sounders association

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REGISTRATIONS OPEN JULY

from the editor



Welcome to the June issue of your member magazine.

In this issue we share insights into the ASA's recent public awareness survey and the impact these insights might have for the ASA's ongoing advocacy work towards regulation for sonographers.

We also review the fourth pillar of the ASA Strategic Intent 2018–2020 that relates to delivering exceptional member value and organisational excellence, and in our next 'meet the team' feature, we introduce the ASA Education Advisory Committee.

We share details on the work of the RAB 2019 VITAL project and learn a little about 'a day in the life' from the team at Healthcare Imaging Services.

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

In our *person profile* the spotlight is on Catherine Robinson, 2018 winner of the Sue Caitcheon Memorial Volunteer of the Year award. Catherine shares her commitment to volunteering and her passion for sonography.

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

wh&s matters looks at workplace health and safety issues which are particular to sonographers working in the public sector and how their roles have different challenges to sonographers working in private practice.

research matters presents part 2 of Looking beyond clinical research: Social science research in sonography.

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

Happy scanning and reading!

Carol De La Haye Editor communications@sonographers.org soundefects
News

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

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

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The ASA is now the voice for over 6,000 Australasian sonographers.

This is an enormous achievement and cements the ASA as the key professional body representing sonographers.

Our membership growth is very important when ASA is advocating for sonographers and meeting with external stakeholders and political figures. With a sound membership (no pun intended), our voice is louder in these arenas and helps support advocacy for sonographer regulation and the need to address the workforce shortage.

With ASA2019 Brisbane fast approaching, the conference 'for sonographers by sonographers' will not disappoint the delegates. The international keynote speakers come from the USA, UK, Canada and Sweden; along with the national keynotes, all experts in their fields, they stand ready to satisfy the attending sonographers' thirst for knowledge. An ever-increasing number of proffered papers and ePosters have been received, and promise to open our minds to new ideas and ways of performing ultrasound.

Come to the Future Directions Forum (FDF) panel discussion on Saturday afternoon and join the expert panel in discussing the sonographer workforce shortage and sonographer regulation.

As always, I am looking forward to the Awards of Excellence breakfast where it is a highlight for me to present the awards to the many deserving recipients who have gone above and beyond for the profession. The Pru Pratten Memorial Lifetime Achievement Award will be presented at the Gala Dinner and we will celebrate the induction of the new ASA Fellows. It will be a rewarding three days in Brisbane and still not too late to register!

At ASA2019 Brisbane, there will be a special general meeting on Saturday afternoon prior to the FDF, where the ASA Board will propose to the members a change to the ASA director term.

Currently an ASA director can sit on the ASA Board for a maximum of four terms of two years, totalling eight years. The current directors have noted that it can take more than a year for new directors to find their feet. ASA directors also sit on external committees and attend external stakeholder meetings and having consistent faces at these meetings is important to optimise the contribution of the ASA. The ASA Board proposes to change the duration to three years, but reducing the overall



terms to three, to a maximum of nine years. Additionally, formal board training has been incorporated into the board calendar. These changes will also help to preserve corporate knowledge when longer-standing board members step down and new directors join the ASA Board. Read more about this proposal in this issue of soundeffects news and also in cross section.

It is also time to renew your ASA membership. On top of your current member benefits there will be more online education including a growing video reference library. A major advocacy initiative will also be commencing this year with a public Sonographer Awareness Campaign. The ASA has a lot to offer sonographers, so renew your membership and stay connected with like-minded sonographers and support the ASA as 'the peak body and leading voice for sonographers'.

Jennifer Alphonse **ASA President**

the ceo

It is that time of year when the ASA holds its annual conference. This year the conference is a little later and will enable those going to escape to warmer climates and learn from the experts. I am very much looking forward to hearing the feedback on our new dedicated student and clinical supervisor streams and will look to incorporate them again in future conferences. The opening plenary this year will have a focus on the future and the impact technology will have on our profession. For the first time we will be videoing the international keynote speakers and these videos will be available for viewing after the conference through our online learning.

I would like to extend a big thank you to the Program Committee for bringing together the exciting and diverse program we have in Brisbane. Thank you also to the Education Advisory Committee (EAC) who have assisted with development of the program and obtaining speakers. You can read about the EAC and the amazing work they do for the organisation to help bring you the great range of CPD activities throughout the year on page 20 in this issue of soundeffects news.

As soon as the Brisbane conference finishes, we will be opening up Super Early Bird for ASA2020 Melbourne. Lock in the dates 29–31 May 2020. With an outstandingly talented Program Committee already in place, we will be delivering more of what you have asked for in 2020, so get in early.

With ASAR renewals later this year, don't forget when you are renewing to be an Accredited Medical Sonographer to tick the PD-asa box and let us do the hard work for you of collating all your CPD points and certificates, as well as tracking how you are going in your triennium and providing advice and assistance to reach the 60 points.

