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the magazine of the australasian sonographers association

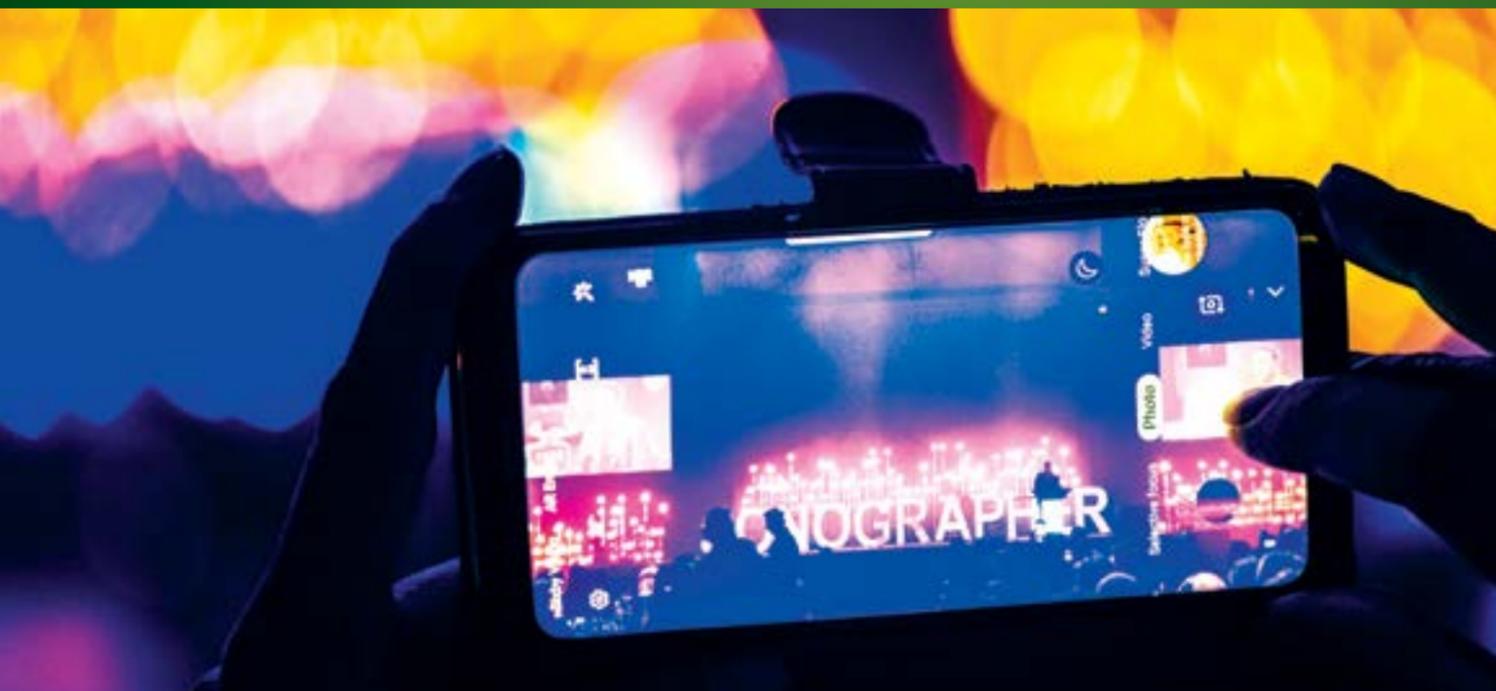
soundeffects news

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“THE MEANING OF LIFE IS TO FIND YOUR GIFT.
THE PURPOSE OF LIFE IS TO GIVE IT AWAY.”

• WILLIAM SHAKESPEARE •



A heartfelt thank you to you
from the ASA for your
contribution to the ASA and the
sonography community in 2019


Ian Schroen
ASA President


Jodie Long
ASA CEO

ASA VOLUNTEERS 2019

from the editor

Welcome to the December issue of your member magazine.

In this issue, we provide an update on the pathway towards sonographer regulation and share a compilation of FAQs relating to the ASA's work in advocating for regulation.

Our centrefold pictorial is a wrap up of SIGS2019 Canberra, including celebrations for Australasian Sonographers Day and the successful launch of the Sonographer Awareness Campaign.

With the ASA events team now focused on ASA2020 Melbourne, we encourage you to consider submitting an abstract or ePoster for presentation. Our article *Submitting an abstract for ASA2020* provides an insight and helpful tips on how to approach presenting.

In our *person profile* the spotlight is on the 2019 Pru Pratten Memorial Lifetime Achievement Award recipient, Louise Worley. Louise shares with readers her commitment to volunteering and her passion for sonography.

Our *branch reports* for this issue are from your colleagues in regional

areas. With International Volunteers Day celebrated on 5 December, it is timely to say a big thank you to all our branches and members who continuously support the ASA, through 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 'designing a scanning space' and *research matters* explores 'Almetrics – how do we measure communication and consumption of research in the digital age?'

As the ASA moves further into the digital space for communications, you will see some changes in 2020 in how we deliver information to members. This will include *soundeffects news* move to a twice yearly publication in March and September.

SEASONS'
Greetings

As always, we would love to hear from you and we're always interested in the journeys or pathways that sonography takes our members.

Happy reading and Merry Christmas!

Carol De La Haye
editor@sonographers.org



The ASA Board and staff would like to wish all members a very happy Christmas and prosperous New Year. The ASA office will be closed during the festive season from 12.00 pm Tuesday 24 December 2019 until 8.00 am Thursday 2 January 2020.



the magazine of the australasian sonographers association
soundeffects
news

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

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president's message



Welcome to Issue 4 of *soundeffects news* for 2019 and my last message as your president.

As I reflect back from February 2017, when I stepped into the role as ASA President, so much has changed for the ASA: change for the better.

The annual conference began its rotation up and down the east coast of Australia with SIG symposium travelling to Adelaide, Perth and Canberra. ASA2017 Brisbane was both an educational and financial success for ASA members. In the 25th Anniversary Year of the ASA, and with over 1500 delegates, ASA2018 Sydney was the biggest sonographer-only based conference ever held in Australia. In 2019, the conference returned to Brisbane and was again a very successful and memorable event; I don't think I will ever forget seeing 'SONOGRAPHER' in lights on stage at the gala dinner.

It has been my privilege to help shape the Awards of Excellence so as to better represent the outstanding sonographers in our membership. The Volunteer of the Year was renamed the Sue Caitcheon Memorial in recognition of Sue's continuous and unwavering passion as a volunteer for the ASA over many years. The Pru Pratten Memorial also underwent a transformation celebrating the lifetime achievements of very special ASA sonographer members.

Advocating for sonographer regulation and workforce shortage remains the strategic goals of the ASA. The ASA CEO Jodie Long and the Policy and Advocacy Advisor James Brooks-Dowsett, assisted by the Sonographer Regulation Working

Party, have built relationships between the ASA, leading politicians, chief allied health officers and key external stakeholders to promote sonographer regulation. The ASA now has some very influential allies and these important decision-makers now know who a sonographer is and what sonographers want: regulation and processes to support sonographer training positions to assist with the sonographer workforce shortage.

The Sonographer Awareness Campaign launched on Australasian Sonographers Day and #proudtobeasonographer #supportingsonographers campaign on social media have brought exciting times to the ASA. These are bold and innovative moves to put sonographers into the public sphere; do your part and remember to tell your patients 'I am your sonographer'.

In 2017, ASA membership soared through the 5,000s and by 2019 membership passed 6,000. The ASA represents more than 75% of sonographers across Australia and New Zealand and continues to put the members at the forefront of key decisions.

It has been my privilege to work closely with the incredibly dedicated and knowledgeable ASA Directors. Past and present directors have made strategic and financial decisions with the ASA members in the front of mind. They have supported me as president and I thank them for their counsel, generosity and honesty.

The ASA staff work as a team towards fulfilling the strategic goals set by the

Board and always with the ASA members as their priority. They are a highly skilled and dedicated group of people and I personally thank them for their support while we continue as a team to guide the ASA into the next phase.

Thank you all for your support since I joined the ASA Board of Directors in 2015 and as ASA President since February 2017. The ASA is a strong and strategic association with its members' interests at the core of all decisions. As I step down and hand over to Ian Schroen, I will remain on the Board and fulfil the role as vice-president to support Ian and continue to work to keep the ASA as 'the peak body and leading voice for all sonographers'.

Jennifer Alphonse
ASA President

As the year comes to a close, I want to reflect on some amazing achievements that have occurred throughout the year for the sonography profession and the ASA.

As sonographers, you should all be extremely proud of the important roles that you have, and you should be recognised for this and that you are the experts in ultrasound. This year we have focused on shining a light on sonographers starting with the 'say you're a sonographer' drive and the word 'sonographer' being up in lights at the conference. The social media reach from this signage alone was outstanding with over 16,000 people reached just from the ASA posts.

Recently we ran our four-week widescale social media sonographer awareness campaign with the help of a creative agency. The ten adverts that highlighted the important role of sonographers, as well as that you are experts in ultrasound that were posted on the public's Facebook, YouTube and Instagram feeds have reached over a million people. In 2020 we will continue to implement these types of campaigns.

During the last year the ASA Policy Advisor and myself have spent considerable time meeting and speaking with politicians and key stakeholders across Australasia to try and address the sonographer workforce shortage and to push for sonographers to be regulated under AHPRA in Australia. In this edition there is a section on what regulation means and the impact to you that

I would encourage you to read. In 2020 we will continue to advocate on your behalf to influence governments to get them to commit to implementing changes to address these important issues.

Increased access to ongoing professional development opportunities is something the ASA is continually looking to provide. This year we provided 25 Travelling Workshops and will continue to look to support our rural communities with these as well as having 'day' workshops in city locations. Our online professional development has increased this year with more webinars, the introduction of videos, as well as conference recordings of international keynotes. Professional development opportunities, however, cannot happen without the dedication of our volunteers, and to all the presenters, as well as our team of dedicated committee members, a very big thank you and I hope you have all received your thank you card. Volunteering is extremely rewarding, and I look forward to hopefully seeing many new volunteer faces in 2020.

ASA2020 Melbourne early bird registration has opened, and we have another outstanding program being created for you by our dedicated Program Committee. This will be the 5th ASA Conference in a row that we have not increased prices. The conference next year will be held 29-31 May, so make sure you block these days out in your diary. Next year we will have, for the first time, cardiac across the three days, more workshops than ever before and a good mix of current healthcare topics across the days.



I encourage as many of you as possible to submit an abstract for either a presentation or as an ePoster. It's not scary, and in fact for those who present case studies, which I know many of you do throughout the year either at ASA branch meetings or at work, you have actually already done most of the hard work. There will be a rural and remote abstract category for members who live 150 km or more from their nearest capital city and are interested in submitting an abstract and presenting at the conference on the challenges and unique situations faced by sonographers in remote areas in the delivery of services. For successful applicants, the ASA will offer three full registrations to the conference.

