

the magazine of the australasian sonographers association

# soundeffects news







PHOTO BY PAUL BICA, FLICKR

## A DIFFERENT POINT OF VIEW



# ASA2018 SYDNEY

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

## from the editor



the magazine of the australasian sonographers association

### soundeffects news

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ISSN: 1447-4301

ISSUE 1 2018 ①

Welcome to the March issue of your member magazine.

Do you ever wonder if your pay scale and conditions are on par? You will find our report on the ASA biannual *Sonographer Employment and Salary Survey* is filled with interesting data relevant for all sonographers.

We are pleased to announce the inaugural Fellows of the ASA. Fellowship is the highest recognition that can be bestowed by a professional association and recognises the generous contribution of time, knowledge and experience by these members, as well as the important role they play in the success of our association.

This issue also continues celebration of the 25th birthday of the ASA, as we stroll down memory lane with more reflections offered by long-standing members.

In our *person profile*, the spotlight is on ASA Board member Jodie Long, who was elected to the ASA Board in 2017. Jodie talks about her passion for sonography and provides us a snapshot of the person behind the sonographer.

Our *branch reports* for this issue are from your colleagues in metro areas. As always, a big thank you to all our branches and members who continuously support the ASA by volunteering their time to plan, organise and present at our educational activities

each month, as well as those of you who attend these events.

*wh&s matters* looks at the topic of working in a collaborative environment to limit isolation in a medical sonography department, suggesting a number of strategies to help sonographers avoid feelings of isolation. *advocacy alert* provides an update on the ASA's recent industry consultations and practice guidelines.

*research matters* asks and answers the question: what is the p-value? There are two ASA Research Grants that will support members' research in 2018 and their research and teams are also summarised.

We are taking a break from the *reader competition* in 2018 as we introduce a new section on *interesting cases* to replace it.

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

Happy scanning and reading!

Carol De La Haye, Editor  
[communications@sonographers.org](mailto:communications@sonographers.org)



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## president's message

As I write this message, it is the beginning of 2018 and the 25th anniversary of the ASA. It is an exciting time to be a sonographer and member of the ASA. I remember joining the ASA as a student sonographer 25 years ago, with all the excitement of being part of an association with the mantra 'sonographers for sonographers'. The first conference was pivotal for me, and I am looking forward to the Silver Anniversary Celebration at the ICC in Sydney. Keep 25–27 May 2018 free in your diary, as you are not going to want to miss this milestone event.

It was with great sadness that we said farewell to our very first External Director, Lars Schiphorst, after almost seven years of service to the ASA. Lars was an immeasurable asset to the ASA. He brought his extensive knowledge of finance and accounting to the Board, and the ASA benefited greatly from his experience and guidance. We wish Lars all the very best as he moves on to take up a challenging board appointment in the health sector.

The ASA \$15,000 Research Grant has been awarded to Dr Jessie Childs and Sharon Meng. Please take some time to read more about the research projects they are undertaking in this issue of *soundeffects news*. We wish them every success in their future sonography research. Their results will be published in the peer reviewed journal, *Sonography*.

The results of the salary survey can be found in this issue. This year we received our highest response rate to date. This is a highly informative resource for all sonographers and other stakeholders

in the field of ultrasound and makes for some very interesting reading.

The Special Interest Group Symposium (SIGS) will be held in Perth this year and will showcase O&G and MSK. Additionally, and for the first time, cardiac sonography will feature as a single day addition to the SIGS. The Perth committee will be putting together a high-end program to challenge both the experienced and early career sonographer. Come to Perth in September and as a bonus, take in all that Western Australia has to offer.

The time has come for the ASA to move the office from Dingley Village to the CBD of Melbourne. Increasingly, the staff of the ASA are required to attend government meetings and engage with external stakeholders. The Dingley office has served the association well, but accessibility is important. A more central geographical position will be strategically advantageous to the association going forward. We will keep you all updated on the progress through your weekly *cross section*.

As 2018 begins, don't forget to keep abreast of ASA's free CPD opportunities. Early in February, Associate Professor Ann Quinton presented on *Fetal heterotaxy*: a very complex and engaging topic for the O&G sonographer. Also, the Newcastle and Queensland branches held separate live MSK workshops. The branch meetings and asawebinars provide exceptional educational opportunities and our 25th anniversary year has certainly started with a bang with these CPD events. It promises to be a big year for the association, so



please join me in celebrating the 25th anniversary of the ASA as the peak body and leading voice for sonographers.

Dr Jennifer Alphonse, President  
president@sonographers.org

### soundbite

Following on from the success of ASA Travelling Workshops, feedback from our metropolitan members has indicated they would like to have workshops, including live scanning at branch level. So keep an eye on the CPD calendar on the ASA website and in *cross section* for the new Branch Workshops.



# letters to the editor

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

Fantastic article on sonographer burnout, thanks Bernie Mason (December issue *soundeffects news*)

*The above comment was posted by Fiona Tiaon to the ASA's Facebook messages.*

Hi There. I have just attended the WA branch meeting where Dr Scott

White presented an incredible talk on *Complications in twin Pregnancies*. I have been living and working in the UK for the last year and it was an absolute pleasure to attend such a well organised talk given by an extremely clever Medical Professional – Well Done WA branch!! – Ariana Sorensen

*Thank you Ariana for such positive feedback. We will pass your comments on to the meeting organiser. (The above comment was sent to the inbox of the ASA Facebook page).*

letters to the editor

**We'd like to hear from you ...**

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

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

Email [communications@sonographers.org](mailto:communications@sonographers.org)  
Let's get the conversation started!

Contribute to the magazine of the australasian sonographers association

## soundeffects news

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



# advocacy alert

**James Brooks-Dowsett**  
ASA Policy and Advocacy

## 2017 Sonographer employment and salary survey

The ASA expresses a big thank you to everyone who participated in the latest ASA Salary Survey. It is the only sonographer industry survey of its kind in Australia and New Zealand. A regular monitor of the employment situation of sonographers across Australasia, the results of the ASA Salary Survey are also a highly valued resource only available to ASA members.

The 2017 ASA Salary Survey is the fifth in the series, conducted between 7 and 30 November 2017. For this survey the ASA continued its partnership with Di Marzio Research who has assisted the ASA with the previous salary surveys. This arrangement supports the credibility and integrity of the results obtained both through individual surveys and across the longitudinal data set.

For the first time this year the ASA will produce a full industry report to provide a greater level of detail on contemporary work and employment conditions for Australian and New Zealand sonographers for ASA members.

Whilst the ASA and Di Marzio progress analysis of the survey results, the ASA has produced a *2017 Sonographer Employment and Salary Survey* summary which contains some highlights and initial observations of interest. You can view the summary on page 12 of this issue of *soundeffects news*.

Keep an eye on the weekly member e-newsletter *cross section* for notification

of the full industry report which will be released later this year.

## Industry consultations

Providing response to industry consultations is an important part of the work the ASA does. This ensures the voice of Australian and New Zealand sonographers is heard where governments or other industry bodies are making decisions which impact the provision of medical diagnostic ultrasound. It is also a very important activity that raises the awareness of the sonography profession.

The last few months have been a particularly busy period for the ASA. We have been responding to a range of consultations, from senate inquiries to draft industry standards, including:

- the Parliament of Australia Senate inquiry into the availability and accessibility of diagnostic imaging equipment around Australia
- the Victorian Parliament inquiry into perinatal services, looking into the health, care and wellbeing of mothers and babies during the perinatal period
- the Northern Territory Department of Health consultation on implementing the National Code of Conduct
- the Health and Disability Services Complaints Office consultation on implementing the National Code of Conduct in Western Australia
- response to the revised evidence-based guideline for the assessment and management of polycystic ovary syndrome, produced by the National Health and Medical Research Council (NHMRC) Centre for Research Excellence in Polycystic Ovary Syndrome.

In responding to these consultations, it is important to acknowledge the essential contributions of ASA committees, especially the Obstetric and Gynaecological SIG and the Sonographer Advancement Working Party. Only through the efforts of many can the ASA represent the profession in this way.

To read some of these responses, or to view other ASA industry consultation responses, visit the 'Submissions' page of the ASA website under 'Advocacy activities'.

## Guidelines

An essential part of the ASA's commitment to promoting best practice in medical diagnostic ultrasound in Australia and New Zealand involves developing and providing resources that guide and inform sonographers' practice.

Members would be aware the ASA recently released the revised ASA *Practice Update: disinfection of intracavity ultrasound transducers*. This version confirms the current standards and regulations that apply for the disinfection of intracavity ultrasound transducers in Australia and New Zealand. And for the first time, this practice update also includes references to manufacturer information for cleaning and disinfection of ultrasound equipment for common ultrasound equipment providers.

The ASA recommends all sonographers review this information to stay aware of these requirements for best clinical practice and patient safety. This and other clinical guidelines are available on the ASA's website on the 'Guidelines' page under 'Resources'.





# ASA2018 SYDNEY



## Welcome to ASA2018 Sydney

On behalf of the ASA2018 Sydney Program Committee, we would like to extend an invitation to you to join us for our 25th Annual Conference, ASA2018 Sydney from 25 to 27 May – the largest educational event tailored specifically for sonographers across all disciplines and at all levels in Australia and New Zealand.

The program has been designed to cover the full spectrum of topics concerning our profession over three packed days and will be relevant to sonographers in all scanning specialties.

International keynote speakers Doug Wuebben (USA) and Mark Rozen (USA) will be leading the charge on how to

maintain healthy work practices with a fun exercise session, raising awareness of workplace safety. They will be joined by Alison Hall (MSK, UK) and Julia Solomon (O&G, USA). National keynote speakers Bonita Anderson (cardiac), Stephen Bird (MSK), Amy Clough (vascular), Roger Gent (paediatrics), Le-Anne Grimshaw (MSK) and Alison

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

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

Reflections on the past 25 years of the profession and the ASA's role in advancing sonography will take place on Day Two of the conference. This will be

followed by the Future Directions Forum, where we invite all members to join with our panel in planning for the future and addressing issues facing our profession. This is a great opportunity for members input!

Below is an outline of the education program taking place at the International

Convention Centre for our 25th Annual Conference.

To register, please visit [www.sonographersconference.com/registration/registration/](http://www.sonographersconference.com/registration/registration/)

| DAY ONE   FRIDAY 25 MAY 2018   |   |   |  |   |
|--|---|---|--|---|
| REGISTRATION   8.30 AM   |   |   |  |   |
| OPENING PLENARY   SESSION ONE   DARLING HARBOUR THEATRE  |   |   |  |   |
| 10.00 AM–12.00 PM  | Welcome to country  |   |  |   |
|  | Welcome from convenors  |   |  |   |
|  | Guest presentation – <i>TBC</i>   |   |  |   |
|  | 25 years of ASA – <i>Jenny Parkes</i>   |   |  |   |
|  | Clinical International Keynote – <i>Doug Wuebben and Mark Rozen</i>   |   |  |   |
| LUNCH   12.00–1.00 PM  |   |   |  |   |
| ORAL PRESENTATIONS   |   |   |  |   |
| 2   1.00–2.30 PM   | LECTURE ROOM 1   Darling Harbour Theatre  | LECTURE ROOM 2   C4.4   | LECTURE ROOM 3   C4.5  |   |
|  | OBSTETRICS – FIRST TRIMESTER  | MUSCULOSKELETAL   | PAEDIATRICS  |   |
|  | The early anatomy scan<br><i>Samantha Ward</i>  | Scanning the wrist for ligament injuries<br><i>Le-Anne Grimshaw</i>                 | Sonography and sepsis in the paediatric intensive care unit<br><i>Tristan Reddan</i> |   |
|  | 123 – CItB (intracranial translucency)<br><i>Delwyn Nicholls</i>  | PROFFERED PAPER   | PROFFERED PAPER  |   |
|  | NIPT<br><i>A/Prof Andrew McLennan</i>   | Making sense of the elbow – ultrasound and MRI correlation<br><i>Dr Brett Lurie</i> | PROFFERED PAPER  |   |
|  | Pre-eclampsia screening<br><i>TBA</i>   | PROFFERED PAPER   | PROFFERED PAPER  |   |
|  | PROFFERED PAPER   | Consultant sonographer practice in UK<br><i>Alison Hall</i>                         | Paediatrics bowel<br><i>Sharon Williams</i>  |   |
|  |   | Q&A   |  |   |
| WORKSHOPS  |   |   |  |   |
| 1.00–1.40 PM   | SCANNING ROOM 1   C4.3  | SCANNING ROOM 2   C4.6 <small>CARON CANON MEDICAL SYSTEMS AND PTY LIMITED</small>   | SCANNING ROOM 3   C4.7 <small>36</small>   | SCANNING ROOM 4   C4.9 <small>SIEMENS Healthineers</small>  |
|  | 2A   VASCULAR   | 2B   BREAST   | 2C   GYNAECOLOGY   | 2D   ABDOMINAL  |
|  | Haemodialysis fistulas<br><i>TBA</i>  | Auxilliary lymph nodes<br><i>Ramya Gunjar</i>                                       | Endometriosis in routine pelvic scans<br><i>Wendy Collier</i>                        | Portal hypertension<br><i>Peter Coombs</i>                  |
| 1.50–2.30 PM   | 2E   SMALL PARTS 2E   | 2F   VASCULAR   | 2G   ABDOMINAL   | 2H   GYNAECOLOGY  |
|  | ED eye ultrasound<br><i>Dr James Dent</i>   | Pelvic veins/Nutcracker syndrome<br><i>Vicki Grayndler</i>                          | Liver transplant ultrasound<br><i>Christina Farr</i>                                 | Targeted DIE scanning<br><i>Dr Alice Robinson</i>           |
| AFTERNOON TEA   2.30–3.00 PM   |   |   |  |   |
| 3   3.00–5.00 PM   | ABDOMINAL/VASCULAR  | WHS   | SMALL PARTS / MISCELLANEOUS  |   |
|  | Renal transplants<br><i>Jane Keating</i>  |   | Male breast<br><i>TBA</i>  |   |
|  | PROFFERED PAPER   |   | PROFFERED PAPER  |   |
|  | PROFFERED PAPER   |   | Case presentations in orbital ultrasound<br><i>Emily Cowling</i>                     |   |
|  | Aorto-iliac arteries colour flow duplex ultrasound<br><i>Warren Lewis</i>                                   |   | PROFFERED PAPER  |   |
| Iliac vein stenting can reverse incompetence in patients with pelvic congestion syndrome<br><i>Dr Laurencia Villalba</i> |   | Will you be using TIRADS in 2018<br><i>Fred Lomas</i>                               |  |   |
| POCUS in the emergency department<br><i>Tina Cullen</i>  | Exercise time<br><i>Hosted by: Doug Wuebben and Mark Rozen</i>  | Salivary glands ultrasound<br><i>Stephen Bird</i>                                   |  |   |
| ASA WELCOME RECEPTION 5.00–7.00 PM   |   |   |  |   |
| WORKSHOPS  |   |   |  |   |
| 3.00–3.40 PM   | 3A   MUSCULOSKELETAL  | 3B   PAEDIATRICS  | 3C   VASCULAR  | 3D   OBSTETRICS   |
|  | Clinical assessment and biomechanics of wrist pathology as related to ultrasound<br><i>Le-Anne Grimshaw</i> | Paediatric hips: The Graf angles<br><i>Gregory O'Connor</i>                         | Carotid<br><i>Claudia Bicknell</i>   | First trimester anatomy<br><i>Catherine Robinson</i>        |
| 3.50–4.30 PM   | 3E   PAEDIATRICS  | 3F   OBSTETRICS   | 3G   BREAST  | 3H   MUSCULOSKELETAL  |
|  | Acute abdomen in paediatrics. Intussesception and pyloric stenosis<br><i>Sharon Williams</i>                | First trimester Dopplers<br><i>Vanessa Pincham</i>                                  | WH&S when performing breast ultrasound<br><i>Bernie Mason</i>                        | Examining the postoperative shoulder<br><i>Lisa Hackett</i> |