Member value is one of our strategic priorities, which is highlighted on page 12 of this issue of soundeffects news. We are especially conscious of this at renewal time and next year we will be providing you with even more ASA member benefits. You will have more ways to earn CPD points with more webinars and workshops and we will also be launching the ASA video reference library. We will be increasing our engagement with key government stakeholders to advocate on your behalf and launching a sonographer awareness campaign.

You will see a large-scale campaign to increase the awareness of the public and referrers of diagnostic ultrasound



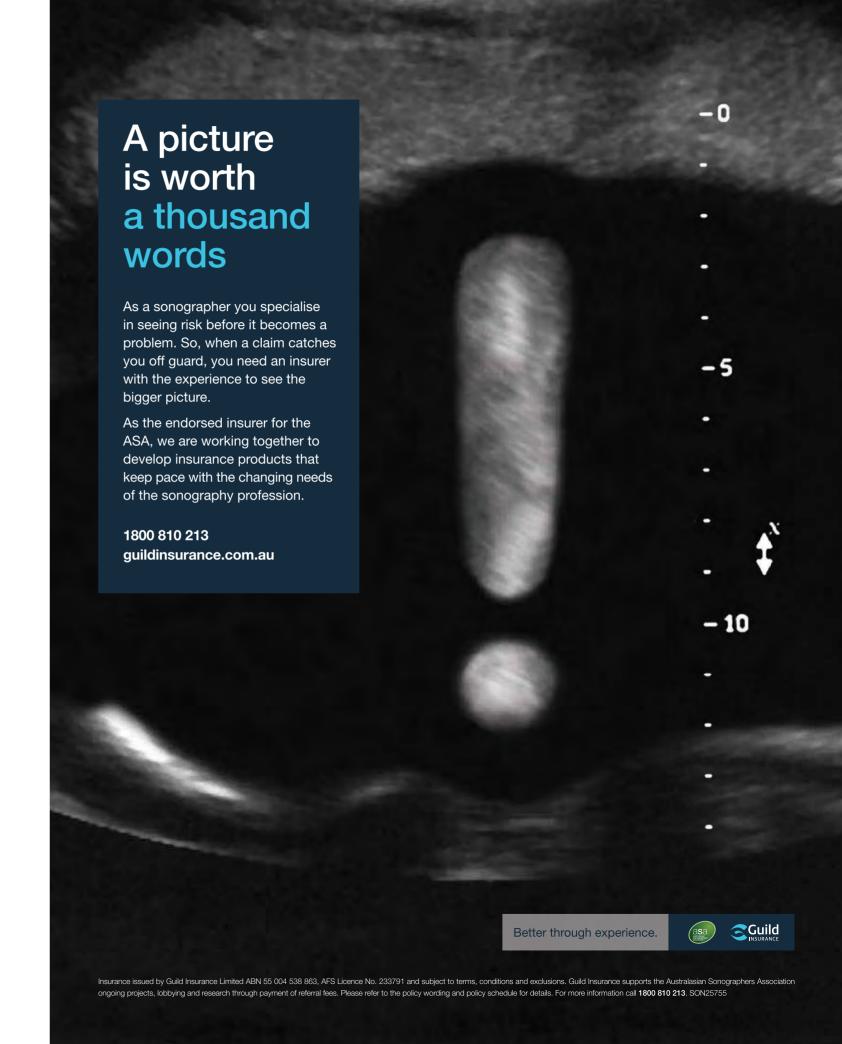
of a sonographer's role and that we are the experts in ultrasound. I encourage you to read the article in this issue of soundeffects news on sonographer awareness, which highlights the key findings from our public opinion research on what the community knows about sonographers.

We also need your help to educate the public and therefore I encourage you whenever you are introducing yourself to your patients to always tell them that you are a sonographer.

For those members who want to experience high end content, don't forget that registrations for SIGS2019 Canberra, our annual symposium to be held 26–27 October will open in July. It will showcase MSK, vascular and women's health sonography over two days and it will incorporate the Australasian Sonographers Day on Sunday 27 October.

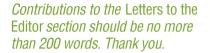
I look forward to seeing many of you at the conference.

Jodie Long CEO@sonographers.org



letters to the editor





Children: An unacceptable distraction in the ultrasound room

The prime objective of each sonographer is to provide the highest quality diagnostic ultrasound assessment for each patient, while the employer's role, whether that is a private medical imaging practice or a hospital facility, is to ensure the sonographer has a scanning environment that enables them to achieve this objective.

Unlike other medical imaging modalities, a culture has developed where patients expect children will be allowed in the ultrasound room during a scan, without consultation with or agreement by the sonographer. In reality the sonographer in these circumstances has lost control of their work environment.

The presence of a child in the ultrasound room during a scan is in itself a distraction to the sonographer, irrespective of the behaviour of the child and can reduce the quality of the ultrasound being undertaken, resulting in a suboptimal ultrasound assessment for the patient.