I am excited to see what the ASA and the profession can achieve in 2020 as sonographers continue to be recognised and respected for the skills and expertise that they have.

Wishing you all a safe and happy festive season, as well as a wonderful 2020.

Jodie Long
CEO@sonographers.org

Dear Ed,

Thought this may be of interest to readers who are thinking of being a locum.

Some of the benefits are travel, higher pay, freedom and adventure. Well, yes, but read on to get the whole picture.

Being a locum is like starting a new job each placement ... new people, new protocols, new equipment. I recommend you have a few years under your belt before you have a go – not many, but a few.

Next thing is to acknowledge that, just like any new job, the first day will be a bit confusing and hard, the second day will be easier, and so on. In the second week, you'll wonder what the fuss was about.

Also, remember, you will always be welcome because you are there to help, to relieve a workload either due to annual leave or because of staff shortage. And you will be cut some slack, so 'Keep calm and scan on'.

The greatest value I get from doing locum work is that it gives me a professional tune-up: it's CPD in a box. You will always learn something new and you will gain confidence in the process.

The life of a locum is not all beer and skittles. If you are single, no mortgage, want to travel, then there is no downside. If you have a family at home, it can be a bit on the lonely side, but certainly pays the bills.

Of course, the higher pay rate is there because you are only paid when working. When you are sick or on holiday, you don't get paid. So, is it a good idea? I think it is. A no-risk way to try is if you have annual leave spare, book a short placement.

And what about your agent? Remember, they provide your income. Use other agents if your favourite has no work, but let them know you are doing that as well. DO NOT cut your agent's lunch. If you bypass them and go to the client direct, you cut your own throat. You will get no more work from the agent, and rightly so.

Now, if you think being a locum is easy, you'd be wrong. If you think being a locum is exciting, a challenge, a professional tune-up and a great way to see the country, then you'd be right.

Is it for you? One thing for certain is you will be better for the experience. Give it a go. What have you got to lose, apart from complacency? I did.

Essential equipment and tips:

- Research the town where you are going and plan exciting things to do out of hours.

- Pack two insulated shopping bags, a 3 m extension cord and a lunch box.
- Pack your suitcase then unpack a third of it. You don't need 4 jumpers and 5 pairs of shoes.
- When you first arrive, head to the supermarket and buy 3 days' worth of food plus foil or cling wrap.
- On the weekends, get out and see everything; you may never come this way again. Make the most of it.
- Look sharp and smart. You don't get a second chance to make a first impression.
- Do more than you are paid for and arrive early.
- Learn the names of everyone, especially the front desk staff.
- If asked if you can fit something in, say yes. You probably won't run late but if you do, so what ... what are you going to do in the 20 minutes after work in a new town? I repeat: Do more than you are paid for.
- When you leave, buy chocolates for technical and clerical staff. They are critical to your placement, so say thank you.
- Make sure you have a signed contract well before you start.
- Remember to pack your laptop and phone chargers.

There may be a few more things to know, but you can figure them out as you go. And, most importantly, enjoy the experience and have fun.

Rick Luff

If you would like to add to the discussion on working as a locum, we would love to hear from you. Please email the editor at: communications@sonographers.org

keep your letters coming ...

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 now!

Regulation with AHPRA – what will this mean?

For almost a decade, Australian sonographers have wanted national regulation of the profession under the Australian Health Practitioner Regulation Agency (AHPRA).

A recent survey of the ASA's members confirmed this with Australian members rating the national regulation of the profession as the highest advocacy priority.

Adding sonographers to the list of professions regulated by the existing AHPRA Medical Radiation Practice Board of Australia (MRPBA) is vital, as there is currently no system in place to enforce national competency and quality of ultrasound standards, no recency of practice requirements, and no central complaints process available to patients.

Importantly, this would only introduce regulation for the medical sonographer profession. It does not regulate the use of ultrasound or affect other professions who use ultrasound in their scope of practice.

Adding sonographers to the MRPBA is the most practical and cost-effective solution for regulation as:

- 30% of sonographers are registered medical radiation practitioners already registered with the MRPBA
- this change brings all diagnostic imaging professions together and assures patient safety while at the same time reducing unnecessary and inefficient administrative mechanisms currently in place
- all alternative solutions to regulate the profession require legislative change, are more costly, less practical, or are simply ineffective.

Adding sonographers to the professions regulated by the MRPBA will provide:

- an enforceable measure of the quality of ultrasound examinations provided by sonographers
- enforceable standards of practice and conduct that set the minimum expectations of a sonographer's practice, including nationally consistent safeguards that assure patient safety and care
- a clear and effective central complaint handling process for patients
- reduced red tape with a single and complete regulatory system for all sonographers with a protected title.

Following is a selection of questions commonly asked by sonographers. Visit the ASA website for more information and the rest of the FAQs at www.sonographers.org/advocacy/sonographer-regulation/australia-regulation/

Q: Why is the ASA seeking Australian sonographer regulation through the MRPBA?

A: Currently, there are no enforceable minimum standards of ultrasound examinations performed by Australian sonographers, which puts patients' health and safety at risk. Where a sonographer fails to produce quality images or identify pathologies, there is no enforceable measure of the quality of ultrasound examinations provided.

Complaints handling for sonographers is fragmented and ineffectual. There is a growing list of cases where complaints are raised against a sonographer, and the

James Brooks-Dowsett ASA Policy and Advocacy Advisor

situation becomes a criminal prosecution to be resolved. Other patient safety and quality controls, such as recency of practice requirements, do not exist.

National regulation by adding sonographers to the existing MRPBA is the most practical and cost-effective way of regulating the profession, especially as 30% of sonographers are medical radiation practitioners and already registered with the Board.

Q: Aren't sonographers already regulated by the ASAR?

A: No. The Australian Sonographer Accreditation Registry (ASAR) does not have safeguards in place to protect patients and does not have the ability or authority to enforce practice standards or a code of conduct on sonographers.

A sonographer can only be removed from the register if they do not pay their annual fee or they do not meet the continuous professional development requirements (60 hours across three years).

The ASAR does not receive complaints about sonographers or assess recency of practice and its rules only apply for medical ultrasound examinations that receive Medicare funding.

Q: Does the MRPBA support adding sonographers to the list of professions they regulate?

A: Yes. The MRPBA supports regulating the sonographer profession by adding sonographers to the list of professions it regulates. This is the same model as in New Zealand.

Notably, the Board recently changed its *Professional capabilities for medical*

radiation practice to include ultrasound as a scope of practice. However, the Medical Radiation Practice Board of Australia makes a point to state that these capabilities only apply to radiation practitioners who use ultrasound in their practice. They do not apply to sonographers as sonographers are not regulated.

Q: Have sonographers sought to be regulated through the MRPBA before?

A: No. This is the first time the sonographer profession has sought national regulation through the MRPBA.

When the AHPRA was established in 2010, the sonography profession sought national regulation under its own board, which was not supported.

The sonography profession now seeks to add sonographer to the list of professions regulated by the MRPBA, which the Board and the rest of the medical imaging industry supports.

Q: What will sonographer regulation mean for me?

A: Sonographers newly regulated under the MRPBA will need to be aware of minor changes, such as new recency of practice requirements, the requirement for reflective practice in undertaking CPD and their obligations under the national complaints handling processes.

The ASA will provide information to members and the profession on potential changes as we become aware of them, including opportunities to engage with and provide feedback on this work.

Q: Are there any sonographers that will not be regulated by the MRPBA?

A: No. This change will apply to all sonographers who are or will be eligible for inclusion on the ASAR list of sonographers.

Adding sonographers to the list of professions regulated by the MRPBA would apply to everyone who has completed or is undertaking an ASAR accredited course. This includes all sonographer areas of practice, such as general, cardiac, etc.

Q: Will this affect how I provide Medicare-funded services?

A: We do not expect that this change will have any impact on how sonographers provide Medicare-funded ultrasound examinations.

However, this will need to be reviewed through a public Regulatory Impact Statement (RIS) consultation. This is a process that would be run by the Government after the COAG Health Council has agreed to consider adding sonographers to the list of professions regulated by the MRPBA.

Q: How are recency of practice requirements going to be different?

A: Recency of practice will be a new requirement for sonographers.

Recency of practice is a core standard for assessing the competency of both regulated and many self-regulated health professions in Australia and overseas. The MRPBA currently requires registered practitioners to have completed at least 450 hours of practice in the profession in the past three years. Evidence must be kept for audit purposes.

It is assumed that the same recency of practice requirement will apply to sonographers when they are added to the list of professions regulated by the MRPBA.

Q: What will happen if a complaint is made against me, and how will this differ to now?

A: Currently, patients can lodge complaints against a sonographer

through the state or territory health complaints commissioner. This occurs under the *National Code of Conduct for Health Care Workers* (National Code).

The National Code is currently only in effect in half of Australia's jurisdictions, and it has been introduced slightly differently where it is in place.

Complaints handling under the MRPBA is nationally uniform. The expectations of complaints handling are consistent and transparent. What to expect from the process and how to contest a complaint, should this be necessary, are publicly available online at www.ahpra.gov.au/Notifications.aspx

Q: Does this change my insurance requirements?

A: Under the MRPBA, sonographers will be required to declare they have professional indemnity insurance (PII) that covers all areas of practice and be able to provide evidence if audited.

This is already required of Australian sonographers by the *National Code of Conduct for Health Care Workers*.

Q: Will I have to pay more fees?

A: There will be an increase in the annual fees for sonographers. The ASAR annual registration fee is \$110, whereas the annual MRPBA registration is \$191.

However, the MRPBA annual registration fees are still quite low compared to other regulated professions.

Q: What if I am already registered with the MRPBA?

A: Sonographers who are already maintaining registration with the MRPBA will no longer need to maintain the additional CPD reporting requirements to maintain ASAR registration.

They will also no longer be required to pay the additional \$110 ASAR annual registration fee.

Q: Do I have to do more CPD with national regulation?

A: Overall, the continuous professional development (CPD) requirements under the MRPBA are largely the same. Sonographers will continue to be required to complete 60 points/hours of CPD over three years, as is currently required by the ASAR.

However, sonographers will be required to complete a CPD logbook, including a level of reflection on activities. Other minor adjustments may also be required in the initial transition, including the use of hours vs points.

Q: How quickly will this happen?

A: Adding a new profession to AHPRA does not happen quickly. The last profession to be added was included almost ten years after they first applied.

The COAG Health Council has responsibility for deciding which professions are regulated under AHPRA. The Health Ministers of Australian governments (state, territory and federal) make up the Health Council.

For example, the last profession added to the AHPRA were the paramedics. It took almost seven years for the Health Council to consider and agree to add paramedics. Following this decision, the law change occurred within two and a half years to bring this change into effect.

Q: What is the ASA doing to make this happen?

A: The ASA is leading a working group to develop an application to the COAG Health Council to add sonographers to the list of professions regulated by the AHPRA MRPBA.