# ASA2018 SYDNEY



| DAY TWO   SATURDAY 26 MAY 2018  |  |  |   |   |                |   |   |   |  |
|---|--|--|---|---|----------------|---|---|---|--|
| REGISTRATION   7.30 AM  |  |  |   |   |                |   |   |   |  |
| AWARDS OF EXCELLENCE BREAKFAST  |  |  |   |   |                |   |   |   |  |
| ORAL PRESENTATIONS  |  |  |   |   | WORKSHOPS      |   |   |   |  |
| 4   9.00–10.30 AM   | LECTURE ROOM 1   C4.4  | LECTURE ROOM 2   C4.5  | LECTURE ROOM 3   C4.8   | LECTURE ROOM 4   C4.10  | 9.00–9.40 AM   | SCANNING ROOM 1   C4.3  | SCANNING ROOM 2   C4.6 <small>CANON<br/>POWER MEDICAL SYSTEMS AND PTY LIMITED</small> | SCANNING ROOM 3   C4.7 <small>56</small>  | SCANNING ROOM 4   C4.9 <small>SIEMENS<br/>Healthineers</small>  |
|   | VASCULAR   | MUSCULOSKELETAL  | BREAST  | CARDIAC   |                | 4A   OBSTETRICS   | 4B   SMALL PARTS  | 4C   ABDOMINAL  | 4D   MUSCULOSKELETAL   |
|   | Lower limb DVT<br><i>Amy Clough</i>  | Sonographic assessment of adhesive capsulitis<br><i>Le-Anne Grimshaw</i>   | Ultrasound, mammogram, MRI correlation<br><i>TBA</i>  | Cardiac masses: What's your diagnosis?<br>Illustrative case examples<br><i>Bonita Anderson</i>    |                | The 18–20 week ultrasound examination<br><i>Samantha Ward</i> | <i>TBA</i>  | Renal transplant<br><i>Jane Keating</i>   | MSK including strain elastography<br><i>Lisa Hackett</i>   |
|   | Post thrombotic syndrome<br><i>Ian Schroen</i>   | PROFFERED PAPER  | Review of sonographic breast lesions with high-risk malignancy potentials<br><i>Jing Fang</i> | Basic physiology of LV systolic function: contraction is a complex process<br><i>Alison White</i> |                |   |   |   |  |
|   | PROFFERED PAPER  | Extending the role of the sonographer to administer ultrasound-guided steroid injections<br><i>Alison Hall</i>   | PROFFERED PAPER   | How can an echo help the management of patients in intensive care<br><i>Pierre Janin</i>          |                | 4E   ABDOMINAL  | 4F   OBSTETRICS   | 4G   TBA  | 4H   PAEDIATRICS   |
|   | PROFFERED PAPER  | PROFFERED PAPER  | PROFFERED PAPER   | Pathogenesis of radiation-induced heart disease<br><i>Alison White</i>                            |                | Voiding sonography<br><i>Bernie Lim</i>                       | Classification of ovarian pathology<br><i>Jennifer Alphonse</i>                       | Sponsor workshop  | Neonatal head and spine<br><i>Rommel Cruzado</i>   |
| CVI<br><i>Amy Clough</i>  | The role of a musculoskeletal sonographer in rheumatology service<br><i>Alison Hall</i>                                | Breast MDT<br><i>Dr Sarah Sutherland and Dr Sanjay Warriar</i>   | PROFFERED PAPER   |   |                |   |   |   |  |
|   | Q&A  |  |   |   |                |   |   |   |  |
| MORNING TEA   10.30–11.00 AM  |  |  |   |   |                |   |   |   |  |
| 5   11.00 AM – 1.00 PM  | OBSTETRICS   | RESEARCH   | BREAST  | CARDIAC   | 11.00–11.50 AM | 5A   TBA  | 5B   VASCULAR   | 5C   PAEDIATRICS  | 5D   MUSCULOSKELETAL   |
|   | Cardiac morphology and rhythm assessment – imaging the fetal heart<br><i>Dr Julia Solomon</i>                          | The use of ultrasound to guide steroid injections – A sonographer's experience from Keele University SUPPORT trial<br><i>Alison Hall</i>                     | The pregnant and lactating breast<br><i>Frauke Lever</i>                                      | The cardiotoxic effects of Herceptin and anthracycline chemotherapy<br><i>Liza Thomas</i>         |                | Sponsor Workshop  | Renal artery scanning and kidney resistive index<br><i>Warren Lewis</i>               | Paediatric hips – A combined technique in the assessment of DDH<br><i>Glenda McLean</i> | Live scanning workshop – Sonographic assessment of adhesive capsulitis<br><i>Le-Anne Grimshaw</i>  |
|   | Fetal bowel in the second trimester<br><i>Wendy Carseldine</i>   | PROFFERED PAPER  | What every sonographer should know about breast ultrasound<br><i>Jenny Parkes</i>             | The effects of radiation therapy on the heart<br><i>Queenie Lo</i>                                |                |   |   |   |  |
|   | PROFFERED PAPER  | Developing a research management framework in a new medical imaging department – the experience at Lady Cilento Children's Hospital<br><i>Tristan Reddan</i> | PROFFERED PAPER   | Evaluating tricuspid regurgitation: what the guidelines say<br><i>Paul Stoodley</i>               |                | 5E   VASCULAR   | 5F   TBA  | 5G   GYNAECOLOGY  | 5H   MUSCULOSKELETAL   |
|   | PROFFERED PAPER  | PROFFERED PAPER  | Oncocosmesis<br><i>Dr Sanjay Warriar</i>  | PROFFERED PAPER   |                | Varicose vein<br><i>Amy Clough</i>                            | Sponsor workshop  | Imaging of birth trauma<br><i>Prof. Hans Peter Dietz</i>                                | Scanning the groin for hernias – Tiger country of simple dance moves?<br><i>Le-Anne Grimshaw</i>   |
|   | Posterior fossa<br><i>Peter Coombs</i>   | ASA research grants<br><i>Afroz Najafzadeh</i>   | Ultrasound BI-RADS<br><i>Jenny Parkes</i>   | PROFFERED PAPER   |                |   |   |   |  |
| PROFFERED PAPER   | PROFFERED PAPER  | Post operative ultrasound appearances<br><i>Louise Worley</i>  | Assessment of diastolic function: Interpretation and case examples<br><i>Bonita Anderson</i>  |   |                |   |   |   |  |
|   |  | Q&A  |   |   |                |   |   |   |  |
| LUNCH   1.00–2.00 PM  |  |  |   |   |                |   |   |   |  |
| 6   2.00–3.30 PM  | MUSCULOSKELETAL  | VASCULAR   | GYNAECOLOGY   | CARDIAC   | 2.00–2.40 PM   | 6A   BREAST   | 6B   PAEDIATRICS  | 6C   OBSTETRICS   | 6D   ABDOMINAL   |
|   | Plantar plate assessment and a pattern of ultrasound findings associated with medial calf tears<br><i>Stephen Bird</i> | Carotid plaque volume: Alternate point of view<br><i>Jill Clarke</i>   | Imaging the pelvic floor<br><i>Hans Peter Dietz</i>   | TBC   |                | Nipple scanning<br><i>Frauke Lever</i>                        | Paediatric hip effusions: So simple but why so hard<br><i>Kobe Pettersen</i>          | Imaging the fetal heart<br><i>Dr Julia Solomon</i>                                      | Non-liver CEUS<br><i>Jane Keating</i>  |
|   | Plantar fascia<br><i>Myriam Schorn</i>   | PROFFERED PAPER  | Uterine pathology<br><i>Dr Jo Ludlow (TBC)</i>  | PROFFERED PAPER   |                |   |   |   |  |
|   | PROFFERED PAPER  | Non-atherosclerotic disease<br><i>Kathryn Busch</i>  | Deep infiltrating endometriosis<br><i>Dr Alice Robinson</i>                                   | Emergency echo: Making a difference<br><i>Tina Cullen</i>   |                | 6E   BREAST   | 6F   MUSCULOSKELETAL  | 6G   OBSTETRICS   | 6H   MUSCULOSKELETAL   |
|   | Achilles rupture: diagnosis repair<br><i>TBA</i>   | PROFFERED PAPER  | PROFFERED PAPER   | PROFFERED PAPER   |                | Advanced breast ultrasound techniques<br><i>Louise Worley</i> | Fundamentals of shoulder ultrasound<br><i>Alison Hall</i>                             | 3D/4D imaging in obstetric scans<br><i>Dr Julia Solomon</i>                             | Nerve tracking of the brachial plexus and upper limb nerves<br><i>Lisa Hackett</i>   |
|   | Ankle inversion injury extended protocol<br><i>Stephen Bird</i>  | PROFFERED PAPER  | PROFFERED PAPER   | Quantification of mitral regurgitation<br><i>Bonita Anderson</i>                                  |                |   |   |   |  |
| AFTERNOON TEA   3.30–4.00 PM  |  |  |   |   |                |   |   |   |  |
| SESSION 7 – REFLECTIONS (RECOGNITIONS OF OUR 25 YEARS) AND FUTURE DIRECTIONS FORUM (ALL DELEGATES)   4.00–5.30 PM |  |  |   |   |                |   |   |   |  |
| ASA GALA DINNER + AWARDS OF EXCELLENCE SONOGRAPHER OF THE YEAR 2018 PRESENTATION   7.00 PM–12.00 AM               |  |  |   |   |                |   |   |   |  |