An additional and important consideration is the safety of a child in the ultrasound room, keeping in mind that the ultrasound room is designed and equipped to enable medical ultrasound procedures to be efficiently performed. It is not designed for the safe accommodation of children, with the presence of live electrical cords, contaminated waste bins, sharps containers, solvents and equipment at bench level, that if dislodged by the child could impart serious injury.

Portsmouth Hospital, in addition to many other hospitals in the National Health Service of Britain, has introduced a policy for all obstetric ultrasounds, limiting quests to one accompanying adult and no longer allowing children to attend antenatal ultrasound examinations. The implementation of this policy in 2018 was to ensure patient care of the highest quality following a missed fetal abnormality due to a sonographer being distracted during the scan (noting that distraction of the sonographer is not a valid defence in litigation for a missed fetal abnormality).

A child can just as easily be a source of distraction to the sonographer irrespective of the type of ultrasound being undertaken.

It can also be very difficult to enter into constructive discussions with practice or departmental managers regarding the distractions posed by children during scans and the effect on the quality of our ultrasound assessments given there are no established best practice guidelines.

ASA is the leading advocate for sonographers in Australasia and I would like to see ASA take the lead by stimulating discussion on the effect of children on ultrasound studies, in addition to establishing best practice guidelines in relation to the presence of children in the ultrasound room.

Dr Elizabeth McCloghry

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

Breastfeeding support: Evervone wins

Workplaces have an important role in supporting mothers to continue

Over the last few decades, there has been a dramatic increase in the number of women in the workforce with young children. As of December 2015, data from the Medical Radiation Practice Board of Australia shows that twothirds of registered medical radiation practitioners in Australia are female, and the largest age groups of registrants (by count) are those of childbearing age.

Breastfeeding is well recognised as a means to protect, promote and support the health of infants and young children. The Australian Dietary Guidelines (2013) reflect the WHO recommendations for exclusive breastfeeding from birth to 6 months of age, with continued breastfeeding and complementary foods to 12 months and beyond.

Australia's Health 2012 reported that although most babies (96%) in Australia in 2010 were initially breastfed, only 15% were exclusively breastfed to the recommended 6 months. An increasing number of women return to work within the first year of their baby's life. The 2010 Australian National Infant Feeding Survey reported that 33% of women cited returning to work as the main reason for discontinuing breastfeeding before 12 months.

Workplaces have an important role in supporting mothers to continue to breastfeed. The right to breastfeeding is protected under federal and state legislation, and employers have an obligation to accommodate the needs of breastfeeding employees where possible. Employers should treat

requests from staff for support to continue breastfeeding sympathetically and reasonably. Mothers may be able to return to work sooner if her needs can be met and she knows she will be supported. They can be loval too - one study identified that employers who support breastfeeding in the workplace contribute to mothers' peace of mind, decreasing stress and increasing productivity.1

Where possible, rostering should be flexible to allow for a mother to express her milk several times throughout the workday. It can be difficult to balance this with a busy clinical workload, but regular expression of breastmilk is important to maintain supply. Some mothers may choose to have their caregiver bring their baby to them at work to feed, or, if their child is at a childcare facility onsite or nearby, may be able to visit their baby to feed them.

Employers can support breastfeeding mothers by providing a designated location to comfortably and safely express milk during the workday. A toilet or bathroom is not suitable. Ideally, the room should be private (with a door

that locks), have access to running water, have a power point and have a refrigerator (or nearby access to one) for storage of breast milk. The amount of space required is minimal and the room should be centrally located. The need to express is generally a short-term need (especially in the context of the overall length of service.)

Support from a variety of sources is a key determinant to success for a mother wishing to continue breastfeeding upon returning to work. Key sources of support for breastfeeding employees include family, friends, co-workers, managers/ supervisors and senior management. Employers can be proactive in finding out what a mother needs and discussing it prior to her return, as part of regular contact during a maternity leave period.

Each mother's needs vary, but a good starting point is to have formal written policy on breastfeeding support (and communicating this to all staff), and to provide training for managers on the needs of breastfeeding employees. Employers can also seek to become an accredited 'Breastfeeding Friendly Workplace' through the Australian

Breastfeeding Association (www.breastfeeding.asn.au).

Mothers have a lot to offer workplaces and by creating a breastfeeding-friendly environment, workplaces can help to increase Australia's breastfeeding duration rates and recruit and retain women in the medical radiation and sonography profession.

Co-authors: Jane Perry - nuclear medicine technologist and sonographer; Emma Woolley - radiographer.

(Both have two children and have both completed a Certificate IV in Breastfeeding Education.)

References

1. Brown CA, Poag S, Kasprzycki C. Exploring larger employers and small employers' knowledge, attitudes, and practices on breastfeeding support in the workplace. Journal of Human Lactation. 2001; 17(1), 39-46.

If you would like to add to the discussion on breastfeeding in the workplace, please email your feedback to communications@sonographers.org

editor

Keep your letters coming ...

