave an informative talk on paediatric and antenatal surgical conditions, which was extremely interesting to hear. Keith VanHaltran talked about the paediatric abdomen, while Ilona Lavender spoke on the renal tract. Finally, Dr Priyanka Gahlot discussed the paediatric brain. Everyone took some important information away from this session, with a lot of discussion being had about changes to worksheets and protocols, which shows how beneficial these meetings are.

Kathleen Steigenberger
Goulburn Valley Branch Committee

Gold Coast, Queensland

It's been a busy year for the Gold Coast Branch. There were no branch meetings for the first part of the year due to Julie Cahill and Anna Galea being co-chair of the Program Committee for the ASA Annual Conference, which was held in Brisbane in June.

On 5 September, lovely Carolyn Sweet (GE applications specialist extraordinaire and part-time sonographer at Queensland Ultrasound For Women) gave an in-depth presentation on using 3D/4D images for pelvic diagnoses, with an emphasis on fibroids vs adenomyosis.

The evening was well attended and packed with information. All attendees walked away with a better understanding of diagnosing adenomyosis and using our 3D/4D images to help confirm this. A big thank you to Carolyn for all the time and effort she put into this comprehensive presentation. We also thank Medlands Orthodontics for the use of its beautiful conference room and Paradise Ultrasound for the supply of pizza for the evening.

Our next meeting was on Saturday morning, 4 November, with Professor Jon Hyett from Sydney to discuss: *Integrating NIPT into current policies/processes for aneuploidy screening and First trimester prediction and prevention of pre-eclampsia*.

Dr Samantha Leonard also presented *Recent advances in NIPT and the value of routine microdeletion testing*.

On Monday 13 November, Tracey Taylor presented *The difficult third trimester*. These meetings were held at Medlands Orthodontics conference room.

We are still looking for new committee members to help out with the Gold Coast Branch. This is not a difficult job, other than using your contacts to invite presenters for meetings, or presenting yourself. We would love to hear from anybody who would be interested.

Anna Galea
Gold Coast Branch Committee

Newcastle, New South Wales

On Saturday 24 June we held a multidisciplinary sonography and emergency ultrasound education meeting, with 45 attendees crammed into the imaging education room at John Hunter Hospital (JHH). Whiteley Diagnostic in Sydney kindly sponsored our morning tea. Thanks to Hunter New England (HNE) Health for allowing use of their conference room.

In her presentation on *Chest wall mass*, experienced sonographer Sonya Simpson encouraged us to use different transducers and techniques, as demonstrated in images of a low-grade large chondrosarcoma near the 4th rib (confirmed on CT).

Sonographer Natalie Grant explained that cholangitis and chronic liver disease can be associated with irritable bowel syndrome (IBS). In a case study, strictures of bile duct suggested a Klatskin tumour, which had few or no symptoms until years later, showing subtle thickening of the right hepatic duct on ultrasound.

Sonographer Zoe Ling showed, on a paediatric spine ultrasound, tethering of the cord (confirmed on CT) suggesting a lipomyelomeningocele. This is a closed neural tube defect that will cause neurological ischaemia of the cord as the baby grows.

Super sonographer Suzana Drinic's *Emergency ultrasound* presentation reminded us to own up when we feel out of our depth but doctors are waiting for a verbal result. A false positive will take longer for the patient to recover, with higher morbidity. Detailed ultrasound images were shown of a child with intussusception.

Sophie O'Brien focused on all sorts of MSK cases. One example showed a distal biceps tear where the muscle belly was sitting high up the patient's arm, with a large amount of retraction. This was unable to be repaired, though if it had been diagnosed earlier, it would have been treatable.

Noni Collins gave us a great insight into her workplace at Port Macquarie X-ray, where there is an amazing skylight in the CT room, and the women's ultrasound rooms are like a relaxing spa. Noni also volunteers her sonography expertise in helping to grade chlamydia at the Koala Hospital, where a newer ultrasound machine has been donated. Forty koalas at a time are treated over eight weeks.



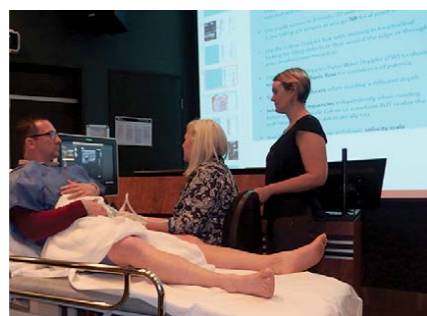
Jill Wilcock covered ultrasound imaging of carotid stents, significant stenosis and tortuous arteries. She reinforced using less than 60 degree angle correction; use of colour scale; setting up the flow direction in the common carotid first to help access vertebral arteries; a systematic approach; frequency changes; and imaging without harmonics to assess calcification and other types of plaques.