# ASA2018 SYDNEY



DAY THREE | SUNDAY 27 MAY 2018

REGISTRATION | 8.00 AM

| ORAL PRESENTATIONS |  |   |  |
|--------------------|--|---|--|
| 8   9.00–11.00 AM  | LECTURE ROOM 1   C4.4  | LECTURE ROOM 2   C4.5   | LECTURE ROOM 3   C4.8  |
|                    | EDUCATION AND TRAINING   | OBSTETRICS  | ABDOMINAL  |
|                    | Clinical supervision<br><i>Delwyn Nicholls</i>   | Placentations and placental cord insertions<br><i>Samantha Ward</i>                         | Hepatitis update<br><i>Avik Majumdar</i>                                       |
|                    | The role of deliberate practice in development of essential sonography skills<br><i>Chris Edwards</i>                  | Placental pathology, a pathologist's perspective<br><i>Dr Jane Dahlstrom</i>                | HCC screening<br><i>Christina Farr</i>   |
|                    | Teaching sonographers to be problem solvers & critical thinkers<br><i>Erika Cavanagh</i>                               | IUGR or SGA?<br><i>Kate Wilson</i>  | HCC diagnosis across radiology<br><i>Dr Bernard Ng</i>                         |
|                    | Sonographer burnout<br><i>Bernie Mason</i>   | Implications of PET for the mother and fetus<br><i>Prof. Jon Hyatt (TBC)</i>                | HCC treatment: chemoembolisation vs ablation and more<br><i>Dr Prue Storer</i> |
|                    | Using Kirkpatrick Four Level evaluation model to assess a 12-week accelerated ultrasound intensive<br><i>Jenny Sim</i> | Multi-fetal pregnancies: Clinical approaches to avoid diagnostic error<br><i>Greg Kesby</i> | Hepatitis update<br><i>TBA</i>   |
|                    | <i>TBA</i>   | TTTS – a surgeon's perspective<br><i>Prof. Alec Welsh</i>                                   | Q&A Panel Discussion   |
|                    |  |   |  |

BRUNCH | 11.00–12.00 AM

| 9   12.00–1.30 PM | MULTISTREAM   | MUSCULOSKELETAL   | PAEDIATRICS   |
|-------------------|---|---|---|
|                   | Embryology of the heart and risk factors<br><i>Ritu Mogra</i>   | Compressive neuropathy of peripheral nerves<br><i>Stephen Bird</i>                  | Imaging paediatric head and neck masses<br><i>Michael Chew</i>  |
|                   | Cardiac functional assessment, including cases of congenital heart disease<br><i>Dr Julia Solomon</i> | Ultrasound for pelvic neuralgia<br><i>Le-Anne Grimshaw</i>                          | Transcranial Doppler for screening of stroke risk in sickle cell anaemia patients<br><i>Amanda Crow</i> |
|                   | Delivery/surgery<br><i>TBC</i>  | The use of diagnostic ultrasound in rheumatology<br><i>Alison Hall</i>              | Meningitis<br><i>Roger Gent</i>   |
|                   | Progression through childhood/adulthood<br><i>Justin O'Leary</i>                                      | Advances in shoulder ultrasound imaging – A new horizon<br><i>Lisa Hackett</i>      | Developmental dysplasia of the hip<br><i>Roger Gent</i>   |
|                   | Q&A   | Synthetic patches for irreparable rotator cuff tears<br><i>Prof. George Murrell</i> | Point of care ultrasound in the NICU<br><i>Nick Evans</i>   |

CLOSING PLENARY | 1.30–2.00 PM | SCIENTIFIC QUIZ PRIZE DRAWS, PASSPORT PRIZE DRAW, AWARD PRESENTATIONS, ASA2019 LAUNCH, FELLOWSHIPS PRESENTED, CONFERENCE CLOSE

| WORKSHOPS      |                               |   |  |
|----------------|-------------------------------|---|--|
| 9.00–9.35 AM   | SCANNING ROOM 1   C4.3        | SCANNING ROOM 2   C4.6                            | SCANNING ROOM 3   C4.7<br>GE HEALTHCARE                              |
|                | 8A   CARDIAC                  | 8B   SMALL PARTS                                  | 8C   MUSCULOSKELETAL   |
|                | TBC<br><i>Bonita Anderson</i> | Basic groin<br><i>Tim Alchin</i>                  | Hands/feet scanning for inflammatory arthritis<br><i>Alison Hall</i> |
|                |                               |   | TBA  |
| 9.40–10.15 AM  | 8E   CARDIAC                  | 8F   OBSTETRICS                                   | 8G   PAEDIATRICS   |
|                | TBC<br><i>Paul Stoodley</i>   | Third trimester ultrasound<br><i>Brendan Mein</i> | Paediatric appendix<br><i>Roger Gent</i>                             |
|                |                               |   | EVAR surveillance<br><i>Ian Schroen</i>                              |
| 10.20–11.00 AM | 8I   CARDIAC                  | 8J   VASCULAR                                     | 8K   GYNAECOLOGY   |
|                | TBA                           | Lower limb arterial<br><i>Kerusha Singh</i>       | Uterine malformations<br><i>Jane McCrory</i>                         |
|                |                               |   | Paediatric appendix<br><i>Roger Gent</i>                             |



PROGRAM CORRECT AT TIME OF PRINT, BUT CAN CHANGE AT ANYTIME. FOR THE LATEST PROGRAM, PLEASE VISIT [www.sonographersconference.com/program/interactive-program/](http://www.sonographersconference.com/program/interactive-program/)

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OF THE AUSTRALASIAN SONOGRAPHERS ASSOCIATION  
Pan Pacific Perth, 8–9 September 2018

# 2017 sonographer employment & salary survey

## Overview of results

Thank you to everyone who participated in the fifth ASA Salary Survey. The objective of the survey is to be a regular monitor of the employment situation of sonographers across Australia and New Zealand.

The results of the ASA Salary Survey provide valuable information on sonographers' employment conditions, entitlements and remuneration, benchmarked against previous results from 2010, 2011, 2012 and 2014. Most recently held between 7 and 30 November 2017, this is the only survey of its kind across Australia and New Zealand.

The ASA, in partnership with Di Marzio Research, is in the process of analysing these results and will produce an industry report for members later in the year. In the interim, following are some highlights and preliminary results from the 2017 ASA Salary Survey. Keep an eye on the weekly member newsletter *cross section* for the release of the industry report and other important profession information.

## Demographics



### Gender

80% female – almost no change since first survey

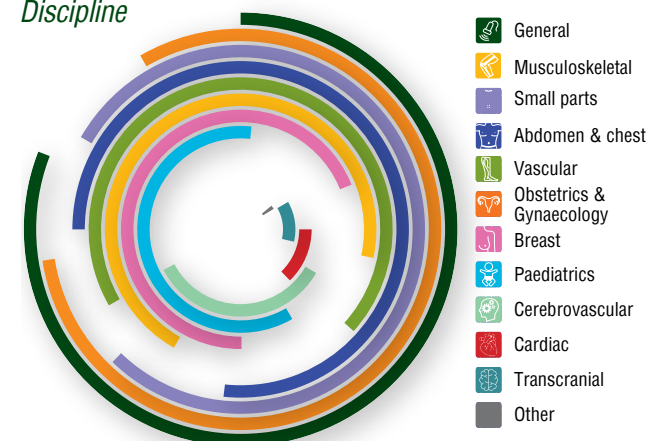


### Age

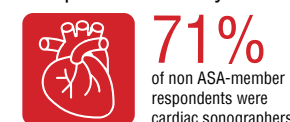
30% of respondents are over 50 years of age; average age is 42, showing no change since 2010

Compiled by James Brooks-Dowsett,  
ASA Policy and Advocacy

## Discipline



Last year saw the greatest response to the ASA Salary Survey yet. A total of 793 sonographers completed the survey, representing a response rate of 14% of the membership base. It was also the first year that non-members were invited to complete the survey. Of total responses, 6.4% came from

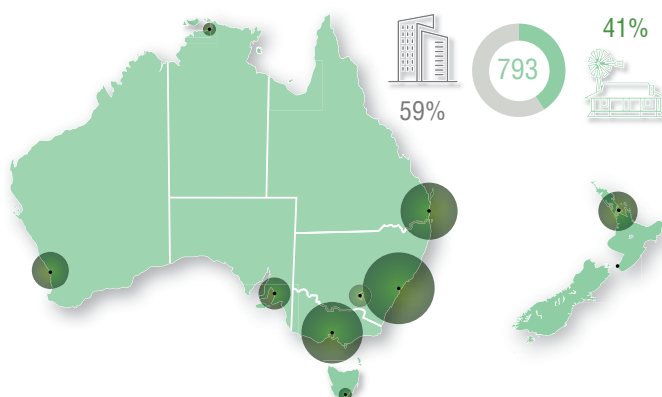


**71%**  
of non ASA-member respondents were cardiac sonographers

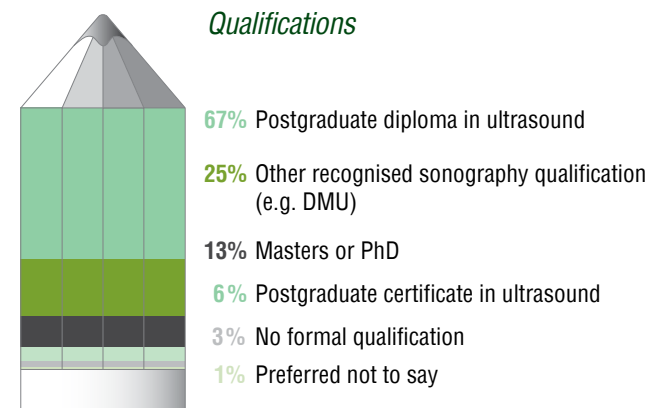
non-members, with a large majority (71%) of non-member respondents being cardiac sonographers.

Of total respondents, 59% are based in metropolitan areas, 29% reside regionally and 11% in rural/remote towns. This distribution of sonographers does not differ markedly to previous years.

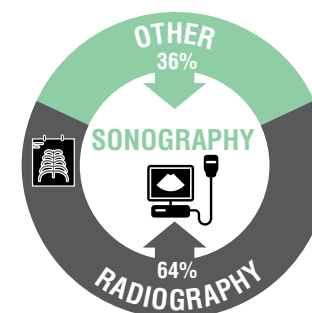
Of those that completed the survey, 2% identified as Māori, with no one identifying as Aboriginal or Torres Strait Islander.



## Qualifications

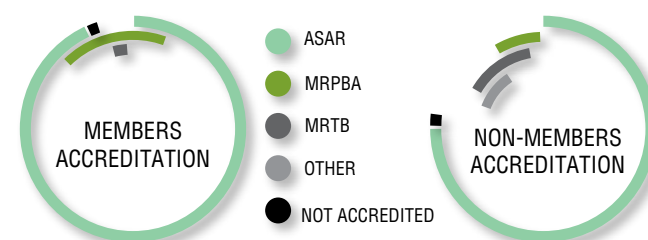


Once qualified, sonographers tend to remain in the profession for the long term. The average length of tenure is currently 13 years, with most expecting to continue work in the profession for six years or more.



Approximately two-thirds of respondents were previously qualified as radiographers (64%). This figure has gradually decreased across the Salary Survey series, from a high of 77% when the ASA Salary Survey was first introduced in 2010.

Nearly all members who responded (93%) are accredited with the Australian Sonographer Accreditation Registry (ASAR). This incidence was lower among non-members at 75%.



Some members maintain membership with other professional bodies, with the most popular (20%) being the Australasian Society for Medical Ultrasound (ASUM) and 'the Union' (12%). Interestingly, Union membership has gradually declined from a high of 23% in 2010.

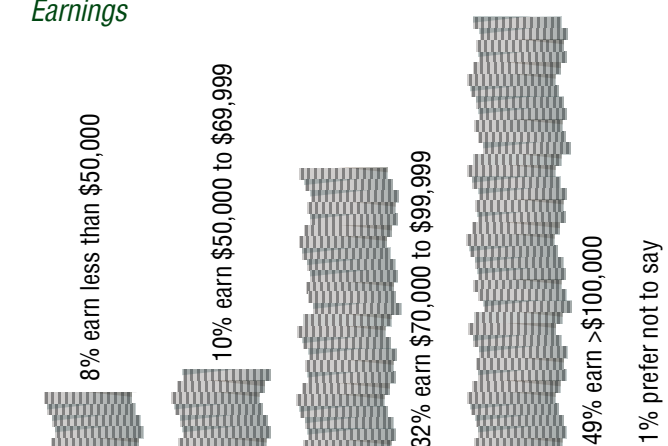
Among non-members, 31% report maintaining membership with ASUM, 22% hold membership with the Cardiac Society of Australia and New Zealand (CSANZ) and 22% are members of 'the Union'.

## Overview of results

## 2017 sonographer employment & salary survey

## Employment and remuneration

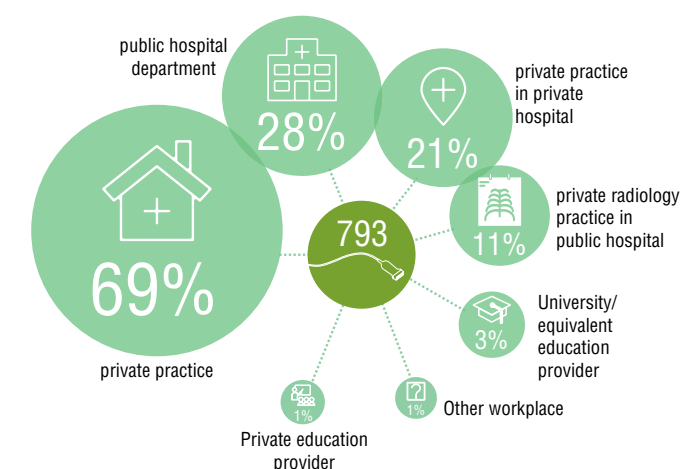
### Earnings



The average sonographer annual gross income in 2017 was \$98,197, with 49% earning over \$100,000 per annum. Respondents who reported being paid an hourly wage covered 87%, with 65% noting they do not have regular salary reviews.