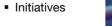
soundeffects news now has a direct line of communication with our readers and this is a great space for sonographers to contribute and be heard. Share your thoughts on soundeffects *news* stories or what is happening in your sonography space:

Feedback

Suggestions

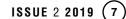
- Achievements Volunteering

- Questions
- Workplace awards
- Milestones



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

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Radiology Across Borders – The VITAL Project 2019

This year the ASA is proudly supporting the Radiology Across Borders (RAB) 2019 VITAL Project as the project sponsors. The recipient nation for 2019 is Vietnam.

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

The VITAL project was launched in Samoa in 2017 (8 participants) with overwhelmingly positive feedback. In 2018 the same project was delivered in Fiji (43 participants).

Planning, with our Vietnamese colleagues, commenced in December 2018. The number of participants is expected to be double that of 2018 (80+) requiring additional sonographer

recruitment and possibly delivery across two cities (Hanoi and Ho Chi Minh City).

Siemens Healthineers will continue to develop the personalised education platform known as PEPconnect for effective and efficient online learning for end users. In 2019, all VITAL project content will be transferred to PEP, which will be a major achievement.

In 2019 VITAL will be extended to include mammography to complete the breast imaging component of the program through engagement of breast imaging specialists across our network.

The VITAL project consists of:

- 30–40 hours of self-directed learning, consisting of 20+ presentations, case studies and quizzes developed by the RAB team
- 30–40 hours of 'hands-on', in-country training overseen by RAB's volunteer sonographers.











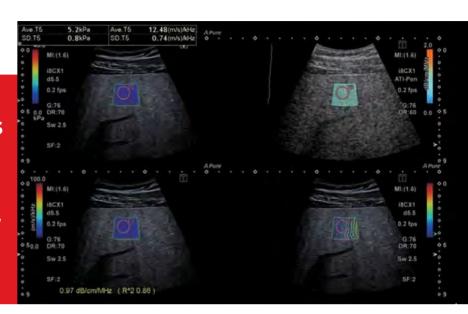


Top row: Left – Catherine Robinson with the first group of recipients of the VITAL project Fiji; Middle – Mark Moffat providing hands-on training; Right – Catherine Robinson with two of the beneficiaries of the VITAL project Fiji. Bottom row: Left – Alison Kearns providing hands-on training; Middle – Alison Kearns providing hands-on training; Right – some of the 50+ attendees from the five Pacific nations





Aplio i-series now enables simultaneous acquisition of SWE, ATI and SWD data to increase your workflow and productivity



Shear Wave Elastography (SWE)

- Quantitative measurement and real-time display of tissue elasticity
- Non-invasive diagnostic method potentially further reducing the need for invasive liver biopsies
- Smart Maps offer an intuitive guide for taking accurate measurements

Shear Wave Dispersion (SWD)

- SWD measures the viscosity of tissue, helping to diagnose diffuse liver disease such as inflammation
- More diagnostic confidence

Multi Parametric Reporting

- Improved workflow with new multiparametric reporting functionality for liver imaging applications
- Simultaneous display of Shear Wave Elastography, Shear Wave Dispersion and Attenuation Imaging data allow simultaneous comparison of all available metrics
- Instant report as data from different parameters can now be acquired all at the same time.

Attenuation Imaging (ATI)

- Visualization and measurement of the attenuation coefficient in fatty liver tissue, which can be helpful for the diagnosis of steatosis
- Provides essential absolute value for tracking steatosis over time, driving patient engagement in treatment and monitoring
- Now also available on Aplio i700 and Aplio i600

public awareness survey

public awareness survey

We need your help to raise sonographer awareness

Raising the profile of the profession and increasing awareness of sonographers is a key objective of the ASA. We know you are tired of saying you are a sonographer and then saying straight after that you perform ultrasound or clarifying that you are not a stenographer.

This year the ASA is embarking on a sonographer awareness campaign to start educating the general public and referrers



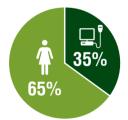
General awareness of sonographers is relatively low. Only 11% of respondents were able to name a sonographer as the health professional who conducted their ultrasound.

that a sonographer is the expert in ultrasound. To develop an informative and effective campaign, our first step was to ascertain what people did and didn't know about sonographers.

In March this year we enlisted an independent research company to survey over 800 people.

Respondents overwhelmingly believe that Sonographers should be regulated. Ninety-three per *cent* believed sonographers were already regulated and supported sonographers to become regulated.





Sixty-five per cent believed that obtaining comprehensive and accurate images was dependent on the skill and experience of the sonographer, with 35% believing it was the quality and precision of the ultrasound machine.



Eighty-six per cent thought that the skills and experience of the person conducting the ultrasound were extremely important to obtaining images that enable an accurate diagnosis.



Ninety-five per cent acknowledge that ultrasound is an important diagnostic healthcare tool.



'... very respectful of my needs and I felt very comfortable during the procedure ...

> 'Informed. Properly trained. Gentle and professional.

'I am amazed at anyone who can perform and understand an ultrasound. Truly impressive.'