We have also been meeting state and federal politicians to discuss the need for national regulation of the sonographer profession. To date, there has been no negative feedback from Health Ministers. However, we need to provide them with data of sonographer caused patient harm and evidence of industry support for them to vote 'yes' to this change.

We presented the draft application to Australia's chief allied health officers at the end of October 2019 and are aiming to have the full application considered by all Australian Health Ministers at the COAG Health Council in the second half of 2020.

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sonographer awareness

One million reached!

On Australasian Sonographers Day we launched the ASA sonographer awareness campaign with a champagne breakfast. For four weeks, ten adverts have been appearing in the general public's Facebook, YouTube and Instagram feeds, along with the ASA also posting across all our social media channels. During the four weeks we have reached over a million people, which is a phenomenal result in raising awareness that sonographers are ultrasound experts.

Thank you to everyone who has helped this campaign by liking, and more

importantly sharing this content, as your assistance has helped spread the word.

The feedback we have received from the adverts has been extraordinary. For example, a member of the public said after we posted 'a sonographer saved my life by finding my cancer early' that a sonographer did

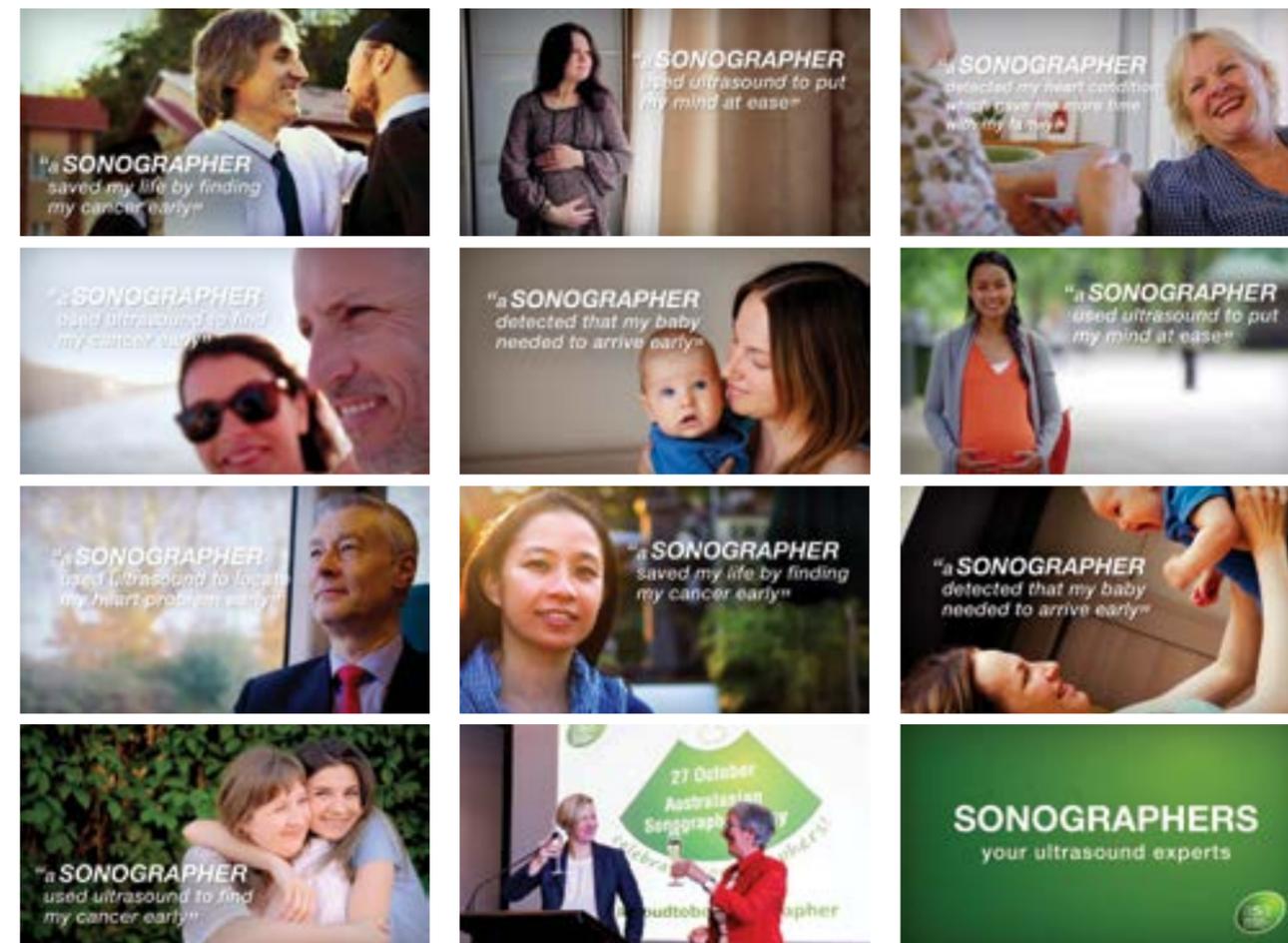
literally save his life. It is fantastic to see that sonographers are being recognised and respected for the expertise that they

bring and the important role that they have in many people's lives.

“...sonographers are being recognised and respected for the expertise that they bring and the important role that they have in many people's lives.”

This is just the beginning, as we will continue to raise awareness in 2020 with another campaign next year. We started the campaign with only 11% of the public knowing that it was a sonographer that performs the majority of ultrasounds and that they are

experts in ultrasound; with over a million people reached, this number is now significantly higher.



Submitting an abstract for ASA2020

Introduction

The program committee for ASA2020 Melbourne will be inviting international and local presenters to present oral and workshop presentations at the conference.

Anyone else can submit an abstract for a presentation which they would like to present at conference. This may be a research project, case study, new or improved clinical technique, education overview or a presentation on sonographer health and wellbeing. A call for abstracts will be announced, generally about six months prior to the conference, and people can submit the abstract for their proposed presentation. Your presentations can be either in the format of an oral presentation or an ePoster. You should indicate which format you would prefer, although the committee may ask you to present in the other format depending on how your presentation fits into the program. The deadline for submissions for ASA2020 Melbourne is 4 February 2020. All abstracts will be assessed by at least two peer reviewers.

Submitting an abstract for presentation at the annual conference is a great opportunity to share your clinical experience, knowledge or research with your peers. CPD points will be awarded to the presenters for their presentations according to the ASAR activity guide (asar.com.au)

Oral presentation

If you're considering submitting an abstract, it must be less than 250 words and should be structured into the following sections:

- introduction
- methods
- results
- conclusion
- take-home message

The program committee will aim to place all oral presentations within a themed session. Your work will therefore be presented to an audience of delegates interested in your topic and alongside some of Australasia's ultrasound experts. Sometimes it is necessary to have a session which is solely submitted presentations and these sessions will include a variety of topics.

**Glenda McLean, FASA,
Tracey Hanchard, FASA**

Invited speakers are also asked to provide a structured abstract or synopsis of their presentation. All abstracts and synopses will be published in the ASA's journal *Sonography* in the conference supplement issue. This special issue of the journal will be available online through the *Sonography* web page on the Wiley Online Library. Abstracts will also be available on the conference and journal apps.

Your presentation abstract must be submitted using the conference website and the supplied template. If your presentation is accepted, you will be required to register for the conference, and will be provided a 25% discount on your registration. All of your other costs will be your responsibility (accommodation, travel, etc.). You may submit more than one presentation (no further discount) and invited speakers may also choose to submit an abstract in addition to their invited presentations.

ePosters

ePoster presentations have been an important forum for presenting scientific research and ideas at major meetings

for decades. Presenting at a large conference can be a daunting prospect, particularly for the public speaking novice. For those just starting out, and those more experienced looking for some variety, ePosters are an ideal alternative to oral presentations and offer the same opportunities to showcase your work. ePosters also present an opportunity for the audience to be in control. Delegates are able to pick and choose from an educational menu of topics, skimming over presentations not relevant to their needs and spending more time with their areas of interest.

The ePosters are displayed on large monitors well positioned within conference areas and offer maximum exposure to delegates.

Most professionals have experience creating PowerPoint presentations and the ePoster is simply an extension of this. ePosters provide a visual feast for the reader and the opportunity for the presenter to showcase their more creative side in attracting viewers to their work. As reading time is often short, detailed text should be avoided with the information on the ePoster being concise and self-explanatory. The intention of an ePoster is to convey a message to interested viewers and is not intended as a general presentation. Viewers that are interested are expecting a short, simple and interesting message to be conveyed.

An ePoster is an ideal alternative to an oral presentation where different techniques and approaches can be used to attract interest.

Content

This is limited only by your imagination! An ePoster can be used to provide an eye-catching visual display of:

- the results of original research

- the results of a clinical audit or literature review
- sonographic techniques
- pathological appearances
- a case study or series.

Choose a topic that interests you and that you are passionate about. Decide on an eye-catching title for your ePoster that represents the content of the presentation and that will attract the viewing audience.

Guidelines for your ePoster

- Firstly, create a PowerPoint presentation (PPTx).
- Your ePoster should have 7 slides: the first and last slides and 5 content slides.
- The first slide should be a title slide: this needs to include the title of the presentation and the names, qualifications and affiliations of the author/s.
- The last slide should contain the reference list (or you can use in-slide referencing), a declaration of any conflicts of interest and contact details of the principal author (for delegates who may wish to ask questions later).
- Five content slides are variable depending on the material being presented.

Essential information to include

The quality of the scientific content is a reflection of both your knowledge and professionalism. Ultimately the audience will be the judge of the standard of your presentation. The content will also be considered by an adjudication panel in consideration of the award of conference prizes and the presentations are made available to delegates post-conference.

The ASA provides an excellent educational resource, *Guide to assess scientific content*, that should be used by presenters as a tool to ensure their work is consistent with best practice and includes excellent referencing and recognition of external sources. This resource can be found in the December 2015 issue of *soundeffects news* and the ASA website under the Resources tab.

Do not include:

- patient identifiers (name, date of birth, MRN)
- sound
- hyperlinks
- the abstract.

Design

It is important to maximise the impact of your design so that delegates are firstly attracted to your presentation and then encouraged to stay and read what you have created by making each slide concise and easy to read.

Points to remember

- All slides should be in a 'landscape' format.
- Each slide should have a clear heading (with font size a minimum 24 points).
- Information should be clear and concise (do not overcrowd each slide; remember, delegates only have a short time to finish reading each slide).
- Font style and size should be large and clear enough to be easily read from a distance (key points; minimum 24 points, main text; minimum 16 point). Authors should be aware that large amounts of small text will be difficult for delegates to read. Be consistent throughout.
- The use of tables and graphs to summarise information is encouraged.

Abstract template

Title: The title should be in initial capital/lower case (i.e. sentence case) and not leading capitals e.g. *Endometriosis in routine pelvic scans* NOT *Endometriosis in Routine Pelvic Scans*.