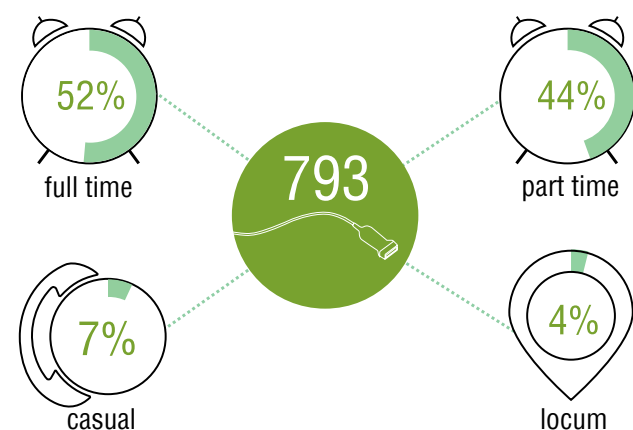
A total of 85% of respondents described themselves as clinical sonographers. Most have their work reported by a radiologist (81%), with small proportions having their work reported by a cardiologist (12%) or obstetrician/gynaecologist (8%).

### What sector



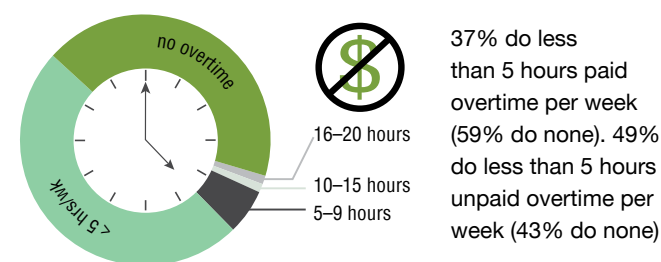
The majority of respondents primarily work in private practice (69%), with just over a quarter based in a public hospital. Other primary work locations include private practice at a private hospital (21%) and private radiology practice at a public hospital (11%).





Just over half (52%) work full time and the remainder are in part-time, casual or locum roles. There is a small proportion (5%) with a full-time role who also conduct extra casual/locum work.

ASA members in part-time/casual/locum roles work an average of 25 hours per week, which has gradually increased each year (from 20.5 hours in 2010).



Respondents who work overtime in a typical week represented 71%, three-quarters of whom said they receive some type of benefit for their efforts.

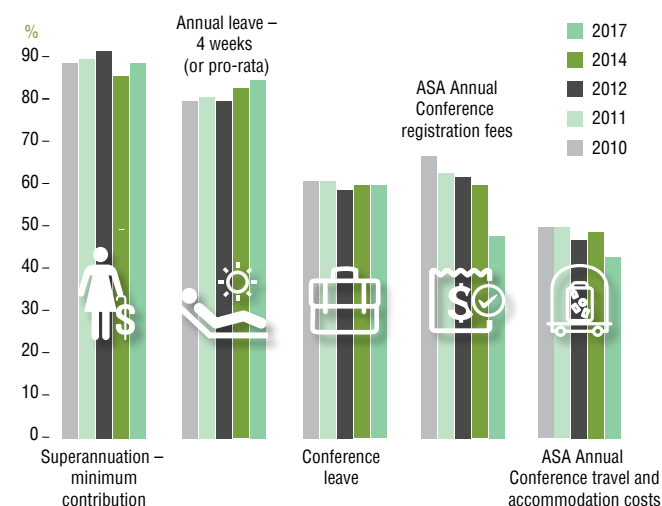
Through the survey, sonographers reported providing an average of 58 sonographic examinations per week in 2017. This figure has remained fairly consistent across the ASA Salary Survey series.

2017 has seen some change in time allocated to specific work tasks. Provision of sonographic services, including related administration duties, remains the most common task category performed per week (80%). This reflects the gradual increase seen for this task category since the first ASA Salary Survey (up from 70% in 2010–2012 and 74% in 2014).

There is a notable corresponding decrease in time allocated for supervision and training, reported at 10% in 2017, compared with 17% in 2014.

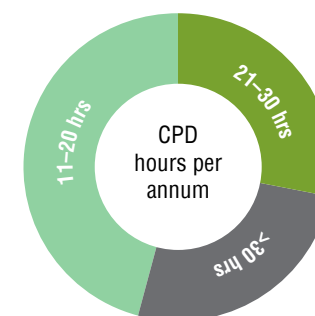
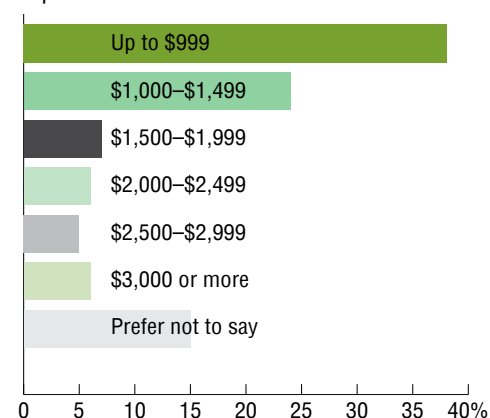
### Employee benefits and CPD

#### Top five employee benefits paid for by employer



Despite some variation since 2014, superannuation and four weeks' annual leave remain the most common employee benefit (and generally paid in full). Although still part of the top five, 2017 saw continuation in the gradual decline that has been occurring since 2010 in the proportion of members whose employers pay for professional development activities, including costs to attend the ASA National Conference.

35% of respondents have a CPD allowance



The reported amount of annual CPD was:  
29% do 11–20 hours;  
27% do 21–30 hours;  
47% do more than 30 hours per annum

Respondents completed an average of 25.8 hours of CPD in 2017. This reflects a notable drop against previous years, which reported on average 27.5 to 30 hours completed per annum.

Consistent with previous years, the greatest barriers to sonographers completing annual CPD continue to be: cost (55%); family commitments (49%); and distance (42%).

Almost half of respondents feel that stress levels (44%) and employee morale (47%) have gotten worse in the last twelve months.

### Advocacy

And, finally, respondents indicated interest in advocacy priorities as follows:



Sonographer regulation

56%



Sonographer advanced practice

54%



Professional standards and guidelines

52%



Research and further education for sonographers

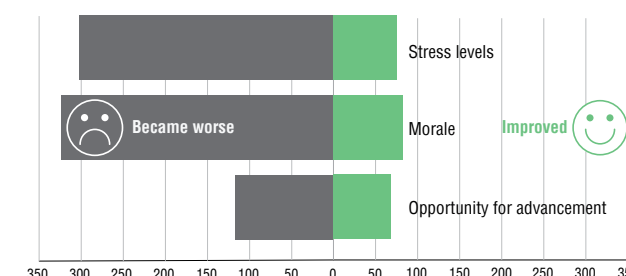
47%



Enhancement of clinical training

45%

### Workplace satisfaction



At first glance, respondents' satisfaction with aspects of their employment is fairly consistent with prior findings. In 2017, however, members reported higher levels of satisfaction for autonomy (75% in 2017 versus 61% in 2014), work scheduling (66% compared with 57% in 2014), and career path opportunities (39% compared with 27% in 2014).

Almost half of respondents feel that stress levels (44%) and employee morale (47%) have become worse in the last twelve months, with almost a quarter (24%) reporting working longer hours than last year.

# asa 25th birthday

The ASA continues reflecting and celebrating its 25th anniversary in this issue. Our member reflections have been submitted by long-standing ASA members Louise Worley and Marilyn Zelesco.

## Reflections on the ASA – Louise Worley

Over 25 years ago (1992) at The Retreat Hotel in Abbotsford, Melbourne, Victoria – on a cold night – possibly autumn, about 25 sonographers met to brainstorm the idea of forming an association that totally represented sonographers. Most were members of ASUM, but wanted more control over their own destiny. Up until then, a break-off group of ASUM, the Victorian Ultrasonographers Group, had organised education and endeavoured to represent sonographers' interests in Victoria.

We broke into groups – butcher paper and textas used (as computers or laptops weren't around). The focus that came from it was that sonographer education and education techniques were needed.

Andrew Martin (our first president) and Rob McGregor did a six-month nationwide visit to garner support and (in Andrew's words) spruik to win them over. Upon reflection, this was an amazing effort that had fantastic forward vision – something all young sonographers should learn from!

The original committee had six people who met at The Retreat Hotel for

meetings. As the internet wasn't around, meetings were organised by post and phone calls.

I came in as chair of the Victorian State Branch in 1994. A group of six of us met at various people's houses six times a year. We were mostly responsible for organising the educational calendar. A quote from our *Role of the Education Committee* notice – 1996 was:

'The Educational Committee is responsible for upholding a high graduate standard (DMU or Post Grad Dip of US) as well as maintaining a high post graduate standard by organising:

1. tutorials such as the DMU tutorials. Each year, by December, I would organise 19 tutorials at various hospital sites and private practices around Melbourne. These tutorials would be provided by 'experts in the field', mostly focusing on film reading and some handouts. Such was the success and need for these tutorials that students would travel from as far as Bendigo to suburbs in Melbourne each week to receive a 2-hour tutorial and then return home that evening
2. seminars such as 2-day physics seminars, where we would fly physicists from the CSIRO to lecture DMU and postgrad US students

3. workshops – in 1995 we developed the first live scanning workshops – in particular, the rotating MSK workshops – that are still being held in the same format today. These then extrapolated to other regions

such as breast, obstetrics and vascular workshops, presenting slide presentations and live scanning. They immediately became very much in demand

4. scientific bi-monthly meetings that were similar to those held today – at The Mercy Women's in East Melbourne, which is now housing apartments. Meetings included didactic presentations (with slide projectors), live scanning, trade presentations and case study evenings
5. country meetings – these allowed the country sonographers the right to education and peer association. There was no such thing as **asawebinars.**'

It must be noted that all of the above meetings were very well attended and were solely organised by multiple phone calls, then producing flyers on our very basic computer at home (with my IT husband Craig), and manually posting to all Victorian members.

In 1995, I wrote a vision notice for the Victorian Committee that suggested our 'Goals of the ASA and Advantages of Membership'. These are all still very relevant today!

1. *Professional recognition:* we wanted registration and recognition as a profession, therefore being answerable to ourselves. This still needs to be fully attained

2. *Education:* including holding tutorials, seminars, workshops, bi-monthly scientific meetings, country meetings, annual conference and peer review
3. *Professional indemnity* was proposed (has now been implemented)
4. *Political representation* to give us a strong political voice
5. *Trade liaison:* maintaining a good rapport and its importance
6. *Peer association:* both here and overseas
7. *Newsletter:* (this eventually became *Sound Effects* in 1997)
8. *Employment officer:* suggested ASA has an employment officer who could maintain a file of positions vacant.

Along came our glossy magazine *Sound Effects* to replace the newsletter (1997), which has now been replaced by both *soundeffects news* and the peer reviewed *Sonography* journal (2014). This is second to none on the world stage.

Not long after, the ASA organised its headquarters and full-time secretariat at Cheltenham (1999) and then eventually moved to Dingley (2013). This enabled an even more professional approach and relieved some of us volunteers, as the interests and needs of sonographers now required full-time employees rather than volunteers. The first formal strategic plan was developed in 1999.

I went to the first ASA conference in Sydney in 1994 and organised the live scanning workshops at the Melbourne ASA conference in 1995. We were very excited to have approximately 200 attend. Today we get over 1000 delegates attending.

I have been privileged to be a part of the ASA since its inception and to see the membership develop and grow from 0 to over 5000! It has expanded from Australia to include New Zealand members and become the Australasian Sonographer Association. Over the years, I have witnessed huge professional growth and amazing commitment from members who continue to give back to others with their time and knowledge.

I encourage all budding sonographers to continue to learn and give back to the profession. It is an amazing and rewarding profession. We still have a lot to learn and develop. I hope we will become more publicly recognised, registered professionals and eventually I see a role for the sonographer practitioner.

## Reflections on the ASA – Marilyn Zelesco

My introduction to ultrasound started as a new graduate MIT at Royal Perth Hospital (RPH). In those days, MITs brought patients in and out of the rooms for the radiologists to scan and changed film cassettes. A couple of MITs did carotid scans as these were too time consuming.

In late 1987, I relocated to Kalgoorlie, where I was asked if I wanted to learn ultrasound by my chief MIT, Margaret Christie. I would be expected to gain a formal qualification through RMIT and travel to Melbourne on a regular basis as a result. I completed my GDU in mid-1991. My years in the WA goldfields made me appreciate what a valuable modality ultrasound was to a remote and growing region.

In 1992, Donna Ramsay and I formed the first WA branch of ASA. It cost only \$20 for the year.

In 1993, I took up the role of tutor sonographer for the inaugural first formal WA country ultrasound training program. This program was initially launched in a Perth metropolitan hospital but moved to Kalgoorlie once funding changed from federal to state-based. Over a four-year period, over seventeen trainees came and went, consolidating their skills. We regularly held seminars in our vast state – north and south, where networking and supportive relationships were established. In this role I also travelled to Indigenous communities where I gained a respect for this spiritual culture.