Eighty-two per cent are concerned that sonographers are not regulated, stating:

> 'If doctors and nurses have to be regulated then so should sonography.'

> 'It could mean a less accurate screening for the patient.'

'Doing this sort of job unregulated could be detrimental to people's health.'



While knowledge regarding the lack of professional regulation does not deter people from seeking an ultrasound, some

individuals are more likely to seek a second opinion or question the diagnostic quality of results.



Fifty three percent are more likely to seek a second opinion. Thirty six percent are more likely to see an alternative to ultrasound.





Fifty three per cent are more likely to question the quality of the result of an ultrasound.

Twenty per cent are less likely to follow up an ultrasound referral.



Say you are a sonographer campaign

With only 11% knowing a sonographer performed their scan, it is so important for you to mention your profession to your patients.

When you next meet a patient, remember that only 1 in 11 will know that you are a sonographer and therefore with over 6,000 members saying the following sentence when we scan a patient, we will change the 1 in 11 towards 11/11. Help us to shine a light on the sonography profession.

I'm your sonographer. I'll be doing your scan today."



SONOGRAPHER = EXPERT IN ULTRASOUND

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MUSCULOSKELETAL | VASCULAR | WOMEN'S HEALTH





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

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

SIGS2019 is a boutique event, with expert presenters providing a comprehensive approach on select ultrasound streams to small audiences. The focus this year is on women's health, vascular and musculoskeletal sonography.

The symposium caters to experienced sonographers with specialist scanning interests and also those entering specific ultrasound streams. The program is developed by a committee of specialist sonographers committed to providing delegates with high quality and unique presentations.

Save the date | 26-27 October | SIGS2019 Canberra

SIGS2019 Early Bird registrations opening July 2019

SIGS2019 Rural and Remote Sonographer Support

Sunday for a celebratory breakfast at SIGS2019.

applications now open - visit www.sonographers.org

27 October Australasian Sonographers Day. Join us on

and will showcase the latest technology and scientific advancements in sonography.

The program will include lectures and live scanning workshops

This year there will be two full days of workshops across all

The ASA Annual General Meeting will be held at the close of presentations on Saturday and will be followed by an ASA Networking Reception.

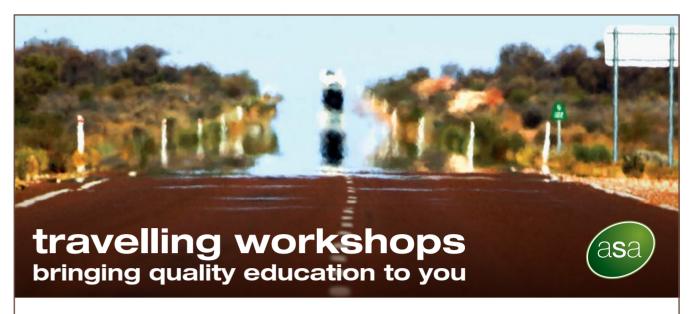
Registrations for the symposium will open in July. Further information can be found on the ASA website and cross section e-newsletter.



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

rural**and**remote support for SIGS2019 **Applications now open**

Supporting rural and remotely located members to attend SIGS2019 Canberra, the ASA's 15th Annual Special Interest Group Symposium





Saturday 8 Jun | Auckland

Presented by Cain Brockley



Saturday 15 Jun | Hobart

Presented by Ann Quinton



Saturday 13 Jul | Coffs Harbour

Presented by Jacqui Robinson



Saturday 20 Jul | Albury

Presented by Greg Lammers



Saturday 3 Aug | Traralgon

Presented by Lisa Hackett



Saturday 17 Aug | Cairns

Paediatrics

Presented by Cain Brockley



Sunday 18 Aug | Bunbury

Presented by Marguerite Leber



Saturday 31 Aug | Wollongong

Presented by Jacqui Robinson



Saturday 14 Sept | Adelaide

Presented by Ann Quinton



Saturday 21 Sept | Christchurch

Presented by Greg Lammers



Saturday 28 Sept | Port Macquarie

Presented by Lisa Hackett



Saturday 12 Oct | Ballarat

Presented by Ann Quinton



Saturday 19 Oct | Alice Springs

Presented by Cain Brockley



Saturday 2 Nov | Tweed Heads

Presented by Scott Allen



Saturday 16 Nov | Sunshine Coast

Presented by Jacqui Robinson



Saturday 23 Nov | Launceston

Presented by Greg Lammers



Saturday 23 Nov | Canberra

Presented by Rebecca Perry



Program subject to change without notice. For the latest ASA CPD events, visit www.sonographers.org

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strategic intent 2018-2020

Strategic Intent goal – **Deliver exceptional member value** and organisational excellence

Jodie Long, CEO

Members are the core of our association and everything we do is for the benefit of our members. We are constantly asking for your feedback on what you want more of and in turn we look to incorporate your suggestions so you receive exceptional

Volunteers are the heart and soul of the ASA and without their commitment and dedication to the profession we would not be able to deliver the professional development to you. It is important that all volunteers are recognised and appreciated for the work

feel part of a community and every year the ASA is increasing its members.