Authors: Authors' names should be supplied in the surname-last format and should be in initial capital/lower case –

not all capitals (e.g. G McLean or Glenda McLean).

Institutional affiliations should be indicated with superscript numbers following the author name (e.g. G McLean¹).

Affiliation: All affiliations should contain institution, city and country (e.g. Hospital, Melbourne, Australia).

Tables: Tables can be included and must be cited in the abstract text in numerical order (e.g. Table 1, etc.).

Figures: Figures can be included and must be cited in numerical order in the text of the abstract (e.g. Figure 1, etc.).

References: References should not be included.

- Minimum resolution for digital graphics and images is 72 dpi.
- Remember to consider your colour scheme: selection should be easy to read from a distance (contrast of text content with background colour).

Presenting at any meeting in any format is both personally and professionally rewarding and an important contribution to your profession. Remember that the ASA forum is an excellent way to contact other sonographers if you have questions or need help creating your ePoster.

Prizes

Prizes are awarded through adjudication of the proffered presentations at the conference. The prizes are kindly donated by our sponsors.

Four cash prizes will be awarded:

- Best oral presentation
- Best ePoster presentation
- Best first-time presentation
- Best research presentation

A *Best Overall presentation* trophy is also awarded. This will be decided from the four winning presentations.

Additional resources

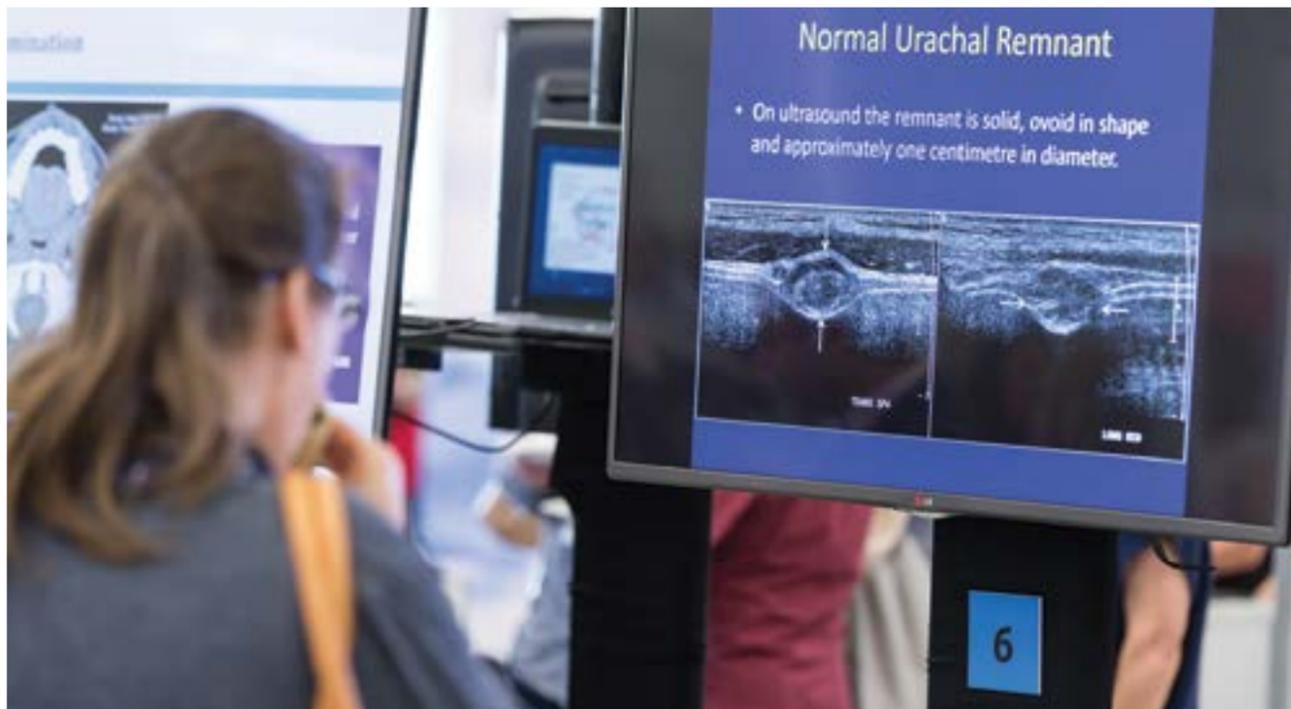
The following are a few resources which you may find helpful:

1. Coombs P. The art of poster presentation. *soundeffects*. 2003;(4):42-4.
2. Erren TC, Bourne PE. Ten simple rules for a good poster presentation. *Computational Biology*. 2007;3(5):e102.
3. QDET2. E-poster presentation tips (2015). Accessed 01/10/2015. Available from: <http://www.amstat.org/meetings/qdet2/presentationtips.cfm>

4. World Congress of Dermatology. *E-poster submission guidelines* (2015). Accessed 01/10/2015. Available from: <http://derm2015.org/media/e-poster-submission-guidelines/>

The ASA encourages all sonographers to get involved by presenting at conferences. There is plenty of information available to assist you in submitting an abstract, ePoster or oral presentation. Visit sonographersconference.com or the *Resources tab* on the ASA website for more detail. If you are interested in presenting, and would like some support putting your abstract and presentation together, the ASA can put you in touch with a mentor to guide you through the process.

This article has been produced by updating previous ASA conference submission guidelines with permission of the authors.



Your ePoster should entice viewers to take a closer look



Supporting cardiac sonographer cpd



The ASA now offers over 20 cardiac specific CPD points per year



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What's NEW or enhanced for ASA2020?

- Women's health streams
- Men's health streams
- Current health and professional topics and the latest industry trends
- More workshops than ever
- A three-day Cardiac program
- Dedicated clinical supervisor sessions on Friday
- Fundamental and advanced workshops
- No increase in registration costs for the last five years

International keynote speakers include:

- Professor Teresa Lopez (Spain, Cardiac) sponsored by Philips
- Ms Pam Parker (United Kingdom, President Elect, BMUS)
- Professor Peter Burns (Canada, Abdominal)
- Professor Jon Jacobson (USA, MSK)

Plus a great line-up of national keynote speakers including:

Professor Jan Dickinson (O&G), Dr Daniel Walkley (MSK), Ms Jacqui Robinson (Vascular), Ms Frauke Lever (Women's Health), Mr Peter Coombs (Multiple streams), Mr Ram Nataraja (Paediatrics and O&G) and Dr Rebecca Perry (Cardiac).



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Melbourne Convention Exhibition Centre, 29-31 May 2020



**Pru Pratten Memorial
Lifetime Achievement Award**

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

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Honouring outstanding achievement in sonography
Nominations open late January 2020

**Awards
of
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ASA partners with RAB

Patrick Nielsen and Catherine Robinson, NSW

The VITAL Project 2019 – Vietnam

This year, the ASA proudly supported the Radiology Across Borders (RAB) 2019 VITAL Project as the Project Sponsors; the recipient nation for 2019 was Vietnam.

There are significant gaps in breast imaging and O&G imaging in recipient nations such as Vietnam. There are also no formal screening programs. As such, when patients present with malignancies, they are usually well advanced. RAB's vision is to reduce this gap by enabling earlier detection that will lead to improved patient outcomes/survival rates.

The VITAL Project 2019 Vietnam was held over three days from September 20 to 22, with the program being delivered at Hanoi Medical University. The focus was on obstetric and breast ultrasound and the program included lectures and hands-on training.

RAB has been fortunate to have had over 50 sonographers express an interest in attending and six sonographers were selected from a highly experienced cohort: Catherine Scott, Don Kelly, Catherine Robinson, Patrick Nielsen, Thao Ho, Alison Kearns and Rebecca Threlfall.



Ultrasound quiz antics, move to the left of the screen if you think the answer is yes or to the right if you think the answer is no



Tam Anh Hospital, Hanoi



Hanoi Medical University Hospital staff, led by Professor Au, host an appreciation dinner



Certificate presentation, two nations as one



Vital team final prep



Live scanning instruction



Culinary experience



Wired for sound, live scanning by Thao Ho being screened in the Tam Anh auditorium

2019 volunteer of the year

Jill Wilcock

We asked Jill Wilcock, the 2019 recipient of the Sue Caitcheon Memorial ASA Volunteer of the Year Award, to share some of her experience with volunteering.

How long have you been volunteering with the ASA?

I have volunteered for the ASA for the last four years beginning in October of 2015.

How did you start out volunteering for the ASA?

Sonya Simpson and I agreed we needed more access to ultrasound education for our Newcastle regional sonographers, as we are two hours north of Sydney. This made it virtually impossible to attend the ASA NSW Branch evening meetings (which I used to attend over 20 years ago when I was training in vascular ultrasound at Concord Hospital). My first encounter was when Vicki Grayndler inspired me to present twice at the Illawarra Branch at Wollongong Hospital in 2005, which was a thrill to share my ultrasound experiences with the local sonographer community.

What are some of the professional highlights you have experienced through volunteering?

We knew that forming the ASA Newcastle Branch would also provide knowledge to those many rural sonographers in the

Hunter Valley and surrounding areas, and this was so important with the recent increase to 60 cpd points per triennium requirement for sonographer accreditation. There had been an explosion of ultrasound referral requests and it was now the most requested diagnostic imaging test, which has resulted in much improved patient health outcomes, but also meant that there was a sonographer shortage.

It was a no-brainer that many of us experienced sonographers needed to encourage and tutor student and current sonographers with ongoing education to help the younger generation of sonographers to be confident, comfortable and happy with their ultrasound skills. They are our future experts, and it does take resilience and determination. It has been an extremely rewarding association due to the fantastic attendances of 260 a year (mostly sonographers) to our four per year ASA Newcastle Branch meetings on Saturday mornings at John Hunter Hospital and witnessing some wonderful new presenters who have gone on to conferences to talk. Many attendees travelled long distances to our three-hour meetings, not only from the Newcastle region but we also welcomed them from Sydney, Tamworth, Coffs Harbour, Port Macquarie and the Central Coast of

NSW (and even someone from Mt Isa in Qld). It was so awesome to be involved with the MSK Travelling Workshop with Lisa Hackett who has an incredible zest regarding sonography training. It is a credit to the fabulous Newcastle Committee efforts, as well as corporate medical sponsorships, the report and help from the Hunter New England Health Imaging Department, and the ongoing guidance of the ASA Office.

I remember our inaugural meeting in February 2016 was such a success, with many excitedly chattering in the audience, which just goes to show how much the networking and sharing of sonography information is so tangible.

Is there a personal highlight you have experienced through volunteering?

The highlight for me was being awarded the ASA Volunteer of the Year (in memory of Sue Caitcheon who worked tirelessly for sonographer education in the ACT) at the recent Brisbane ASA2019 Conference. I highly recommend you become part of the ASA volunteering family as you will be richer for the experience of giving back.