In 1997, I was given another carte blanche, this time to return and establish a training program in Perth's largest teaching hospital – RPH. There I worked with a supportive chief MIT – Chris Whennan, and a well-known ultrasound pioneer – Elvie Haluszkiewicz. Together, we hosted regular educational events, and became a regular centre for ASA, ASUM and AIR events.





In 2000, I was awarded the ASA Sonographer of the Year. What an honour to be recognised by colleagues and peers.

In 2007, I completed my Master's under the expert supervision of Drs Rob Hart and Paul Lombardo, where I was able to work with NASA and the Australian Antarctic Division. My original thesis was entitled 'Turning astronauts into sonographers – Ultrasound protocols for the International Space Station (ISS)'. This work opened up many opportunities for work, addressing the need for the provision of scanning in extreme geographical environments.

In 2011, I was awarded a Fellowship from the AIR, along with the Nicholas

Outterside Award. In 2014, I was awarded an honorary fellowship from ASUM. It was such an honour to have the profession that I felt so privileged to be a part of bestow this recognition.

An opportunity to oversee a new training program across a health corridor arose in 2013. Finally, we got paid trainee ultrasound positions within the public system. This role took up 50% of my time.

In 2014, I took on the role to oversee the development of a new ultrasound department in WA's new flagship hospital – Fiona Stanley. New rooms, new technologies, new staff, new services and workflows with new and existing professional colleagues!

Elvie Haluszkiewicz and I were the first sonographers to be invited to participate in the RANZCR Outreach Program in 2016. We travelled to Sri Lanka and lectured and toured with Professor Mendelson and Dr Padmini, introducing the use of ultrasound contrast.

During my 30 years of ultrasound, I have seen new technologies, worked in various locations – large and remote, and have been offered great opportunities to participate in research, publish and present. However, it has always been the patients and my colleagues that have been the biggest reward.

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## PD-asa report



### Plan your CPD for 2018 with the ASA

Developing and maintaining a CPD plan throughout the year helps support sonographers to undertake relevant CPD opportunities available to all members of the ASA. The PD-asa CPD program is a fundamental tool that can assist your career development plan and maintenance of performance standards. PD-asa facilitates CPD tracking against career goals and accreditation requirements by automatically logging all ASA CPD activities to your CPD record.

Some points which may assist in your CPD planning:

- Review your 2018 CPD plan and identify goals you wish to accomplish for the year.
- Learn new research and techniques by attending ASA Annual Conference, Special Interest Group Symposium or ASA Travelling Workshops and branch meetings/workshops.
- Utilise online learning tools available to include live and recorded **asawebinars**.
- Enhance your professional skills by reading relevant articles in the quarterly *ASA Sonography* journal and EBSCO online reference collection.
- Set short-term and long-term CPD goals.
- Maintain accurate records of completed non-ASA CPD activities and log these to your CPD record on completion.
- Schedule CPD activities in your diary via the ASA events calendar at [www.sonographers.org](http://www.sonographers.org), to participate in a variety of CPD opportunities and learning styles.
- Continue to review your plan through 2018 and measure your accomplishments and/or contingencies.

CPD management is easy with PD-asa – the CPD program for sonographers. If you are a member of the ASA, and wish to register with the PD-asa CPD program, email [memberservices@sonographers.org](mailto:memberservices@sonographers.org)

Making life easier PD-asa



Select PD-asa to manage your CPD activities in 2018 and relax!



## The Path to Fellowship of the Australasian Sonographers Association ...

There comes a time in the evolution of a professional society when the contribution of some members warrants some special merit. This was the case for the ASA when in 2011 the **soundeffects** Committee began discussing the recognition of members who contributed a steady stream of well-researched papers on sonography for publication.

The term 'Fellowship' was adapted to give recognition to high contributing individuals. In considering the highest award that can be bestowed by any professional society, the society needs to consider the criteria for this award. Should the honour be one that is presented for a lifetime of service to a profession, or for a conscious effort to volunteer time and research effort to advancing the principles of their own professional association?

The first outline of a possible 'Fellowship Program' was presented to the Board of the ASA in 2014 and accepted in principle to be structured into a workable plan. This proposal suggested an initial acceptance criterion for entry into the program, and an ongoing documentation of outstanding contribution to the ASA.

When it was finally structured by a panel comprised of staff and Board members, the Fellowship Program had several key parts:

### Associate Fellowship (AFASA)

1. An Associate Fellowship would be granted to members who had contributed to the profession, outside their paid employment as sonographers, to the advancement of the profession.

2. This voluntary contribution could be in a variety of areas and through any forum associated with the profession.
3. It included a requirement for a higher level of CPD accumulation.
4. It was structured so the AFASA could be an end point, allowing that recognition, or as an entry point for the Fellowship Program.

### Fellowship Program (FASA)

1. With the award of AFASA, the member could retain that status during their time of membership, or be eligible for entry into the Fellowship Program.
2. Accumulation of credits towards Fellowship commenced with the awarding of AFASA, and featured contribution predominantly within the ASA for voluntary committee involvement, publication of research papers in *Sonography* and presentation at educational events.

Under the guidance of a newly formed Fellowship Panel, the basic concepts were moulded into a finished document that is the core of the functioning Fellowship Program. It is with great excitement that the inaugural Fellows of the ASA are now to be recognised.

The ASA would like to congratulate the following applicants awarded Fellowship in 2017. The generous contribution of their time, knowledge and experience is vital to the success of our association. It is clear from the description of their recent achievements (2016–2017) that the ASA has a solid foundation of members dedicated to the profession of sonography. Fellows will be presented with Fellowship pins and certificates at ASA2018 Sydney.



#### Jessie Childs

Jessie is a member of the Editorial Review Panel for *Sonography*, the South Australia

Branch and the Fellowship Panel. She was part of the Convening Committee for SIG2017 and gave numerous presentations at ASA2017. Jessie has recently published two articles in *Sonography* and has been awarded ASA Researcher of the Year (2017), Best Research Presentation at ASA Conference (2017) and Best Contribution to Sonography (2017).



#### Peter Coombs

Peter contributes to the Editorial Board and Review Panel for *Sonography*, and

previously served as the Chairperson of the Education Advisory Committee. He has recently published two articles in *Sonography* and has been a valued presenter at ASA2016, ASA2017 and Victoria Branch meetings. Peter has been awarded ASA Best Clinical Presentation at an ASA Conference (2017) and Best Overall Presentation at an ASA Conference (2017).



#### Greg Lammers

Greg contributes to the Editorial Review Panel for *Sonography* and was part of the Convening

Committee for ASA2016 in Melbourne. He is a regular presenter addressing musculoskeletal ultrasound at numerous ASA events including the Annual Conference, Special Interest Group Seminars, Travelling Workshops, local branch meetings and **asawebinars**.



#### Sandhya Maranna

Sandhya is a member of the Sonographer Advancement Working Party (SAWP) and the

South Australia Branch. She was part of the Convening Committee for SIGS2017 and has presented at both ASA2016, SIGS2017 and branch meetings, in addition to presentations for the Australasian Association of Educators in Medical Radiation in 2017.



#### Glenda McLean

Glenda is the Editor-in-Chief of *Sonography*, has served on the Paediatric and Research

Special Interest Groups and the Education Advisory Committee. She has recently published articles in *Sonography* and the *Journal of Paediatric & Child Health*. Glenda has contributed to the ASA2017 Convening Committee and has presented at numerous ASA meetings, including ASA2016, ASA2017 and Goulburn Valley Branch meetings.



#### Nayana Parange

Nayana is a member of the O&G Special Interest Group and contributed to the

ASA2017 Convening Committee. She has recently published articles in *Sonography*, *Academic Radiology* and a chapter in e-portfolios in Australian universities. Nayana has presented at ASA branch meetings, ASA2017 and numerous international meetings.



#### Jenny Parkes

Jenny is a member of the Editorial Review Panel for *Sonography*, the Breast Special

Interest Group, the Fellowship Panel and the Sonographer Advancement Working

Party. She was part of the Convening Committee for ASA2016 and has presented an **asawebinar**, at ASA2017 and numerous international meetings.



#### Tristan Reddan

Tristan contributes to the Editorial Board and Review Panel for *Sonography*,

the Research Special Interest Group (Chairperson) and Queensland Branch. He was part of the Convening Committee for ASA2017 and has presented an **asawebinar** at ASA2016, ASA2017 and ASA branch meetings. Tristan has also recently published multiple articles in *Sonography*.



#### Tracey Taylor

Tracey contributes to the Editorial Review Panel for *Sonography*, the O&G Special Interest

Group (Chairperson), the Education Advisory Committee and the Fellowship Panel. She was part of the Convening Committee for SIG2016 and has presented at numerous ASA meetings, including ASA2016, ASA2017, O&G Travelling Workshops and Illawarra Branch meetings. Tracey was awarded the ASA Volunteer of the Year Award in 2016.

### Changes to the Fellowship Panel

The Fellowship Panel and the ASA would like to thank Tony Forshaw for his time and leadership in establishing the ASA Fellowship Program and commitment to the Fellowship Panel. We bid farewell to Tony and welcome Jenny Parkes as the newest member of the panel. Jenny works as a tutor sonographer

with MIA Radiology, a clinical specialist sonographer at Maroondah BreastScreen and as a lecturer in the Masters of Medical Ultrasound at Monash University. She has previously been awarded the Pru Pratten Memorial Award for excellence and outstanding achievement in sonography and is a past president of the ASA. Jenny currently has roles with ASA Special Interest Groups, the Sonographer Advancement Working Party and the Fellowship Panel. Jenny is also a Board member of the ASAR.

Continuing panel members include Bonita Anderson, Jessie Childs, Tony Parmiter and Tracey Taylor. **For more details regarding the Fellowship Program and application requirements, please refer to the ASA website.**

### 2017 Associate Fellows (AFASA)

Congratulations to the following members who were recently conferred as Associate Fellows of the ASA.

Erika Cavanagh  
Chris Edwards  
Christopher Gilmore  
Anna Graves  
Natalie Kelly  
Ling Lee  
Warren Lewis  
Brooke Osborne  
Lino Piotto  
Jacqui Robinson  
Samantha Ward

The complete AFASA list can be viewed on the ASA website.



# person profile

## Jodie Long

### Short bio

As a qualified general sonographer I have worked in private practice within Australia and in hospitals and clinics within the UK and Canada. From 2005–2016, I worked for Siemens Healthcare in multiple roles starting as an ultrasound applications specialist Victoria/Tasmania, moving to a corporate marketing role, and then Business Manager of Service to Business Manager Ultrasound. For the last 2 years I have been a management consultant within the diagnostic imaging industry. I joined the Board of Directors of the Australasian Sonographers Association in 2017 and I have just completed my MBA after many years of study.

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

I am passionate about making a difference and giving back to the profession so as to promote and advance the sonography profession.

### What aspect of sonography has been most rewarding?

As a sonographer, one plays a critical role in patients' healthcare journeys, and having an ill patient take the time to thank you and to genuinely be so appreciative of the care you have provided is the most rewarding aspect of being a sonographer.

### Have you done other volunteer work?

Yes, I have been part of a think tank that developed the Corporate Brain Fitness Challenge in 2011, which raised money and awareness for the Florey Brain Institute. Recently I have also volunteered as an event marshal for the triathlon series in Victoria, giving back to a sport I love.

### What do you enjoy doing outside work?

Outside of work I stay active, either riding my bike or swimming, although not as often as I would like. I am sport mad and will watch any sport that's on. I'm also a foodie who loves to regularly catch up with friends at new restaurants.



### What is your greatest achievement?

My greatest achievement was representing Australia at the 2008 World Age Group Triathlon Championships in Vancouver. Representing your country is an honour and I was very proud to wear the Australian colours.

### Do you have a philosophy for life?

Be yourself, back yourself.

### Who is your favourite author?

Simon Sinek – a writer who can make the complex simple, who I just 'get' and could read or listen to all day.

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

Becky Anderson CNN reporter, Sheryl Sandberg COO Facebook, Gail Kelly ex CEO Westpac Bank – all outstanding women who would have amazing stories to tell.

### Favourite place you have travelled to?

New York City – I love the energy of the city, the shopping, and there is always something happening.

### Place you would like to travel to?

Sri Lanka because the beaches are meant to be amazing.

### What talent do you wish you had?

To be able to speak another language.

### Do you have any musical talent?

No, as I am told that I am tone deaf.

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## Working in a collaborative environment to limit isolation in a medical sonography department

Sonographers are often so busy completing their list that they get to the end of their day without speaking to another person. This can bring feelings of isolation and lead to depression. It is very important in our everyday to stop, leave our rooms and go and talk to others. This can be just a chat as you write a report or wait for your films to come through.

Computerisation in our modern world of sonography has led to less time spent out of our individual sonography rooms. Many rooms have a computer terminal so a sonographer will complete all written reports and communications from there.

To avoid feelings of isolation, time management is very important. This can be divided into that which you have control over and that which you do not. Making each of these a part of your planning for the day will minimise running overtime with scanning and generating the stress that follows from that.

Time management starts at the time of booking the appointment for the patient to be scanned. The roster should be such that there is adequate time for the patient, the sonographer and the reporting physician to communicate with each other about the patient and the scan findings. If there is sufficient staff, then splitting start times, shift breaks and different end times will be advantageous to the efficiency of a busy medical imaging department.