On Saturday 12 August, 39 attendees signed on for an informative vascular sonography education morning at JHH, generously sponsored by LifeHealthcare. Podiatry lecturer from Newcastle University, Dr Peta Tehan, presented *How accurate is the ABI, TBI and CW Doppler in detecting peripheral arterial disease?* with the help of vascular sonographer Richard Rounsley. This topic was very interesting and there was also discussion on neurological testing. Richard outlined the criteria for duplex ultrasound of leg arteries. Dr Tehan's paper was offered to attendees.

Experienced sonographer Rosemary Dodds shared her *Arterial dilemma and setting pitfalls* in a cardiovascular patient who had bilateral common carotid artery dissection which extended into the full length of the thoracic and abdominal aorta. Her wonderful ultrasound images showed how important the settings and angle of approach were to determine if both lumens of the dissection were patent. Rosie had to perform an extensive two-hour scan covering many areas, with the specialist doctor overseeing every image as she scanned. The pressure was on!

Richard kindly offered to be our model patient for live scanning of the leg veins to assess for DVT by vascular sonographer Jill Wilcock.

We appreciated Greg O'Connor's help from the HNE Imaging Department, and LifeHealthcare's vascular clinical



Live DVT leg ultrasound

product specialist Julie Bradbury, for their assistance with the Philips Epiq ultrasound machine and providing images on the big screen. Congrats to one of our committee, Warren Lewis, for his recent achievement of ASA Associate Fellowship with his ongoing contributions to vascular sonography education.

Thanks to all attendees, to our committee, and to staff at the ASA office.

We have an upcoming meeting on 17 February 2018 *MSK & live MSK sonography on the new Aplio i-Series*, sponsored by Toshiba Medical at JHH.

Sonya Simpson and Jill Wilcock
Newcastle Branch Committee

Western Australia

Sadly, over the past couple of months we have lost some of our valued members. After many years on the WA Branch committee, Troy Laffrey has headed to Singapore to pursue a sales role; Kiran Singh has headed back over east to be closer to family and friends; and Ivana Scaife has taken some leave to welcome a new member into her family. We thank everyone for all their hard work and effort over the years.

On 13 September the WA Branch held an event at Perth Radiological Clinic (PRC) called *Rheumatology – What is rheumatology? And what are the key points sonographers need to consider when performing such an examination?*



Sonya Simpson, Peta Tehan, Richard Rounsley, Rosemary Dodds and Warren Lewis

This topic was presented by Natalie Colley, a tutor sonographer from PRC, and Gail Crawford, a tutor sonographer at Integrated Ultrasound Consulting (IUC).

Both Natalie and Gail have been actively involved in assisting Perth-based rheumatologists attain their Certificate in Clinician Performed Ultrasound (CCPU) over the past four years. As a result, both have learnt a lot about rheumatology and 'what the rheumatologists want' in a diagnostic ultrasound. This presentation outlined the anatomy, and various pathologies, encompassed under the rheumatology umbrella. Specific case studies were shown and a key table of take-home messages was outlined. Registrants on the evening made comment on the interesting and pertinent topic.

We thank Natalie Colley and Gail Crawford (below) for their contribution. The event was kindly sponsored by Philips and we thank Stephen Cipriani for his support.

Gail Crawford
Western Australia Branch Committee



Natalie Colley (left) and Gail Crawford (right)

call for papers: Measurement

.....
We are now seeking papers on 'Measurement' for a special issue of the *Sonography* journal

In 2018, *Sonography* will be publishing a special issue on Measurement.

As medical imaging professionals, sonographers have an important role in the identification and management of health problems and disease. Ultrasound measurement values are critical in the management of patients, including ranges for normal values, clinical application of measurements, and reproducibility of measurements.

Articles could address (but should not be restricted to):

- original research articles to determine normal measurements in ultrasound
- reliability of measurements, including assessment of inter and intra-observer variability
- review articles on reference charts and selecting the appropriate chart for your measurement
- case reports where measurement was a crucial component
- protocol and worksheet development where measurement is involved
- the impact of new technology on measurements (e.g. imaging software, artificial intelligence, automated border detection techniques, contrast)

This special issue will become a reference for all sonographers. Don't miss the opportunity to publish your research and experiences in an edition focused on this important subject.

Papers should be submitted by June 2018.

Submissions should be made following the author guidelines and submitted via the ScholarOne online manuscript submission system. Any queries can be made directly to the Editor-in-Chief at editor@sonographers.org

The ASA publishes the *Sonography* journal as part of our commitment to ensure research is undertaken to provide an evidence base that supports the development of the profession. It is an international peer reviewed journal that publishes articles on all aspects of sonography and medical ultrasound from authors around the world.

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