Top and bottom: Newcastle Branch meeting in session



Above: Jill receiving her award in 2019



Top: Newcastle Branch meeting in session at the John Hunter Hospital (bottom)



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

SIGS2019 Canberra Wrap up

Another great Special Interest Group Symposium, SIGS2019 Canberra, was held at the National Convention Centre Canberra last October. The ASA SIG Symposium is all about live scanning and expertise, and this year over 200 people advanced their knowledge in the areas of vascular, MSK and women's health.

A big thank you to the organising committee who volunteered their time to create the fantastic program we had across the weekend: Les Burgess, Teri Carmody, Jillian Clarke, James Maunder,

Rodney McGregor, Donna Oomens and Vanna de Villa.

Over the two days, we heard from a number of amazing speakers. All the speakers were phenomenal and we are grateful to them giving up not only their weekend but all the hours beforehand preparing for the workshops and presentations. The passion and dedication of the speakers to transfer their knowledge to other sonographers shone across the weekend and that is why the profession of sonography continues to excel.

Thank you also to our gold sponsors – Canon Medical, GE Healthcare and Philips Healthcare – who provided their latest machines in the workshops. We would also like to thank Aussie Locums, Guild Insurance and Western Sydney University for the support for three rural and remotely located sonographers to attend the symposium by covering the cost of the registration.

Be sure to place in your diaries next year's SIG Symposium that will be held across the ditch in Auckland on 12-13 September 2020.



From left: Program Committee Teri Carmody, Rodney McGregor, Vanna de Villa, Les Burgess, Donna Oomens, Jillian Clarke and Jodie Long ASA CEO



“ I can honestly say that it was one of the best symposiums I have ever been to in over 20 years! ”



“ I've got more than a few new tips and tricks to take home and am keen to try them all out. ”



“ I was given the opportunity to live scan patients with certain anomalies that I had never been exposed to in the country. ”

“ I took the opportunity to have a play with some of the new ultrasound systems being exhibited. The imaging capability is just perfection now! ”



rural and remote sonographers

Symposium reports

Recognising the challenges for remotely located sonographers, the ASA awarded three SIGS2019 Canberra registrations. We publish the recipients' reports below with thanks to Aussie Locums, Guild Insurance and Western Sydney University for supporting these grants.

Catherine Javis, Albert, NSW

Our profession is inherently challenging; practising in a rural or remote location adds another layer of complexity! My commute to work (295 km round trip) is probably my biggest hurdle. So you can imagine what it's like trying to get to a conference. When it comes to attending educational events cost, distance and time are just some of the challenges. Even online education opportunities pose difficulty because of unreliable internet. You just can't beat face-to-face learning and interaction. So, I was pretty excited to receive a support grant for SIGS2019.

With support from a radiologist only available by telephone, it's easy to start feeling isolated and out of touch. I felt this most acutely with MSK studies. I decided to attend the MSK stream on both days, my aim to learn some new tricks and gain some reassurance that I am on the right track with the MSK service we offer. I wanted to start loving MSK again. All the sessions I attended were excellent and the

presenters were fabulous. I've got more than a few new tips and tricks to take home and am keen to try them all out. I took the opportunity to have a play with some of the new ultrasound systems being exhibited (it would have been nice to bring one home with me). The imaging capability is just perfection now. Thank you, ASA for this valuable experience and to the sponsors of this grant.

Eliza Weekes, Oxley Vale, NSW

I am very grateful to be chosen as a recipient of the ASA SIGS2019 Rural and Remote Sonographer Support Grant. As a rural sonographer, I have benefited from attending the symposium's workshops and lectures by specialist sonographers and doctors who are experts in their field. I found the sessions to be extremely valuable and have shared my newly acquired knowledge with my fellow colleagues. I was given the opportunity to live scan patients with certain anomalies that I had never been exposed to in the country, making me feel more comfortable with how to recognise and rationalise certain pathologies (particularly the fetal heart). Additionally, I met other health professionals that I can now liaise with for extra resources or queries I may have within their specialities. My experience at SIGS2019 Canberra was invaluable and through incorporating everything

that I have learned into my daily practice, I am confident that country patients are receiving the most up-to-date, gold standard care as they deserve.

Sharon Meng, Mackay, QLD

I would like to sincerely thank ASA, Aussie Locums, Guild Insurance and Western Sydney University for your generosity in funding the ASA Rural and Remote Sonographer Support Grant. I feel extremely fortunate and forever will be indebted to you all for the opportunity that I have received. I can honestly say that it was one of the best symposiums I have ever been to in over 20 years!

As a rural general sonographer with vast experience, I was fortunate enough to ensure that I made the most of all the session topics, which included women's health, MSK and vascular ultrasound.

This was my first trip to Canberra and I delighted in exploring the educational and networking opportunities that were on offer, as well as visiting tourist highlights like Parliament House, the Australian War Memorial and the National Gallery. Living in Mackay incurs increased costings for CPD to attend boutique educational experiences; however, with the grant, I was able to learn from leaders in the ultrasound field.

Working as an educator and clinician in a rural community, I am delighted at the opportunity to be able to disseminate the specialised knowledge, teachings and enthusiasm that was displayed at this year's symposium.

I consider the ASA to be an outstanding sonography education provider and would like to recognise the tireless contributions made by all of the volunteers that help to create learning opportunities like this possible.

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Planning and designing an effective scanning environment

An interview with Jacqui Robinson from Liverpool Hospital Vascular Diagnostic Service

BM: Hello, Jacqui, and welcome to the interview. I was wondering if you could tell our members how you have managed to achieve helping to design the Vascular Diagnostic Service at Liverpool Hospital.

It is wonderful that you were asked for your input.

JR: Yes, it was great to be consulted and be so involved in the planning and design of the service. I think it is vital that end users contribute to the process. When the development and construction are completed, the space needs to work well for everyone using it ... patients and staff.

BM: How many rooms do you have for scanning in your department?

JR: We have a total of six rooms, two of which have natural light.

BM: What dimensions were you allowed, considering the hospital beds and non-ambulant patients you see in your department?

**Bernadette Mason,
SIG Sonographer Health and Wellbeing**

JR: The final room size was a compromise between the planning and vascular teams. Fortunately, closer to the size that we, as the end users, needed. The Australian Health Facility Guidelines for ultrasound rooms is 14 m². The testing areas in the Vascular Diagnostic Service at Liverpool Hospital range in size from 20 m² to 24 m². Our exercise stress testing room is the largest. Vascular testing requires us to move around the patient, so we needed enough space to be able to move our equipment down, around and up the other side of the patient if necessary. Each room also needed to be capable of safely accommodating not only the required vascular diagnostic equipment but the largest hospital bed and any accompanying medical hardware, such as monitoring or infusion equipment, etc. There also needed to be adequate space for a Medical Emergency Team to attend with resuscitation equipment if the situation arose.

BM: Did you have to change the size of the doors into the department and the scanning rooms?

JR: Yes. Doorframes are wide enough to accept the wider hospital beds, including attached hardware, and also to provide easy access for patients arriving with or requiring mobility assist devices, etc.



The ergonomic set up of Liverpool Hospital's Vascular Diagnostic Service

BM: Did you have to consider the type of floor coverings for movement of equipment and cleaning?

JR: Flooring, including the location and extent of wet space flooring, was decided by the planning and design teams. We have vinyl flooring throughout the clinical space. This allows for easy cleaning and equipment/bed transfer. The vinyl flooring has maintained its clean new look, which is another plus.

BM: What did you suggest regarding keeping the cables clear of the machines?

JR: We installed a ceiling mounted track system. This was a big challenge at the time as incorporating this system into a clinical space such as ours had never previously been encountered by the team involved in the design and construction process. The installation of the ceiling track and coiled cable system was approved and signed off in the design phase – fortunately. Towards the final stages of development, I had to be very persistent in my efforts to get it installed as it was heading for the 'too hard basket' on more than one occasion.

BM: Can you move your machine around the bed, keeping the cables clear?

JR: Yes, we can. Both the networking and the power cables are attached to the track system and travel with the equipment and sonographer along and around the patient. When finished, the cables recoil nicely when we replace the equipment in its 'home' position. As everything is directed upwards, the cables don't reach the floor and get trapped beneath the wheels. We also now have machines using Wi-Fi and so that's one less cable on some. For mobile studies in our critical care areas we have both Wi-Fi and a PowerPack, so no cables! It has made a very significant difference.

BM: Did you design the sterilising room differently?

JR: We designed our clean-up and disinfection area in consultation with our Infection Prevention Unit. As a result of their input, we included additional bench space, storage and power in the plans. Consequently, our workflows and fit-out were at the required standard when the trophon® arrived.

BM: What considerations did you give to your workup and sonographer reporting area?

JR: The biggest thing was that we had natural light in the work area and we achieved this. We also can adjust the ambient lighting as we have adjustable blinds and over bench lighting installed, in addition to the ceiling lighting. The workbenches are deep but are fixed, as is the over bench storage. Each of us has enough space to work, which is good. We each have adjustable chairs.

BM: Do the reporting sonologists have a separate area for their work?

JR: Yes. The same set-up in an adjacent room.

BM: Were you able to incorporate adjustable height workstations?

JR: Not at the time.

BM: Do you think it is a close-to-perfect scanning environment for the vascular work you do?

JR: I won't say perfect. If I were to go through the process again, there are things I would change. However, we achieved a great overall result. Our patients frequently comment very positively on the physical space and service capability, particularly our less mobile patients and our patients with a disability. We are the only fully accessible specialist vascular service in the local area for this patient group.

BM: Were you able to have fully ergonomic equipment?

JR: All of our vascular scanning couches are adjustable and tilt in reverse Trendelenburg so patients can be positioned appropriately for testing. Seating options for the diagnostic spaces include saddle chairs and hi-low adjustable stools. Over time we have replaced our older diagnostic equipment. We are now in the fortunate position where all of the equipment is either new or recently acquired so can be used with good ergonomics for our clinicians. However, being a large teaching hospital with complex high acuity patients means that the volume of patients transferred for testing in their hospital beds is high.

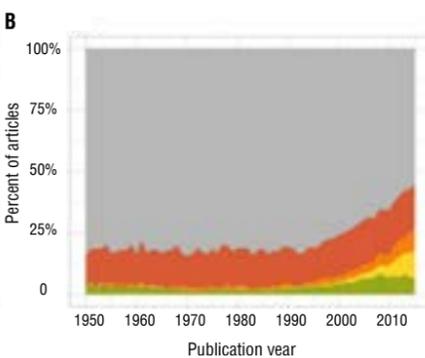
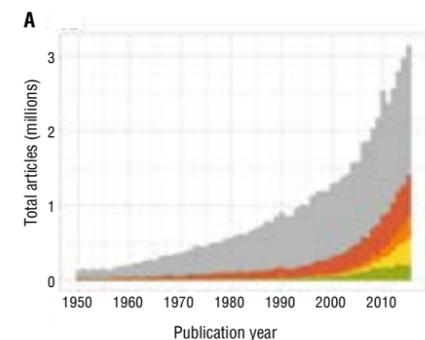
BM: Is there anything else you would like to share with our members about your experience in designing your work environment?