Keeping to a schedule is dependent upon your own ability and the amount of time each study takes you to perform to the best of your ability. When you are starting your career as a trainee, for example, you should be given a considerable time to do an abdominal scan. This allows for your findings to be checked and verified by a qualified sonographer and the reporting physician. As you gain more experience and confidence, and become familiar with the protocols and procedures of the clinical training site, the time spent scanning will naturally decrease. The supervision required should also decrease as you are exposed to more physiological variance and pathology.

Rostering breaks should be a formal activity and not just waiting until you think that you have time for a quick cuppa. A break must be just that: time out of the scanning room and away from the reporting area, time to talk to colleagues or readjust your focus by reading a short article on another subject, or just looking out of the window at another vista. It is time to breathe and relax those shoulders, fill your lungs with air and relax your back and your arm as you exhale slowly. This is called 'mindfulness' now, but it is really just looking after you.

It is good practice to let go of the stress that you may have experienced during your shift, especially after the breaking of bad news, or the results of scanning a complex pathological condition. We may

**Bernie Mason,**  
ASA Sonographer Health  
and Wellbeing Special Interest  
Group

not feel the tension, but it is automatically transferred to our musculoskeletal system and those muscle bundles need time to relax and rest. Just holding a warm drink gives your hands and fingers a rest from holding the transducer and applying downward force in a sustained static position.

Regular meetings and debriefing sessions are vitally important to the mental health of all staff involved with the diagnosis and communication of findings to patients. Many departments also have a counselling service for employees where they can discuss problems that may arise from these stressful interactions.

If you feel that this article has brought up any issues for you, then please contact a counselling service available to you through your employer, or any of the services listed below.

Lifeline Australia – 13 11 14 – Crisis  
Support and Suicide Prevention  
<https://www.lifeline.org.au/>

beyondblue – Home  
<https://www.beyondblue.org.au/>

Get immediate help for depression and  
anxiety – beyondblue  
<https://www.beyondblue.org.au/get-support/get-immediate-support>

Men – beyondblue  
<https://www.beyondblue.org.au/who-does-it-affect/men>

## Working in a collaborative environment to limit isolation in a medical sonography department

## feature article

### Further reading

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## + .....+ call for papers: Measurement

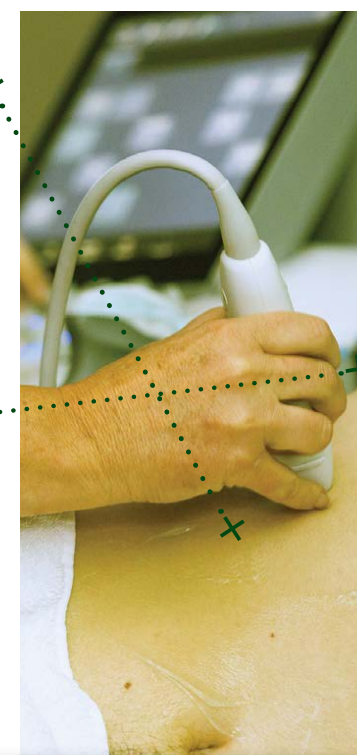
In 2018, *Sonography* will be publishing a special issue on Measurement. Ultrasound measurement values are critical in the management of patients, including ranges for normal values, clinical application of measurements, and reproducibility of measurements. Articles could address (but should not be restricted to):

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

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

Submissions should be made **no later than 19 June 2018** following the author guidelines and submitted via the ScholarOne online manuscript submission system. *Sonography* is the ASA's international peer reviewed journal, published as part of our commitment to ensure research is undertaken to provide an evidence base that supports the development of the profession, showcasing articles on all aspects of sonography and medical ultrasound from authors around the world. Author guidelines are available on the Wiley Online Library: [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)2054-6750](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)2054-6750)

Further information can be obtained from: **Glenda McLean** – Editor-in-Chief  
E: [editor@sonographers.org](mailto:editor@sonographers.org) P: +61 3 9552 0000  
For author guidelines on writing and referencing visit [www.sonographers.org](http://www.sonographers.org)





## The p-value: what is it?

### Introduction

When reading research reports of quantitative studies, you may have noticed that a p-value is reported in the results section. For example, in a recent article published in *Sonography*, Gerrie [1] reported the following:

*Using T-test analysis based on this null hypothesis, there is a statistical difference in the average number of days from scan to discharge between the groups ( $p = 0.05$ ).*

This brief article will explain what the reported p-value means and how it should be interpreted when reading research reports.

### Foundation knowledge: hypothesis testing

Before understanding what a p-value means, you need to understand about hypothesis testing. When researchers set about a study, they have a research question that they want to answer. Inferential statistical testing can be used to help answer this question, and to do so the research question is converted into a working hypothesis, which is then tested on a sample of the population to estimate if the hypothesis is true or false for the whole population. Of course, statistical testing of hypotheses is never proved completely as right or wrong; there is always a chance that the 'null' hypothesis has been incorrectly accepted or rejected. The p-value is one indication of the 'risk of error'.

The statistical testing is performed against the 'null' hypothesis. The 'null' hypothesis states there will be no true change, difference, effect or relationship, whereas the 'alternate' hypothesis

states that there will be a true change, difference, effect or relationship. For simplicity, in this article we will state that the 'alternate' hypothesis is stating there will be a change; the 'null' hypothesis is stating that there will be no change. Even though in most research the research question asks if there is a change, it is always the 'null' hypothesis that is tested. The 'null' hypothesis is assumed to be true unless the testing shows it not to be true. If the researcher is confident that the 'null' hypothesis can be rejected, they then accept the 'alternate' hypothesis.

### The p-value and Type 1 error

The p-value helps us decide if the 'null' hypothesis should be accepted or rejected. Modern statistical packages calculate the p-value of statistical tests automatically. In the past, this value was determined from tables called critical value tables. Before commencing the study, the researcher sets a cut-off p-value that they use to help them decide whether to accept or reject the 'null' hypothesis. This cut-off p-value value is called the 'significance level' of the test. The 'significance' level is the error the researcher is prepared to chance when interpreting the study results. Specifically, it relates to what is called a Type 1 error or alpha error. A Type 1 error is when the 'null' hypothesis is rejected when it is actually true (or there is no true change, but the researcher says there is a change). It can also be looked on as a false positive. If the p-value is greater than or equal to the level of significance, then the 'null' hypothesis is accepted (the researcher says there is no change). Conversely, if the p-value is less than the level of significance, then the 'null' hypothesis is rejected (the researcher says there is a change). If the 'null'

**Dr Kerry Thoirs,**  
ASA Research Special Interest Group

hypothesis is rejected, then the results are said to be statistically significant.

The level of significance is commonly set at 0.05. Sometimes it is set lower (i.e. 0.01) to reduce the chance of a Type 1 error. If using a level of significance of 0.05, then there is a 5% chance of a Type 1 error; a 0.01 level of significance reduces this to 1%. The p-value may be reported as an absolute number (e.g. 0.78) or as being greater than or less than the level of significance (e.g.  $< 0.05$ ,  $> 0.05$ ). Most authors will state if their results are either statistically significant or not statistically significant.

### Statistical Power and Type 2 error

This is also another type of error called a Type 2 or beta error that is indirectly related to the p-value. A Type 2 error occurs when the 'null' hypothesis is accepted when it is actually false (or there is a true change, but the researcher says there is no change). It can also be regarded as a false negative. Conventionally, researchers accept a 20% chance of a Type 2 error. Type 2 errors relate to a concept called the 'power' of the study. Power is expressed as '1-type 2 error', so for 20% chance of Type 2 error, the power is 0.8. Power is dependent on sample size (larger sample size gives higher power) and the degree of change that needs to be detected in the study (smaller changes need larger samples). Power is also inversely related to Type 1 errors and the level of significance. For instance, increasing the 'power' decreases the risk of Type 2 error, but increases the risk of Type 1 error. If you accept a beta error of 0.2, then the power is 0.8. If a test is well-

powered, then there is a small risk of making a Type 2 error.

Study sample sizes are determined before the study commences based on the predetermined power, size of change that is required to be detected, and estimated dispersion values of the study variables. If the sample size is fixed, and the researcher wants to increase the power of the study (decrease risk of Type 2 error), they will do so at the expense of the risk of a Type 1 error. When estimating sample sizes, researchers consider both error types (power of the study, level of significance).

### Examples

Let's go back to the results of Gerrie (1). They clearly state the 'null' hypothesis:

*The null hypothesis for this subanalysis is that there is no difference in the average number of days from ultrasound scan during weekend after hours to discharge between the pre-intervention and post-intervention groups.*

They use a t-test analysis to test for differences between means, and set their level of significance at 0.05 (i.e. they were willing to accept a 5% chance of a Type 1 error):

They state that there is a statistical difference, which means that their p-value resulting from the t-test would have been  $< 0.05$ .

Using T-test analysis based on this null hypothesis, there is a statistical difference in the average number of days from scan to discharge between the groups ( $p = 0.05$ ).

They then state that the 'null' hypothesis is rejected based on these results and infer then that the 'alternate' hypothesis can be accepted i.e. that the scan to discharge time is different between the two groups.

Therefore, the null hypothesis is rejected, implying there is a difference in the average number of days from scan to discharge between the pre and post-intervention groups.

As the null hypothesis has been rejected, there is a risk of a Type 1 error i.e. that we say there is a change when there is actually no change. As the level of significance was set at 0.05, we know that there is a 5% chance of this error, or a 95% chance that the 'null' hypothesis was correctly rejected.

However, what if the researchers had found no change between the two groups? If this were the case, then there would be risk of a Type 2 error i.e. that the 'null' hypothesis was incorrectly accepted, or if there was a true change and the authors said there was not. An example of this scenario is provided by O'Hara (2), who tested for differences between measurements of liver stiffness using 1) shear wave elastography (SWE) and 2) transient elastography (TE). The results of their testing for differences (t-test) showed:

*The mean difference of the elasticity of tissue between TE and SWE was not statistically different from zero with a mean difference of 0.29 kPa (SE 0.41);  $t(29) = 0.72, p = 0.476$ .*

Because the reported p-value was 0.476, which was greater than the level of significance (0.05), the 'null' hypothesis is supported i.e. there is no difference between the two methods. But how do we know what the chance of a Type 2 error is (i.e. that there is actually a difference between the two methods)? If the sample size, level of significance and standard deviations of measurements are known, then post hoc power analysis can be performed to determine if the study had enough power

to detect a true difference between the means of the two methods.

### P-value in a nutshell

- P-values indicate the risk of a Type 1 error (that the 'null' hypothesis is rejected but is actually true, or a false positive).
- The 'level of significance' is a cut-off p-value that researchers set before commencing the study. Conventionally the 'level of significance' is often set at 0.05.
- If the p-value is lower than the 'level of significance', then the 'null' hypothesis is rejected; and the results are said to be 'statistically significant'.
- In a fixed sample size, decreasing the 'level of significance' (or reducing the risk of Type 1 error) will decrease the 'power' of the study (increase the risk of a Type 2 error or increase the chance of accepting the 'null' hypothesis when it is false, or increase the chance of a false negative).

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### Further reading



# reader competition

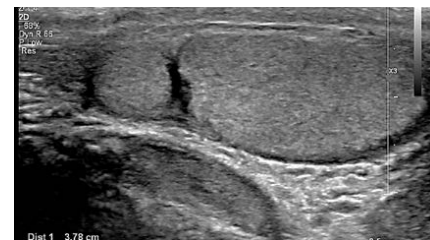
We are taking a break from the *Reader Competition* in 2018. If you have a suggestion for how we could share the images of interesting cases, please let us know.

## Last issue's case

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

This was a case of polyorchidism.

Polyorchidism, or supernumerary testis (SNT), is a rare congenital condition where there are more than two testes present in the male patient. Usually, an SNT is found on the left side and is often found incidentally with a hydrocele, inguinal hernia, cysts or infertility. Although the condition is often found in children as a scrotal mass, it may go undetected until adult life where it may be found incidentally. SNT has several different classifications depending on the location of the extra testis and its relationship to the vas deferens and other 'native' testis. The most common presentation of SNT is one extra testis,



called triorchidism, on the left side. Image supplied by Matt Bondarenko.

A right-sided SNT is the focus of the case study which was published in the *Sonography* journal in 2015.

Correct answers were received from Zea Wyatt, Sue Drinic, Nishchala Singh.

# interesting cases

*Interesting cases* is a new section in *soundeffects news* for 2018 and replaces the *reader competition*.

The answers are provided on page 31.

This issue's cases are supplied by Erin McKinnon.

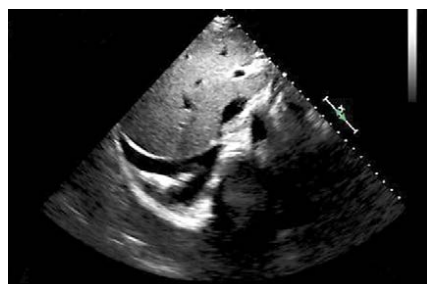
**Fluid seen when performing an echo**  
Performing a cardiac ultrasound (echo) often reveals pathology outside the heart.