We aim to recognise and reward outstanding achievement in sonography and as such we have the Awards of Excellence every year to celebrate those sonographers who have gone above and beyond and are inspirations to others. This year we introduced the Pru Pratten as a lifetime achievement award that aims to recognise a member's significant contribution to the profession and the ASA over their entire career.

It is important to the ASA that members have a high level of satisfaction with what is provided and we are always looking to

> find new and innovative ways to deliver you more. We understand how difficult it can be to acquire 60 CPD points every 3 years and as such we are committed to ensuring you have easy access to the 20 CPD points every year.

You need to feel part of a community and every year the ASA is increasing its members. This year we have reached our 6000-member milestone.

The ASA has outlined its purpose and strategy with this being the 4th and final pillar, with the Strategic Intent to be delivered by 2020. Next year we will work towards setting the next 5-year direction, always with you our members being at the centre of everything we do.

VISION a sonographer is known as the expert in ultrasound across the community

You need to



PROMOTE AND ADVANCE THE SONOGRAPHY PROFESSION

Promote sonography to key government agencies, industry stakeholders as well as the wider community

Elevate the profile of the ASA as the peak body and leading voice for sonographers and the profession

Advocate and influence the transition of the profession to the National Registration and Accreditation Scheme

Influence the quality and availability delivery of clinical training



ENHANCE THE QUALITY AND STANDARDS OF ULTRASOUND

Define industry-accepted career frameworks for sonographers

Prepare standards and guidelines for quality practice

> Promote advances in best practice sonography

Recognise sonographers as the education providers for all aspects and levels of ultrasound



PROVIDE AND SUPPORT THE HIGHEST QUALITY PROFESSIONAL DEVELOPMENT AND RESEARCH

Offer a broad range of continuing professional development opportunities and recognise advanced professional

Provide internationally recognised conferences and educational events

Facilitate and promote research to support evidence-based practice



DELIVER EXCEPTIONAL MEMBER VALUE AND ORGANISATIONAL EXCELLENCE

Recognise and reward outstanding achievement in sonography

Seek new and innovative benefits to maximise member value

Increase the member base to strengthen our position as the peak body

Lead the development and achievemen of our purpose and strategy

asa board of directors

Proposal to increase term to 3 years

What is the board proposing?

The ASA Board of Directors is proposing a change to the term of appointment. Currently a director's term is for 2 years. with a maximum of 4 consecutive terms totalling 8 years. The board is proposing to change the director appointment term to 3 years, with a maximum of 3 terms totalling 9 years.

Why is the board proposing this?

It has been noted by ASA's directors that once joining the board, it takes some time for new directors to become familiar with the functions, processes and ongoing work of the board of directors. Indeed, most new board members, as clinicians, have limited experience or understanding of corporate governance and financial duties. It commonly takes a year or more to actively contribute to discussions, and by that time a board member may be less than a year from re-election.

More recently the ASA has formally included board training sessions into the meeting schedule, allowing board members to learn the skills required to better perform their directors' duties. Directors with office-bearer positions may also undertake additional training.

A change in director term will allow a more meaningful contribution by board members, a skill level overlap when new directors join the board, and better preservation of corporate knowledge as directors retire from the board and new ASA members join. An increased term allows the ASA to take advantage of the investment in board members' experience and training, and give directors the time to settle into the role, allowing them to feel more comfortable in actively contributing to the work of the board.

Currently, according to the constitution, a board member's tenure as president or vice president does not count towards their total time spent on the board. This means that a president or vice president can effectively add 6 years to their maximum time on the board (if they serve 3 years in each

position), allowing them to remain on the board for a possible 14 years.

Under this new proposal, this clause will be removed so that all directors are on the same terms regarding maximum duration of service on the board, regardless of whether they have held an office bearer position.

How does this affect current board members?

For clarity, the table below outlines the years of service of the sitting directors and how this proposed change affects their tenure as ASA directors.

How can this change be implemented?

A constitutional change is required to pass these amendments requiring members to vote. This vote will be held at a special general meeting of the ASA at ASA2019 Brisbane, the ASA's 26th Annual Conference at the Brisbane Convention & Exhibition Centre, 22 June 2019.

Director	Elected	Current tenure as at beginning 2019	Next election and tenure	If re-elected, duration of term	Year at end of re-elected term	Years of service at end of the term			
Sarah Colley*	2014	5 years	2020/6 years	3 years	2023	9			
Erika Cavanagh	2014	5 years	2020/6 years	3 years	2023	9			
Stephen Mackintosh	2014	5 years	2020/6 years	3 years	2023	9			
Silvano Palladino	2015	4 years	2019/4 years	3 years	2022	7			
Jennifer Alphonse	2015	4 years	2019/4 years	3 years	2022	7			
Michele Dowling	2016	3 years	2020/4 years	3 years	2023	7			
lan Schroen	2017	2 years	2019/2 years	3 years	2022	5			
Julie Toop	2018	1 year	2020/2 years	3 years	2023	5			
Kelly Griffiths	2018	1 year	2020/2 years	3 years	2023	5			
Anthony Wald*	2018	1 year	2020/2 years	3 years	2023	5			
*casual appointment not included									

(14) soundeffects news

a day in the life



Healthcare Imaging Services

Healthcare Imaging Services

William Ngai, **Healthcare Imaging Services, SA**

In the words of Forest Gump, a sonographer's day is like a box of chocolates: you never know what you are going to get.