JR: If the opportunity comes your way, go for it. It is a huge learning experience. Familiarise yourself with all the guidelines and be prepared to fight hard against many of those guidelines to justify and achieve what you need in your specific space. It can be done! It has been one of the most challenging but rewarding experiences of my career to date. Our end result, while not perfect, is bright, spacious, flexible and ultimately better for patients and staff.

Thank you very much, Jacqui, for your time that I appreciate is very precious.

Altmetrics – how do we measure communication and consumption of research in the digital age?

As sonographers, it is important that we stay up to date with emerging techniques and technologies. One avenue for keeping up to date with research relevant to your specialities or interests is through following leading journals or researchers on social media. This can also permit interaction with them and their work. Social media, and the internet more broadly, have altered the way in which research is communicated. Article level metrics, or altmetrics, are a relatively new way of gauging the impact of an individual



oa ● closed ● bronze ● hybrid ● gold ● green

Fig 1. Number of articles (A) and proportion of articles (B) with OA copies, estimated based on a random sample of 100,000 articles with Crossref DOI¹

article online, particularly how and where it is shared on social media. Altmetrics are collected in various ways by organisations using different weightings and algorithms (i.e. Altmetric, PlumX, PLOS). If you consider each article as a skimming stone across the vast lake that is the internet, altmetrics are a way we can try and measure the ripples that occur.

Research findings are no longer confined to paper journals or dedicated database computers; this is the age of pre-prints, open access, and digital repositories. These are shaking up the traditional revenue stream of journal publishers as subscription-based access loses popularity to the thirst for faster and more readily accessed literature. Journals now have policies on how and which version of a manuscript might be shared, in some instances permitting sharing of a submitted version of an article (pre-print) online so it may be accessed much sooner than the final published and proofed version is – more details can be found at Sherpa/RoMEO (www.sherpa.ac.uk/romeo).

Reducing the time to publication enables new or important findings to be evaluated and implemented into practice more quickly, potentially improving standards, or clinical practice. Less restrictions on accessing publications such as paywalls, be they pre-print or final versions, also enables broader dissemination of research to researchers and clinicians without a university affiliation or in developing countries. There is a

**Dr Tristan Reddan FASA, ASA
Research Special Interest Group,
@tristanreddan on Twitter**

trend towards more available open access (OA) articles (Fig 1) with some grant funding bodies and universities stipulating that works need to be published in OA journals – more details here (aoasg.org.au) for an Australasian perspective and at the Directory of Open Access Journals (doaj.org).

Whilst articles are increasingly accessible, it can be difficult to know when research relevant to your practice is published, unless you are actively searching for new articles on a topic through pre-set alerts or email updates from certain journals or indices (i.e. PubMed). Most contemporary articles, whether they are published through a commercial/professional body (i.e. Wiley and ASA in *Sonography*) or through an academic repository, are allocated a unique identifier, or digital object identifier (doi). This doi can be used as a short link to the article online – (see doi.org). Sharing this doi is simpler than individually emailing people an electronic copy like a pdf (which may have copyright issues), and also permits the host of the article or doi to track the number of times the article is accessed or downloaded, and often where that reader is located geographically, and on what platforms they have shared the article (i.e. Twitter, Facebook, LinkedIn, etc.).

Altmetrics can complement article access data through capturing how the article is shared online. A single social media mention of an article might be allocated a certain score, while a mention on a science blog or

news site is awarded a higher score as those methods of sharing tend to reach a larger audience. Articles that relate to interesting topics, such as public health studies, are often considered newsworthy and get large scores. Scores can be viewed in the context of similarly aged articles within the same journal or topic as well. This can let an author know where there is potential interest in their topic for possible collaborations, for example. While an article might be interesting and garner a lot of readers, that may not necessarily translate into other researchers citing that paper in future work, which is a more traditional measure of an article's impact. There



Fig 2. Example of the PlumX Score for Piowar et al¹ and the different components (plumanalytics.com)

are also a number of ways in which citations are identified and measured, with different bodies having varied coverage (i.e. Scopus, Google Scholar, PubMed, CrossRef, Dimensions). Different organisations have different icons or widgets to represent their scores or systems and how they are calculated (Figs 2 and 3).

Limitations

There are some potential downsides to altmetrics: people can 'game' the scores by trying to artificially inflate or influence an article score, though there are efforts to limit the potential for this; and a popular article online doesn't necessarily mean it is of high quality or has high impact – it may just be a controversial topic.

Benefits

Advantages of altmetrics can include: very fast updating of scores as sources are continually monitored, giving almost real-time feedback and alerts to authors; a different perspective on the reach of an article; and it can also monitor things

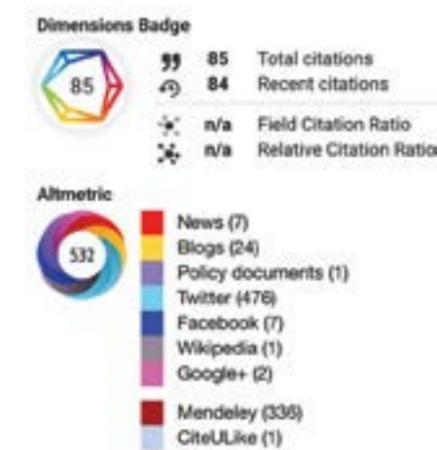


Fig 3. Example of the Altmetric Score Donut for the same article 1 and the various sources of attention – for more details, see (altmetric.com/about-our-data/the-donut-and-score/)

other than articles as long as they have a doi (i.e. data files, posters, presentations) which can usually be organised through an affiliated university repository.

Social media can be a great way to share and promote articles you have authored or find interesting and can also be a platform to identify people with similar research or professional interests across the globe. A recent news article reported the serendipitous case of a renal researcher stumbling across a Twitter post regarding an important aspect of their research², an example of the sometimes tangible benefits to monitoring research on social media. Altmetrics can complement traditional metrics, as citations can take some time to manifest as there are delays inherent to the creation of a new project or manuscript after an article is published for it to then be cited. There are a number of different altmetric platforms, some of which are mentioned above. University librarians and online guides are great resources if you're interested to know more. So, jump online and check out what's new in your area of sonography!

References

1. Piowar H, Priem J, Larivière V et al. The state of OA: a large-scale analysis of the prevalence and impact of Open Access articles. *PeerJ* 2018;6:e4375.
2. The professor working to cure kidney disease one tweet at a time, www.brisbanetimes.com.au/national/queensland/the-professor-working-to-cure-kidney-disease-one-tweet-at-a-time-20190924-p52uj7.html (accessed 29 September 2019).

person profile

Louise Worley

Short bio

Louise Worley works as tutor sonographer for I-Med Victoria. Louise was present at the ASA's inaugural meeting 26 years ago and has volunteered in many roles since, such as Chair of the Victorian Branch, ASA SIG Breast US Committee and ASA Conference Program Committee.

She has presented at many local ASA and ASUM meetings, as well as internationally on obstetrics, breast, gynaecology, abdominal, vascular, paediatrics and MSK ultrasound. She was awarded ASA Trainer of the Year in 2013, ASA Victorian Sonographer of the Year in 2017, Fellowship of the ASA and the 2019 inaugural Pru Pratten Lifetime Memorial Achievement Award.

Louise is passionate about ongoing ultrasound education.

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

There are many benefits to being an ASA volunteer. I love sharing knowledge and seeing people benefit from this. The ASA was formed to fully represent sonographer interests and has developed into a highly organised professional association. Volunteering enables me to give back to the profession, which benefits both sonographers and patients. Through volunteering I have learned new management and organisational skills, and can share my skills with others. You form great alliances with like-minded people who are committed to this rewarding career. I think it is important to increase our profile and recognition within the community.

What does your current job involve?

My current role at I-MED Victoria NE region involves teaching and guiding students with their scanning and giving tutorials. I am also responsible for assisting with ongoing education for

our qualified sonographers. I have often organised I-MED Victoria conferences.

What aspect of sonography has been most rewarding?

The most rewarding aspect has been to successfully instil knowledge and enthusiasm into many sonographers, mentoring many who have become trainers and involved in the ASA. I love how sonography has continued to evolve, and I must continually keep learning. I also love helping and interacting with a diverse range of patients.

Have you done other volunteer work?

I have always valued voluntary and community work. I coached netball from a very young age until recently, culminating in running netball clubs and coaching at a league level. I have been on many committees, such as for youth groups, tennis clubs and volunteered for the Red Cross, to name a few. I was also Chair of the Riverina ACT AIR many years ago. I recently did a voluntary presentation for Radiology Across Borders.

What do you enjoy doing outside work?

I enjoy keeping fit by playing sport, cycling, hiking, doing yoga and going to the gym. I love reading, gardening and preserving our home-grown fruits and olives. I love to plan and travel with my husband to many overseas destinations. Otherwise, it is very important for me to socialise with family and friends.

Who do you admire and why?

I admire Fiona Wood, who despite being a woman born in country Yorkshire, studied medicine in London and then moved far away from her family to Perth. Whilst having a large family, she became a plastic surgeon. With this qualification, she has selflessly donated her precious skills to help many others with severe burns in Australia and overseas. She helped develop 'spray on skin' that can



be cultured in a few days from a small biopsy. This hasn't been without hardship and criticism, but she continues to rise above adversity to help others and share her knowledge.

Do you have a philosophy for life?

My philosophy is 'work hard, play hard and give back to others'. In other words, set goals and work to achieve these, but give yourself permission to laugh, have fun and do the things you enjoy. Helping others is very rewarding.

What are you passionate about?

I am passionate about supportive education: learning, teaching, mentoring and sharing knowledge in all areas, but especially ultrasound.

Favourite place you have travelled to?

I have travelled extensively, but my favourite place I have travelled to is Kenya. I travelled there alone when I was 23 years old and organised my travel once I got to Nairobi. I met many locals, catching local transport to the Masai Mara, up north to Lake Turkana and by sleeper train to coastal Mombasa. It was a wonderful venture and the first time I had travelled alone. Very much a cultural and personal growth experience.

What talent do you wish you had?

I wish I had learned piano and guitar from a young age. I used to sing as a lead in our school productions and had the opportunity to take this further, but sport intervened. I now admire and love listening to others who play and sing without effort.

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Case supplied by Anna Galea

A 32-year-old gravida 1 patient presented for a 18 to 20 week morphology scan. She had no significant past medical history and had screened low risk at her first trimester nuchal scan.

On examination the sonographer identified an abnormal 4-chamber view of the heart with normal outflow tracts.

No other fetal abnormality was seen and there was no hydrops or pericardial effusions.

A discrete segment in the apical left ventricle wall exhibited a communicating thin wall outpouching. Colour flow and Doppler showed low velocity in the pouch and contractions during systole. There was no thrombus seen within the

aneurysm and no arrhythmia or pericardial effusions were demonstrated.