1. Name the pathologies which are seen in these images.

2. How is each pathology defined?



Fig 1. Subcostal long axis (4-chamber)  
Fig 2. Parasternal long axis  
Fig 3. Subcostal long axis with lateral angulation



## travelling workshops

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**Saturday 28 April | Gold Coast**  
O&G  
Presented by Catherine Robinson

SIEMENS Healthineers



**Saturday 14 July | Wellington**  
Paediatrics  
Presented by Cain Brockley



**Saturday 5 May | Goulburn**  
MSK  
Presented by Daniel Walkley



**Saturday 4 August | Launceston**  
O&G  
Presented by Tracey Taylor

SIEMENS Healthineers



**Saturday 12 May | Mount Gambier**  
Abdomen  
Presented by Jane Keating



**Saturday 13 October | Echuca**  
MSK  
Presented by Lisa Hackett

SIEMENS Healthineers



**Saturday 9 June | Darwin**  
MSK  
Presented by Greg Lammers



**Saturday 10 November | Mackay**  
Vascular  
Presented by Jacqui Robinson

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## asaweinars

from the comfort of home

asa



**Wednesday 11 April | 7.30–8.30 pm**  
Paediatric MSK  
Presented by Leanne Lamborn and Christina White



**Wednesday 12 September | 7.30–8.30 pm**  
Posterior fossa, CSP, CC  
Presented by Kate Guskich



**Wednesday 13 June | 7.30–8.30 pm**  
Interventional MSK  
Presented by Mark Stieler



**Wednesday 10 October | 7.30–8.30 pm**  
Podiatrist feet  
Presented by Luke Doonan



**Wednesday 11 July | 7.30–8.30 pm**  
Deep infiltrating endometriosis  
Presented by Dr Valeria Lanzarone



**Wednesday 14 November | 7.30–8.30 pm**  
Interesting case/contrast MRI/Mammo  
Presented by TBA



**Wednesday 8 August | 7.30–8.30 pm**  
Elastography  
Presented by Giovanna Ferraioli



**Wednesday 5 December | 7.30–8.30 pm**  
Vascular  
Presented by James Maunder

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# re·search<sup>1</sup> /rɪˈsɜːtʃ/, [plural] 1 serious st- /n [U] also discover new facts new ideas ancer | resea

## ASA Research Grants

asa

### Introduction

In 2017 the ASA launched the inaugural funding round of the ASA Research Grant Scheme, which will provide an annual funding pool of AUD \$15,000 to support and facilitate new ultrasound research by ASA members.

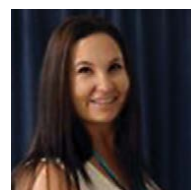
The ASA is delighted to announce the inaugural round will support the following members' research in 2018:

### Virtual Reality in sonographic practical skill acquisition, enhancing student learning

*Research team – Associate Professor Ann Quinton, Dr Delma Clifton, Mr Brendan Goode and Mrs Sharon Meng*

Central Queensland University staff are elated to be the recipients of the ASA Research Grant Scheme and are pleased to be working in conjunction with the team at the Australasian Sonography Association.

Our research project aims to compare the perceptions, related to content understanding of sonography students, when comparing 3D full high definition virtual reality recordings made for teaching purposes with 2D teaching recordings of sonographic examinations of the shoulder.



From top: Assoc. Prof. Ann Quinton, Dr Delma Clifton, Brendan Goode & Sharon Meng

This study will introduce state-of-the-art technological advances into medical sonographic teaching practices and assess their viability in comparison to mainstream teachings. 3D full high definition recordings of sonographic examinations will provide a three-dimensional virtual reality experience, allowing students to view the procedures from multiple angles to facilitate student individualised learning.

Based upon research findings, this study will form the foundation to further explore the feasibility of implementing 3D FHD virtual reality recordings into other skill-based areas of ultrasound learning and may provide an invaluable platform for online education for those sonographers who wish to learn or upgrade their skill set.

Virtual reality can deliver a sonographic laboratory-learning environment right into the sonographic student's home. This will particularly benefit the rural and sole practice sonographic student.

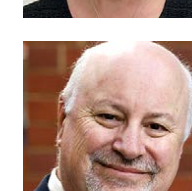
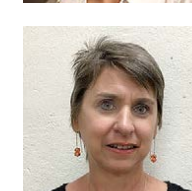
### The accuracy of a simple sonographic liver volume equation to determine hepatomegaly

*Research Team: Dr Jessie Childs, Dr Kerry Thoires and Professor Adrian Esterman*

Hepatomegaly can be determined via palpation and percussion; however, this technique has been shown to be inaccurate and potentially misleading. Computed tomography (CT) and magnetic resonance imaging (MRI) are more accurate but have limited applicability due to cost, time, exposure to radiation, accessibility and contraindications. The liver can be easily measured using ultrasound, but until now there has been no standardised and evidence-based sonographic measurement protocol available.

The research team recently published an equation to calculate liver volume, with a corresponding normal reference range using three simple 2D ultrasound measurements that are reliable and valid.

For this technique to be implemented confidently in clinical practice, the upper limit of the reference range needs to be tested for its diagnostic accuracy in identifying hepatomegaly. If accurate, sonographers can rely on this as a robust technique



From top: Dr Jessie Childs, Dr Kerry Thoires & Prof. Adrian Esterman

to replace current measurement techniques, as it is evidence-based, accurate, reliable and valid. It will also enable the diagnosis of hepatomegaly to be performed accurately without the use of MRI or CT.

We will be undertaking a diagnostic accuracy study that will recruit participants at high risk of hepatomegaly and participants at low risk of hepatomegaly. Each participant will undergo a limited liver ultrasound where the three simple ultrasound measurements will be performed and used to calculate liver volume. These will then be categorised as normal or enlarged using the reference range. Each participant will also undergo a limited MRI of their liver in order to categorise the liver as normal or enlarged.

The diagnostic accuracy will be determined by computing sensitivity and specificity of the ultrasound to determine hepatomegaly against the diagnosis from the MRI.

### Answers to Interesting cases (page 28)

Figure 1 – Ascites

- Recognised by the contours of the space, its relationship to the liver and the distinctive midline appearance of the falciform ligament of the peritoneum bisecting the space
- Echo-free space around and in between the abdominal viscera, with the falciform ligament appearing as a sharp, thin band perpendicular to the abdominal wall and diaphragm

Figure 2 – Left pleural effusion

- Distinction based on anatomical relationship of fluid to the descending thoracic aorta, with left pleural effusion

appearing posterior to the descending thoracic aorta (wedge appearance), while pericardial effusion appears anterior to the descending thoracic aorta

- Posterior thoracic imaging can be used when a left pleural effusion is present
- Atelectasis – collapse of a part of the lung due to a decrease in the amount of air in the alveoli

Figure 3 – Right pleural effusion (+/- atelectasis)

- Follows the contours of the diaphragm which lies just cranial to the liver boundary, within the right costophrenic angle (wedge appearance)

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## Australian Capital Territory

Following on from the great line-up of CPD events at the start of the year, the second half of 2017 saw our local members attend some great educational events.

At the end of July, an obstetrics-themed education meeting was held at the Peter Yorke Theatre, Deakin. Dr Karen Mizia returned to speak again, this time about IUGR. She discussed the differences between early (< 32 weeks) and late (> 32 weeks) growth restriction and their associated implications, via an entertaining analogy of *Game of Thrones*. Many thanks also to Deb Paoletti who presented on how to obtain intracranial views to assess the corpus callosum and the consequences of the prenatal finding of agenesis of the corpus callosum.

A weekend workshop titled *I kid you not* was held on 5 August, themed around paediatric imaging. There was a fantastic program with presentations and live scanning of paediatric hips and spines by Sydney-based paediatric sonographer



Rommel Cruzado. Dr Wes Cormick presented a thoroughly informative talk on paediatric urogenital ultrasound. We were also given a clinical perspective through interesting presentations given by paediatric physiotherapist Carolyn O'Mahoney, as well as paediatric orthopaedic surgeon Dr Andrew Leicester. It was a jam-packed day with many of the attendees having gained a greater appreciation for ultrasound imaging in the paediatric setting. The workshop was a great success and the committee appreciates the contribution of the expert speakers, as well as Toshiba Medical (now Canon Medical Systems)



Clockwise from top left: Deb Paoletti, Dr Karen Mizia and Terri Carmody; Rommel Cruzado live scanning; Dr Wes Cormick and Teri Carmody; Teri Carmody and Dr Andrew Leicester; Student presenters with Toshiba reps (now Canon Medical Systems) Donna Jones and Salveen David



for sponsoring the event and providing the machines used for live scanning.

Our final event for the year was the annual *Student case study evening* held at Toshiba Medical offices at Fyshwick. As always, it was a great way to round out the year's CPD events with seven of Canberra's finest trainee sonographers presenting case studies. There was a great turn out in showing support for the presenters and a great mix of topics were covered, including breast imaging, salivary glands, obstetrics and an unusual scalp lesion. The event was emceed by our Student Committee representative, Angus McKenzie, who also entertained us with a lively, interactive case on hernias.

We continue to look forward to another fantastic year of CPD events in 2018.

Stephanie Konza  
ACT Branch Committee

## Auckland-Waikato

An August Saturday morning saw 28 registrants attend our branch meeting with three thought-provoking speakers covering the regions of breast and knee.

Consultant radiologist Dr Lip Koon Ng presented *Breast ultrasound case review – multimodality*. Women with dense tissue have a startlingly increased breast cancer risk of 4–6 times. Technical guidelines imparted imaging in two planes, side, o'clock, distance from nipple; labelling of any scar/palpable lump; lymph nodes – look in all locations, including the internal mammary chain; use of colour Doppler and harmonics can be useful. Correlate with other imaging – mammography, MRI or CT. Scan the entire breast, with both scanned if there is a suspicious lesion found, whilst looking for satellite

lesions to accurately define the extent of disease and measure the cortex of axillary nodes – 3 mm cortex being upper level of normality and look for cortex asymmetrical thickening.

Some unusual cases were presented: very rare IDC developing in a biopsy-proven fibroadenoma; anaplastic large cell lymphoma within silicone implants; phyllodes – and an aggressive type of fibroadenoma-type which grows rapidly, increasing in size 2–4 times/month; fat grafting/necrosis near scar: metastases and lymphoma. The take-home points were: there is an overlap between benign and malignant appearances e.g. some high grade cancers simulate cysts; being aware of ultrasound limitations e.g. DCIS in situ and recurrent ID; nonlucational mastitis/inflammatory breast cancer; accurate labelling and lymph node assessment.

Dr Lip Koon Ng's presentation was reinforced by the next presentation of *Breast and cancer care* by Anne Norris, a clinical nurse specialist breast and cancer coordinator for one of the local health boards, of which they have 350 cases annually. Anne relayed what role her team of 4 nurses has, along with information regarding the patient journey.

Breast cancer affects 1 in 9 women (with 1% of males affected), with 75% being 50 years of age or older, with an increased risk associated with alcohol and smoking. The clinical nurse specialist (CNS) service is aimed at providing a faster diagnosis and service, with a 62-day time frame from referral. The CNS role is to support women/families from diagnosis to treatment, with education/information to make decisions, being advocates for the women and referral to other services such as social worker, whilst providing an open door for follow-up for 5 years.

We benefited from sonographer Dan Maguire's captivating *Extending the knee ultrasound examination*, along with interesting cases. It is essential to know the anatomy first and follow scanning guidelines. Intra-articular pathology provides red flags: large knee effusions in suprapatellar recess; history of instability and locking/decreased range of movement; loose bodies or difficulty weight-bearing.

Our committee members express their appreciation to Toshiba for the calorific nourishment and to Auckland Radiology Group for the venue for this educational event. We are exceedingly grateful for their continued support of our branch. We wish to recognise and thank our expert presenters for sharing, resulting in our mental and professional nourishment. We anticipate providing further beneficial branch meetings during 2018.

Julie Heaney  
Auckland-Waikato Branch Committee

## New South Wales

In August, St Vincent's Public Hospital hosted our breast meeting, sponsored by Philips. Nancy Ye Yang, the NUM at Breast Cancer Institute at Westmead Hospital, presented *The role of a breast care nurse*. Dr Salman Ansari, radiology consultant from RPA Breast Ultrasound, presented *Differentials and mammo correlation*. Dr Elizabeth Robbins, RPA pathologist, presented *Pathological findings and appearances*. This was an amazing educational evening demonstrating the important role we as sonographers all play and the necessity of working together to ensure high standards of breast imaging.

In October, RPA hosted our obstetrics meeting. Dr Philippa Ramsay from RPA presented *Screening for critical*



*congenital heart disease in the fetus* and Associate Professor Martin Kluckow from Royal North Shore Hospital presented *Ultrasound in the NNICU*. These were both amazing topics with interesting cases, techniques and demonstrations of the importance of ultrasound. We would like to thank them both for presenting at our meeting.

The NSW Branch would like to thank and farewell Sarah Colley and Kelly Basely from the committee. They have been valuable members of the committee, great mentors and supporters and will be greatly missed. We wish them both the best in their future endeavours.

Planning for 2018 is well underway with some exciting events planned, and with ASA2018 in Sydney, it is going to be a big year. We would like to thank all our presenters, sponsors and attendees who make these educational events so successful. If you have any suggestions for topics you would like covered at future meetings, or you would like to present, please let us know. We look forward to seeing you at our 2018 meetings.