On any given day we may work with a radiologist to investigate a patient's liver lesion, liaise with allied health professionals and discuss cases with referrers, all the while managing a busy ultrasound list.

It can be tough at times, but it's important

Once I completed that we always remember our priority is with the patient.

I like to treat every patient who comes through my room like a family member. I speak to them in a gentle and friendly manner and try to make them feel as relaxed and comfortable as possible.

It is really important to me and the staff at Healthcare Imaging Services SA (Healthscan Specialist Imaging) that, despite being in a new environment, we are able to make each patient feel as comfortable as possible during their time with us.

A great example of this is when recently a 48-year-old male patient arrived at our medical imaging practice. He was accompanied by a female carer and when I called the patient from the waiting room, I noticed that he took a lot longer than most patients to stand up and required a stroller for mobility.

Once he was settled in our ultrasound room. I had asked the patient's carer what was his medical condition. I was told that the patient had a motor vehicle accident more than 10 years ago, leaving him with impaired mobility and speech. I spoke to the patient like I would with any other patient, with clear dialogue and respect.

> As the scan progressed, the patient became more comfortable and started talking about how one side of his body was made out of metal like R2-D2 from Star Wars. I had made some friendly banter that he was more Iron Man than R2-D2 and kept the conversation going. Once I completed the scan, the patient's carer had mentioned that I was their highlight of the day. She was happy that I had treated the patient with respect but also made the short time I had with them a bit more comfortable.

She had been looking after him for over 10 years and had interacted with many healthcare professionals, some of which had not treated the patient with compassion. They were happy to meet someone that was jovial and bright. It was nice to see how a bit of joking and banter had made the patient feel welcomed and comfortable.

So, no matter what chocolate we may find in the box, our priority is always the patient and I strive to deliver on that priority every single day.



the scan, the

patient's carer

had mentioned

that I was their

highlight of

the day.

William and the team from Healthcare Imaging Services, SA

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(16) soundeffects news





Glenda McLean FASA. Editor-in-Chief. Sonography



In 2018 the ASA published volume five of the Sonography journal. The journal has continued to attract high quality manuscripts and stands by its aim:

Sonography aims to promote sonographic excellence through the publication of articles that improve clinical sonographic practice, test new equipment/techniques and promote best sonographic practice within healthcare.

Four issues of the journal and the ASA2018 Sydney conference abstract book were published in 2018; all were provided in print to members and online on the Sonography webpage of the Wiley Online Library.

Global reach

In 2018, 4,799 institutions worldwide had practice. access to the latest content in the Sonography journal via either a Wiley licence or a traditional (title-by-title subscription) (see Fig 1 for institutional reach by region). Philanthropic initiatives also provide the journal at low cost or free access in nearly 8000 developing world institutions.

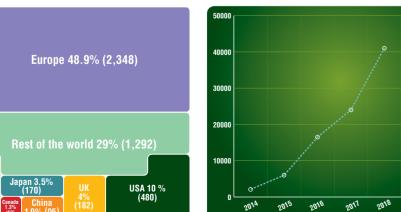


Fig 1. Institutional reach by region for 2018

The number of article downloads increased by 70.9% from

Huge increase in article downloads in 2018

2017 to 2018. This includes downloads from the Wiley Online Library, EBSCO and other third-party databases. The chart below (Fig 2) shows the trend over time since the journal was launched in 2014 through to 2018 from just a few thousand downloads in 2014 to over 40,000 in 2018.

This reinforces our endeavour to support sonographers in providing and supporting evidence-based practice.

The table on the following page outlines the ten most downloaded articles.

This reinforces

to support

our endeavour

sonographers

and supporting

evidence-based

Fig 2. Article downloads trend over last 5 years

in providing

Wiley online support for authors, reviewers and editors: a great resource for all members

Wiley provides exceptional online support through Author Services, https://authorservices.wiley.com/home.html

Despite the name, this website provides support not only for authors but also for reviewers and editors.