The findings were thought to be a ventricular diverticulum or aneurysm. The occurrence of this is 0.5 per 100,000 live births.

Follow-up of the pregnancy found that there was fetal demise at 26 weeks.

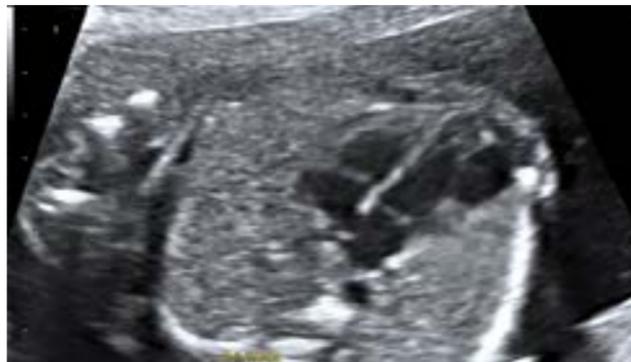


Fig 1. Four-chamber view of the fetal heart demonstrates outpouching of the left ventricle wall



Fig 2. Oblique image of the heart shows the defect in the ventricle wall

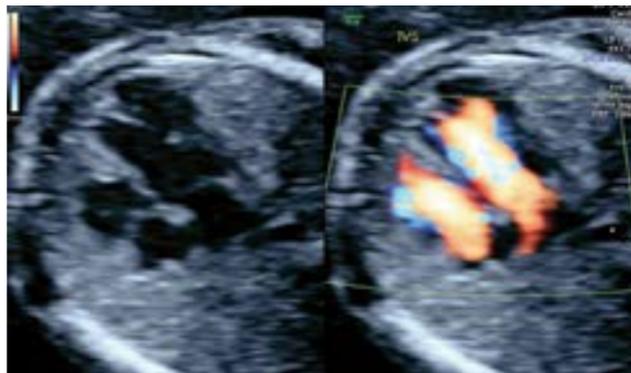


Fig 3. Split screen images of B-mode and colour Doppler of the 4 chamber heart with flow seen from the left ventricle into the defect

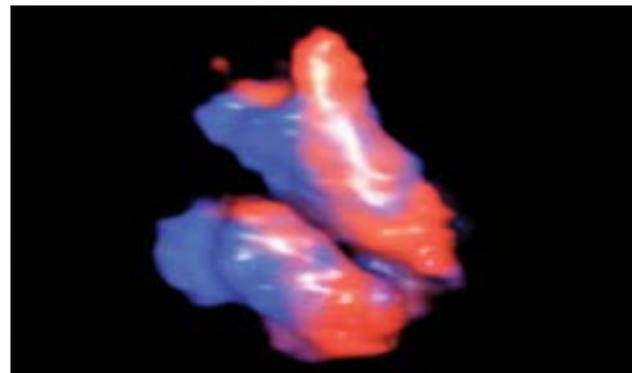


Fig 4. 3D colour images demonstrates the outpouching

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Pacific Radiology, Wellington

Lee McNicholl, NZ

Making the decision to move to Wellington, New Zealand, to join Pacific Radiology as a senior sonographer was an easy one for Mpho Mathibela.

Working in Western Australia, Mpho was looking to achieve a better work and lifestyle balance while progressing her career in a radiology field that she loved, when the opportunity to work for Pacific Radiology arose. Aware of its reputation as a great company to work for from colleagues Mpho trained with, together with the allure of flexible working hours Monday to Friday, no-shift work and plenty of time to pursue community interests outside of work – Mpho jumped at the chance to join Pacific Radiology and hasn't looked back.

'I love working here. No two days or patients are ever the same and it's very rewarding to work alongside staff who really care about our patients, always putting their needs first.'

Mpho notes that it's the little things that can sometimes make the biggest

difference to a patient, as well as her own experience during the day.

'Things such as our kind, friendly reception staff taking the time to warm up the examination rooms, ensuring the machines are turned on and ready before our first patient arrives.'

As a senior sonographer, Mpho is responsible for carrying out various scanning procedures, ranging from pregnancy progress scans to investigating signs of cancer, identifying signs of cardiovascular disease or searching for signs of a stroke in a neurology patient. All of which require careful, methodical and precise scanning of parts of the body. It is a sonographer's role to take notice of irregularities, consider every possible viewpoint to scan and provide detailed scanned documents ready for diagnostic analysis by radiologists.

'Specialised radiologists can only diagnose what they see, so it's essential that I provide detailed scans

and document as much information as possible for the radiologist to successfully analyse.'

Inspired by a company that places priority on patient care, genuinely cares about making a difference and is interested in supporting her career and lifestyle aspirations, Mpho takes advantage of her flexible working hours to support her local community through various volunteer activities associated with her Christian life.

From the people she works with, patients she cares for, to the cafes, scenery, outdoor and cultural activities that surround her – Mpho loves her job and the lifestyle she is creating.

'Living and working in Wellington as a sonographer is everything I had hoped it would be – there are so many opportunities to make a difference and I love that.'



From left to right: Mpho Mathibela, one of the stunning beaches in the Wellington neighbourhood, Waka tour in Wellington Harbour

Alice Springs

It was great to gather the branch for a combined case study evening and meeting on 23 September. All members of our committee and the only ultrasound department in town attended, with presentations ranging from the unusual: *Carotid dissection, Neonatal meningitis, Pericardial effusion*; the interesting: *Vertebral artery 'bunny ear' sign, Eye ultrasound, Complexities of twin Doppler*; and the very rare: *Congenital leukaemia*.

We feel most fortunate to have been awarded the opportunity to host Cain Brockley and his Paediatric Travelling Workshop due to be held on Saturday 19 October. We know we're a little 'out of the way', but are very excited to welcome sonographers from far and

wide for this event. Our little town will undoubtedly provide a destination with a difference for everyone.

Joanne Marks
Alice Springs Branch Committee

Central West NSW

We are excited to announce the formation of our Central West ASA Branch! Our committee is made up of our Chair Dr Jacqueline Spurway from Orange, Vice Chair Jenelle Toole from Forbes, Secretary Lauren Kummerow from Orange, *soundeffects news* Reporter Annabel Orford from Dubbo, Sponsorship Liaison Jennifer Bennett from Bathurst and committee members Suzanne Woods from Forbes and Terrece Brown from Orange. We are enthusiastic

at the prospect of bringing great speakers and meetings to our excellent remote and widespread community of sonographers. The opportunity to provide these events to such a geographically wide region is both challenging and exciting and we will endeavour to do so to the best of our abilities.

We are currently planning for 2020:

- a workshop for Dubbo
- interesting cases event for Forbes
- a specialist event for Orange

And are in serious discussion about a Mudgee workshop/wine-tasting tour combo – we'll keep you posted!

Annabel Orford
Central West NSW Branch Committee



Darling Downs

Toowoomba and Darling Downs Branch began the year with a line-up of two local sonographers presenting on their area of interest. The evening was held at Toowoomba Hospital in May titled *A mixed bag – MSK and fetal brain update*. Erin Stewart presented on the topic of The fetal brain – Agenesis of the corpus callosum. Next, Haidee Janetzki spoke on the topic of *MSK – Calf tears*. A diverse range for the evening with some helpful tips and information to incorporate into our next examinations. A huge thank you to both presenters and it would be wonderful to hear from you both again.

The next evening was held in July on the topic of *Shearwave elastography & Canon medical liver package*. This presentation covered the basics, the scanning method and interpretation of results. We are most grateful to Canon for presenting and sponsoring the evening.

Thank you for your support in presenting and attending these meetings.

We are aiming to hold further branch meetings on a regular basis in 2020.

Kristine Lawless
Darling Downs Branch Committee

Far North Queensland

The success of events is the result of careful planning, which the ASA FNQ committee members regularly do to make sure there are sufficient educational events throughout the year. The two recent events include the presentation on Shearwave technology and the paediatric ultrasound talk – discussed in detail below.

In May, GE Healthcare organised a workshop dedicated to Shearwave technology. They brought up the latest GE LogiqE10 to offer live scanning at the end of the talk. The presentation focused on the use of Shearwave technology, particularly in monitoring the progress of liver disease – which is a relevant issue in society today. Its importance in breast imaging, and more recently for further assessment of thyroid nodules, was also discussed.

The highlight of our educational get-togethers in the Far North, however, has been the in-depth paediatric ultrasound presentation by Melbourne-based Cain Brockley. Attendees included local sonographers from Cairns, Tablelands and Townsville. With a specialised presentation like this, and with 5 CPD points on offer, this was our most popular event yet.

The presentation started with paediatric hip assessment for DDH. Tips and tricks on achieving a good technical image, and therefore obtaining accurate hip angles were shared. This was followed by the paediatric spine. The attendees were shown how to correctly identify crucial spine structures, particularly the location of the conus medullaris. Next was cranial imaging, discussing the use of different fontanelles to optimally assess the brain for pathologies, including (but not limited to) intracranial haemorrhage and hydrocephalus.

A portion was dedicated to paediatric lumps and bumps, with the finale focusing on imaging of the renal tract and abdomen. Normal and variant anatomies were discussed, along with common but complex renal and bowel pathologies.

The theory was reinforced with live scanning, for which a big thank you is owed to Sarah Robb, president of the ASA FNQ committee, for kindly offering her 10-month-old son to be the patient model (couldn't have asked for a more well-behaved and cooperative model). Also, a big thank you to the ASA for supporting this event and bearing costs for all the catering involved.

We aim to wrap up the year with a few more events – most likely a group



Above left and right: Cain Brockley presents his paediatric ultrasound expertise at the Far North Queensland Branch meeting

viewing of a webinar, followed by a Q&A session, an interesting cases evening and/or a social trivia night. Details to follow in the next issue.

Sameet Memon
Far North Queensland Branch Committee

Gippsland

In August, Gippsland hosted a travelling workshop on *Concise MSK – upper and lower limbs* with Lisa Hackett. From the get-go it was a very interactive session with attendees encouraged to ask questions and have a discussion. This was not a standard listen-to-a-prepared-PowerPoint presentation. Instead, we were able to ask any questions that we had in regard to MSK ultrasound.

Lisa's experience with an orthopaedic surgeon, as well as a rheumatologist, gave us an understanding of what the specialists are looking for in

particular. We were also encouraged to participate in live scanning on our volunteer patients.

Lisa encouraged us to focus on the biomechanics of the scan, which really differentiates us from other modalities. Our ability to assess the function of the tendons and muscles can far improve the diagnosis for the patient.

We were also treated to some videos of surgical procedures and post-surgical imaging to allow us to know what happens next after diagnosis.

Thank you to all attendees, our volunteer patients, our committee, and a big thank you to Lisa for presenting. It really makes such a difference to our local sonographers when we don't have to travel all around the country for CPD.