Sarah Skillen  
NSW Branch Committee

## Northern Territory

After a mid-year dry season hiatus, the ASA NT Branch was back into education mode during the build-up!

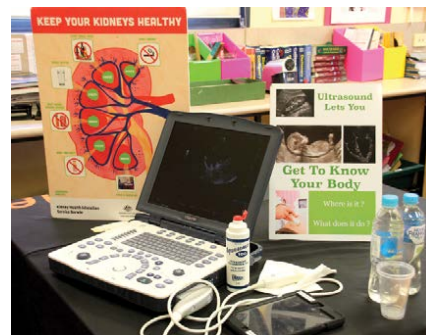
Early October, the branch hosted its first *5 Slides in 5 Minutes* meeting. The local presenters and their subjects were:

- Emily Lovell – *Orbital melanoma*
- Sheree Armstrong – *Assorted slides*
- Elle Bradshaw – *Intussusception*
- Barbara Vanini – *Assorted case studies*
- Kate Duncan – *HealthLAB*

- Erin Stewart – *Twin to twin transfusion syndrome*
- Nicola Tucker – *Nuchal translucency case study*

I'd like to thank the presenters who took the time to showcase their interesting slides and case studies. The night was so well received that we plan to do one in 2018.

One of the standout presentations of the night was by Kate Duncan on the Menzies HealthLAB project. Kate explained that HealthLAB is a face-to-face, innovative, interactive and educational experience with a clinical coordinator accompanied by trained staff that discuss risk factors of chronic diseases (such as diabetes, obesity, alcohol literacy and smoking) from a mobile laboratory. Using modern technology, participants engage in a range of activities and tests to measure their health against the standards for these diseases. Some of the tests and activities include: blood pressure, grip strength, vertical jump, *How much sugar is in your drink*, multiple props used for visualising the comparison between healthy vs unhealthy organs, alcohol impairment simulation goggles and an interactive ultrasound experience. The travelling HealthLAB aims to directly engage the public, with a focus on youth and Indigenous communities, to educate individuals about positive lifestyle choices and taking ownership of their health. Ultrasound is a key component of HealthLAB that allows participants to literally 'get to know your body', where Kate demonstrates in real-time the location of organs and what they do! Kate particularly mentioned the amazement on participants' faces when they see in real-time the heart beating and water entering the stomach whilst drinking.



Top and bottom: 'HealthLAB, own your own health' by Kate Duncan

It was enlightening to listen to Kate passionately talk about this amazing project and the team that she is a part of and how she uses ultrasound to deliver a fun, hands-on experience to convey knowledge which will stay with the participants for the rest of their lives and the next generation to come. Great work, Kate!

In October we enjoyed a group **asawebinar** viewing of *Left-sided fetal heart anomalies*, presented by Associate Professor Ann Quinton and *Tips and traps in ultrasound of chronic liver disease*, presented by Professor Robert Gibson.

The final meeting of the year was a well-earned *Sonographer's yoga and meditation session* instructed by Claire Johnson from Sunset Yoga Darwin, kindly sponsored by Tristel Pty Ltd. Claire provided a much-needed yoga therapy session aimed at melting away all the common sonographer acquired stresses and strains, finished by a zenful

meditation designed at letting go of all the badly written clinical details on request forms and late presentations of the day – just joking. Thank you, Claire, and Tristel Pty Ltd, for restoring the mindfulness to Darwin's sonographers!

Lastly, a big thank you to all the organisers who have contributed to our meetings – we appreciate your time and efforts. Thank you to ASA for all your help in the preparation and funding provided to us for our meetings. The NT Committee is looking forward to planning the 2018 events!

Sheree Armstrong and Barbara Vanini  
Northern Territory Branch Committee

## Queensland

On Friday 25 August, we held an interactive *Test your ultrasound knowledge* evening at the Ship Inn Hotel, South Bank. The format for this year was slightly different to previous years and we used a new platform called Kahoot. This allowed teams to answer questions collaboratively using a single mobile device or tablet. Each table had a team of up to 8 people, many of whom were organised in advance and some who joined together on the night. A wide variety of ultrasound pathology and questions were covered throughout the evening. There were three rounds of ultrasound trivia, with breaks for a buffet dinner and dessert in between. We had a private bar on the balcony for those who wished to purchase drinks and plenty of time for socialising and catching up with colleagues. There were prizes for the top teams, with the 'Wonder Women' team of sonographers from Prince Charles Hospital taking out first place for the evening. Well done to all those who participated and thank you to Philips for generously sponsoring this event.



Gill Long, Jason Cotter (Toshiba rep), Allison Holley, Debra Cotter, Elvira Savariappan

On Saturday 28 October, a half-day paediatric scanning event was held at the Lady Cilento Children's Hospital in South Brisbane. The program ran from 8.30 am registration until midday and was kindly sponsored by Toshiba. We had four speakers throughout the morning covering a range of topics. Gill Long gave a very informative presentation on *Paediatric abdominal scanning*. Allison Holley spoke both about *Paediatric testicular ultrasound and paediatric hips*, including an interactive session on how to optimise images and obtain the correct scan plane for measurements. Debra Cotter gave a *Physiotherapist's perspective on clubfoot*, which was very interesting to discover the follow-on from initial diagnosis. Elvira Savariappan gave a comprehensive *overview of neonatal cranial ultrasound*. Well done to all the speakers involved and thank you for helping to make this event such an enjoyable and interactive learning experience.

Heather Allen  
Queensland Branch Committee

## South Australia

The SA Branch Committee has been quite busy with the highly successful, booked-out SIG symposium in September 2017. The branch welcomes Brooke Osborne and Kosta Hellmanns as new members in 2018. Lino Piotto has kindly agreed to be the vice-chair. Thanks to Dr Jessie Childs for her continued support to the committee as

she hands over her chairperson role to Sandhya Maranna.

The branch events were wrapped up with the much anticipated annual *SA Branch Christmas Case Study Night* organised by Lino Piotto in November 2017 at the Women's and Children's Hospital. Key highlights of the night are mentioned below.

The evening was well attended with almost 40 sonographers who were treated to some very informative talks. Kate Russo started the night with a great talk on *Early pregnancy*. Jeanelle Farnillo spoke about *Cervical assessment and vasa praevia*. Casey Smedley spoke about *MCDA twins and TAPS*. Alison Galek spoke about *Tuberous sclerosis seen antenatally*. Lino Piotto presented a case of *abdominal cystic lymphangioma*. Finally, Roger Gent presented a case of *torsion of vermiform appendix* and then made everyone squirm by showing some wriggling pinworms in an appendix. We would like to thank Michelle Perkovic from Philips Medical for sponsoring the evening, which included very lovely food and drinks for the attendees. The evening was a real success and we look forward to even bigger ones next year.

We look forward to another eventful year.

Sandhya Maranna  
South Australia Branch Committee

## Victoria

The Victoria Branch Committee started the second half of the year with a women's imaging night. We scan female pelvises and breasts on a daily basis. The focus of this night was how to do these scans well. The night included a gynaecological presentation from Rowena Findlay of Monash Health. Rowena gave a very interesting talk with



great clips of gynaecological pathologies. I, a sonographer from MIA Victoria, gave a talk on *breast imaging* with a focus on image optimisation and tips and tricks for seeing difficult-to-see breast cancers. There was also a panel discussion with a Q&A with experts in the field. A big thank you to Rowena Findlay, Jing Fang and Frauke Lever of Monash Health and Louise Worley from MIA Victoria for participating in this panel.

We finished the year with a bang with a Christmas case study night. Thanks to Braidy Davies, Jenny Ma, Anthony Wald, Ffion Hart, Susan Diep, Usmi Chauhan, Tara Bar, Margaret Condon, Ian Schroen and Julie Thwaites for your cases. It is always great to see such varied, interesting pathologies and we appreciate you sharing your cases with us.

A big congratulations to the prizewinners on the night, Susan Diep and Tara Bar, as well as to Usmi Chauhan for winning best presentation and Margaret Condon for wowing us with her knowledge and winning the scientific quiz. Thank you also to Siemens for sponsoring the prize for best new presenter and to Toshiba for sponsoring the prize for best overall presentation.

We would like to thank all our corporate sponsors, GE, Phillips, Siemens and Toshiba, for their continued support and a big thank you to all our speakers for their hard work and dedication. A big thank you to the rest of the Victoria Branch Committee for your work this year in organising such events, especially to Carolynne Cormack, chair of the ASA Victoria Branch, for going above and beyond in her dedication to ASA Victoria.

Stay tuned for 2018. We will have many more workshops and presentations planned for you! Watch out on the ASA website or our Facebook page for details of upcoming events in 2018.

Ramya Gunjur  
Victoria Branch Committee

## Wellington

Happy New Year to all fellow sonographers. I hope the New Year will bring lots of inspirational learning opportunities to everyone and some great networks to help build fantastic, supportive ultrasound communities.

So, now to our branch summary of the latter half of 2017. As I mentioned previously, we kicked off the second half of the year with Dr Rodney Wu presenting a very informative talk on *the acute abdomen*. This, coincidentally, allowed me to show students the very next day the importance of the RIF/LIF sweep with a typical diverticulitis and a case of Castleman disease.

This was followed in August with Dr Jay Marlow presenting *Abnormalities of the placenta and the effect on pregnancy outcome*. Jay's talks are always well received and very informative to the larger group of sonographers here in Wellington who work in private practice.

September brought the ASA Travelling Workshop to Wellington with Scott Allen helping us evolve our clinical assessment skills to aid in MSK diagnosis. We had an informative and entertaining day with Scott, who proved to be a knowledgeable, relaxed and thought-provoking presenter.

November was a small interesting cases meeting held at Valley Imaging. It is always nice to hold meetings away from our usual sites, and Sally was a great host for the event and provided us with some unusual case studies.

December brought along the last event for the year and one I would like to see repeated each year: our inaugural *Student and new graduates interesting cases evening*. We did have some very

nervous first-time presenters, but they all did exceptionally well and we hope to see them presenting at other meetings in the future.

We are yet to have a meeting to set up this year's program, but I am sure we will hit the ground running when everyone has returned from Christmas and school holidays.

Wishing the ultrasound community a healthy and happy New Year from all of us here in Wellington.

Lynn McSweeney  
Wellington Branch Committee

## Western Australia

The Western Australia Branch wrapped up another busy year of branch meetings with our annual *Interesting case night* held at St Charles Gairdner Hospital on December 7. This event was kindly sponsored by GE and we would like to thank Lexi Nebel and John Forbes-Keith for their support, not only for this event but throughout 2017.

We were lucky enough to begin the evening with a talk from Jodie Long, CEO of ASA, who flew in from Canberra. She announced that this year's annual Specialist Interest Group (SIG) Symposium will be held here in Perth in September. There will be two main streams of the event – MSK and Obstetrics – and she invited members to put forward their suggestions for topics. Jodie also encouraged members who wish to be part of the organisation committee to submit an expression of interest by January.

We had a total of 13 cases presented by sonographers from both private and public hospitals across Perth, all at varying levels in their career. The



WA Branch Meeting December 2017

brief was '6 slides in 6 minutes' and included a range of topics: *renal transplants, fetal bladder extrophy, bowel pathology, gynaecomastia, intracranial haemorrhage, testicular ischaemia, peripheral aneurysm and liver pathology*. The night was well attended and as always offered a great

opportunity for us to learn from each other's clinical experience. We would like to thank each of the speakers for their efforts in preparation and giving their time to present: Andrea Rose, Tasma Scanlan, Deneah Lucas, Ravi Jayanthi, Huynh (Anita) Trang, Kirstin MacLennan, Naomi Jansz, James Maunder, Duncan

Hardy, Vanessa Zomer, Joan Nielsen, Jan Mulhollans, James Macko.

Our 2018 program is shaping up nicely with tentative dates booked for *twin-to-twin transfusion syndrome* in February, a specialist gynaecology talk in April, an MSK meeting in July and our end-of-year *Interesting cases night* in December. With the national conference in May and SIGS2018 Perth in September, we look forward to another busy year of successful CPD events!

We would like to give a special mention to all our dedicated committee members and their continued hard work in organising the fantastic events we held in 2017. Here's to another great year.

Kirstin MacLennan  
Western Australia Branch Committee

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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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Faye Temple, Jane Keating, Marilyn Zelesco

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Alison Arnison, Jing Fang, Ramya Gunjur, Frauke Lever, Jenny Parkes

### SIG Cardiac

Richard Allwood, Judith Baxter, Luke Cartwright, Julie-Ann Craig, Diane Jackson, Alison White

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

Our goals are to:

- be a world leader in providing sonographer education and research
- promote and advocate the highest possible professional standards
- enhance the role of the profession as the registered experts in medical sonography
- provide exceptional member value
- deliver organisational excellence as a professional association.

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# SIGS2018 PERTH

THE 13TH ANNUAL SPECIAL INTEREST GROUP SYMPOSIUM  
OF THE AUSTRALASIAN SONOGRAPHERS ASSOCIATION  
Pan Pacific Perth, 8–9 September 2018





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