Kasey Baker
Gippsland Branch Committee

Goulburn Valley

It has been a busy time in the Goulburn Valley of late. On 24 August we held an obstetric seminar in Wangaratta. Dr Carl Henman, who is a former radiographer/sonographer himself, spoke on various topics, including *Third trimester Doppler*, *Non-invasive prenatal testing* and *Combined nuchal translucency*. Local sonographers also presented interesting obstetric cases on fetal anomalies, nuchal translucency screening and pregnancies with intrauterine contraceptive devices in situ.

On 18 September we held a trivia night in Shepparton that was attended by sonographers and nurses from Shepparton and Wangaratta. It was a fun night, with people split into four teams to answer trivia questions from multiple disciplines, not just sonography. A few fun games were held in between for

bonus rounds, including a dexterity test to pick up M&M's with chopsticks. A fun night was had by all.

We are currently looking into topics for a travelling workshop to be held in Shepparton early next year, so stay tuned for further details and come and learn as well as sample what is on offer food- and drink-wise in the Goulburn Valley region.

Kathleen Steigenberger
Goulburn Valley Sub-Branch Committee

Mid North Coast NSW

Greetings from the newly formed Mid North Coast Branch (MNCB) of the ASA! Originally with only five members, we now have nine enthusiastic sonographers who, along with the ASA, want to promote professional development in the region. We are mostly from the Coffs Harbour and Port Macquarie localities, with one member from the Glen Innes region. Officers appointed for the MNCB include: Chairperson – Janelle Vignes, Vice-Chairperson – Martin Bennie, Branch Secretary – Kim Brinsmead, and Branch Reporter – Linda Day. The territory of MNCB overlaps a little with Newcastle in the south and the Gold Coast to the north.

The inaugural MNCB meeting was held on Saturday 13 July at the Coffs Harbour Health Campus following the ASA Travelling Workshop on *Haemodynamics* with a focus on the haemodialysis

patient. The presenter, Jacqui Robinson, delivered a very interesting session sharing theory, guidelines and techniques on this specialised topic.

We have lots of great ideas for the remainder of 2019 and the coming year, including Travelling Workshops and interesting case evenings. The first of the regional Travelling Workshops will have occurred by the time this issue is published in Port Macquarie on 30 November 2019. The topic is *MSK ultrasound – Upper and lower limb*, presented by Lisa Hackett. We expect a good turnout as Lisa is a great presenter and it is certainly an interesting topic. Thanks to Philips for sponsoring this event, held at Charles Sturt University. The committee would like to thank Amanda Chandler for organising this fantastic venue. Future workshops are planned for Tweed Heads, Tamworth and Coffs Harbour in 2020.

The first of our interesting case nights is to be held in Port Macquarie in February, then another in August. Coffs Harbour is scheduling meetings in May and then November. Actual dates will be decided at the next branch meeting and will be posted on the ASA website. For those that can't make these events, we are working towards a Facebook group where these things can be viewed. At these case night evenings, presenters not only qualify for extra CPD points, but may also win the 'Best Case Presentation', the prize being discounts to the ASA National Conference, so start collecting those interesting studies.

The festive season is fast approaching and the MNCB would like to wish everyone a happy and safe Christmas and New Year.

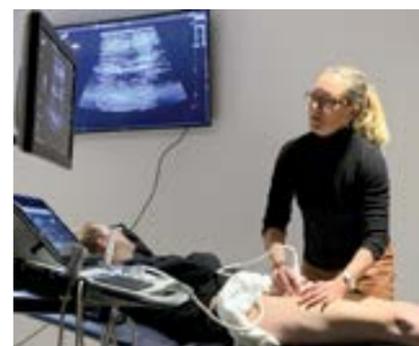
Linda Day
Mid North Coast Branch Committee

Moreton Bay

Chris Lewis (Training Coordinator for I-MED SE Qld) presented an informative and well-received live scanning workshop on *Basic tips on the scanning of MSK injuries* from ED at Redcliffe Hospital Education Centre in August. Chris's theory and practical workshop covered both upper and lower limb with the live scanning and was particularly well received. The event was very well attended with over 30 sonographers and a Redcliffe ED consultant present.

Another great educational evening for networking with the local Moreton Bay region sonographers. A huge thank you to Gabe and the sponsor, Canon, for providing the light refreshments; the attendees on the night; and to Chris Lewis for offering his valuable time to present.

Gail Petersen
Moreton Bay Branch Committee



Lisa Hackett in Gippsland with her engaging, hands-on MSK presentation



Janelle and John from MNCB



Noni and Linda from MNCB



Above: Chris Lewis at Morton Bay Branch

Newcastle

Warren Lewis organised a fantastic vascular program for the 48 attendees at the John Hunter Hospital. This was kindly sponsored by Mindray, who showcased their user-friendly system keeping the focus on patient care, with Tricia Mares and Wendy Brown displaying some of the amazing capabilities that potentially shorten the vascular scan. Vascular surgeon Dr Mathew Sebastian explained what a vascular consultant wants from a scan, commenting that it is important not to mention the length of an AAA as GPs urgently send patients to him not realising that the AP diameter is most important. He would also like us to mention if there is 'popcorn-like' calcific plaque for atherectomy planning where the blade rotates and shears off plaque.

Dr Alan Bray and the other attendees provided thought-provoking discussion with our next speaker, acute stroke specialist from John Hunter Hospital Stroke Unit, Dr Carlos Garcia Esperon, about clot busting in stroke patients. It was heartening to hear clot busting is

now available within 24 hours instead of the previous 6, and this finding was recently published by the *New England Journal of Medicine*. Warren spoke on low resistance waveforms in normal patients, and Nathan Gallagher spoke of PPG waveform acquisition and interpretation.

Adam Tolfree showed us how complicated some A/V fistula for renal dialysis can be with some causing cardiac output compromise due to high volume flow of 3 to 5 L/min within the fistula (rectified by a choke) or synthetic ones developing significant-sized aneurysms that need to be urgently revised. Richard Rounsley presented what can be found on ultrasound post sclerotherapy and EVLA. Kylie Burnley spoke confidently about endovenous heat-induced thrombosis and ultrasound appearance post procedure. So, there was an enormous amount of detail shared throughout the meeting.

We were fortunate to have 79 attend the MSK Travelling Workshop in Newcastle on the 1 June at the same venue. The

enthusiastic MSK sonographer Lisa Hackett was outstanding and is returning to Newcastle on 15 February 2020 for further clinical assessment and live scanning. Prof. Ann Quinton will be joining us in June 2020 on *Fetal head and heart sonography*. Thanks to Sarah Fell who organised the delicious catering.

On 10 August, at the same wonderful venue and generously sponsored by Philips Healthcare, we had 44 attendees thoroughly enjoy the presentation by Dr Shaun McGrath, who is the VMO for the John Hunter Hospital Endocrinology Department (HNEH). He runs a dedicated thyroid biopsy clinic and performs all the pre-op parathyroid localisation ultrasound for the Hunter region prior to surgery. He has facilitated thyroid ultrasound workshops and lectured on neck ultrasound and thyroid nodules for the Endocrine Society of Australia and manages over 300 thyroid cancer patients. His knowledge and energy inspired us all. If there was extra-thyroid extension into the trachea, this was important to warn the surgeon pre-op.

Renay Farnant, who is a hospital scientist for NSW Health Pathology Cytology Department, described breast cancer appearance under the microscope and informed us that when performing core biopsy not to allow the sample to roll as it will air dry rendering it a suboptimal sample. FNA is quicker than core. Fanning with a 'chicken feet' approach with several stabs will be more optimal. We could appreciate the distortion, dirty background, aggregate clumping with non-uniform tubes and variable cell nuclei seen. The best poster presentation out of the five shown was Theresa Hayes *TV scanning pitfalls and how to overcome them*. Thanks to Greg O'Connor and Debbie Slade for organising the posters.

Sue Drinic showed us incredible images of interesting sonographic cases, and Nathan Gallagher presented *Expert tips to better scanning windows* with different approaches and patient positions for leg vein ultrasound. There are so many vein variants, and he explained thrombus morphology and sonographic appearance. I scanned Nathan's arm veins on the updated Philips Elite system with the assistance of the wonderful Jennifer Decker, and both she and Simon De Witt talked about the updates and advantages of the Elite at the beginning of the meeting. As I am semi-retired now, I will be stepping back for our Newcastle Committee to shine and take you from strength to strength into the sonography future. It was a thrill to win the ASA Volunteer of the Year Award, so thanks for the ride! We welcome Sian Williams from Lakes Radiology, and Nathan Gallagher from the Cardiovascular Centre to join us. 'Bye and thanks to Danny Pavan who has made so many great contributions to our regional ultrasound education.

Jill Wilcock
Newcastle Branch Committee

South West Western Australia

The SWWA Branch is proud to have hosted two educational events in Bunbury over the last six months.

On the 30 May we held our first *Interesting cases night* with presentations made by Richard Ayre, Natalie Clements, Stacey Harrison, Kevin Jones, Megan Newhouse and Samantha Ward.

In August, we hosted a Travelling Workshop *Advanced upper and lower limb MSK* presented by Marguerite Leber. The booked-out event took place at the SW Health Campus and was kindly sponsored by Global Diagnostics. Thank you Marguerite for a very informative presentation that included live scanning.

As 2019 draws to a close the SWWA Branch is excited to celebrate our first successful year as a new committee. Bring on 2020!

Until next time, keep safe everyone!

Samantha Ward
South West Western Australia Branch Committee

Sunshine Coast

A warm welcome to our new Sunshine Coast Branch! To kick off branch events, a hugely successful vascular Travelling Workshop was held on 16 November, presented by Jacqui Robinson. A great start for the new branch, with more events to come.

Titian Barlau
On behalf of the Sunshine Coast Branch Committee



From left to right: Kevin Jones, Richard Ayre, Stacey Harrison, Samantha Ward, Megan Newhouse and Natalie Clements, SWWA Branch



Marguerite Leber presenting her Travelling Workshop, SWWA Branch



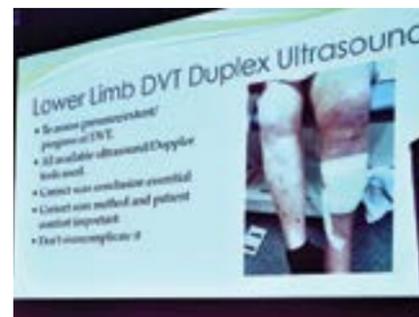
Members of the new Sunshine Coast Branch Committee



Jacqui Robinson's Travelling Workshop, Sunshine Coast Branch Committee



Newcastle interesting cases with Sue Drinic



Leg thrombus with Nathan Gallagher



Warren Lewis's vascular workshop



Lisa Hackett MSK Newcastle Travelling Workshop



Renay Farnant describes breast cancer biopsy

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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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As the peak body and leading voice for sonographers, the ASA leads the sonography profession in delivering excellence in ultrasound for the community.

Our purpose is to:

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

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OF THE AUSTRALASIAN SONOGRAPHERS ASSOCIATION
Cordis Hotel Auckland, 12–13 September 2020



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