If you are looking to publish an article, then first have a look at the Author guidelines on the Sonography website https://onlinelibrary.wiley.com/page/journal/20546750 /homepage/forauthors.html

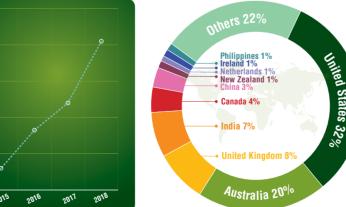


Fig 3. Article downloads by location for 2018



Rank	Author/s	Article title	Volume	Issue	No. of accesses	Cover year
1	Childs et al.	Ultrasound in the assessment of hepatomegaly: A simple technique to determine an enlarged liver using reliable and valid measurements	3	2	6,679	2016
2	Biddle	Trichilemmal cysts of the scrotal wall	2	2	4,011	2015
3	Pallotta and Roberts	Musculoskeletal pain and injury in sonographers, causes and solutions	4	1	1,696	2017
4	Quinton et al.	The prediction of the small for gestational age fetus with the head circumference to abdominal circumference (HC/AC) ratio: a new look at an old measurement	2	2	1,619	2015
5	Allcorn	Pelvic insufficiency: a deeper look at female and male gonadal vein incompetence	1	1	1,443	2014
6	Stoodley and Richards	Cardiac amyloidosis: the value of myocardial strain echo- cardiography in diagnosis and treatment	2	2	1,326	2015
7	Fang and Piessens	A step-by-step guide to sonographic evaluation of deep infiltrating endometriosis	5	2	1,132	2018
8	Tomms et al.	Muscle herniation of the peroneus longus muscle triggering superficial fibular nerve paresthesia	5	1	1,097	2018
9	McKiernan et al.	Sonography of the ankle: The lateral ankle and ankle sprain	4	4	1,097	2017
10	Hayes et al.	Acute right upper quadrant diverticulitis: an unusual sonographic finding in a young adult patient	2	3	926	2015

There you will find an outline of the types of manuscripts the journal accepts and how your manuscript should be formatted, referenced and submitted.

Reviewers wanted ... make yourself known to us

If you have been reviewing for the Sonography journal then you are one of the people who really make publication possible. We are constantly looking for reviewers to peer review the manuscripts submitted. If this is something you are interested in then please take a look at the reviewer section in Wiley Author Services (https://authorservices.wiley.com/Reviewers/index .html) and make an expression of interest to the editor.

Sonography App

Android and iOS Sonography Apps are available to download and provide easy reading when on the go. Members will initially need to log in using their ASA login to gain access to all articles.

Acknowledgements

The team at Wiley involved in publishing Sonography do an incredible job. Our thanks to Simon Goudie, Journal Publishing Manager; Albertina Ou, Production Manager; Laelie Greenwood, Journal Publishing Assistant; Cristiano Vieira, Corporate Sales; Martha Rundell, Scholar One and Manita Chamdal, Conference Abstract Production for their work and support.

For all enquiries, please email or call the Editor-in-chief, Glenda McLean glenda.mclean@sonographers.org or +61 3 9552 0000.



meet the committee eac

The Education Advisory Committee (EAC) provides educational advice and support to the ASA. The committee is comprised of a member of the Board of Directors (Jennifer Alphonse), the CEO (Jodie Long) and one member of each Special Interest Group. The committee collaborates on travelling workshops, webinars and other CPD events. It works with the convening committees of the Annual Conference and Special Interest Group Symposium. The members meet quarterly to collaborate, evaluate, make recommendations, support, assist, mentor and lead education within the ASA.



Sharmaine McKiernan - MSK It is a great honour to be the current Chair of the EAC. For me to

connect and work with expert volunteers within their field is truly inspirational. The energy and enthusiasm of the committee is wonderful and there are many new and improved CPD opportunities becoming available because of the dedication of the EAC.



Julie-Ann Craig -Cardiac The EAC is an amazing opportunity to represent people that I respect so

highly. It allows me to put forward ideas and issues that affect our small. specialised area of sonography. Networking and collaborating with experts from various areas of sonography to improve the education opportunities and further our profession is very rewarding. It is an honour to represent on this committee and a truly inspirational experience.



Alison Hollev -Paediatric I have been a member of the EAC for three years. I've always had a keen

interest in education

and the EAC presents an opportunity to encourage strong paediatric content in the ASA's educational activities, enabling me to use my clinical experience to support the advancement of sonographers' paediatric skills.



Jane Keating – Abdominal I have been a member of the EAC for a few years and I love joining so many inspiring

people with a common vision of education in ultrasound. Job satisfaction for sonographers is enhanced by professional development, and the ASA facilitates this with a high standard of vast resources for continuing education for its members. I am proud to be part of the process of fostering education within the ultrasound community.



Frauke Lever - Breast Having been involved in a number of other committees such as the Victorian Branch and annual conference

organising committees, I've found it really valuable and personally rewarding to be on the EAC. I think it is a real privilege to be able to influence the direction in which the ASA is heading with its excellent educational programs.



Bernie Mason – Sonographer Health and Wellbeing My role is to advise on educational material relative to health and

wellbeing and how to keep safe at work in the future as our profession grows. I have always been passionate about ultrasound and educating others to do what I do. This passion led to a career of innovation and implementation of protocols and scanning safety advice. Our patients are so important to us, but we must put our own safety at the foreground with open discussion and research into injury prevention and health.



Afrooz Najafzadeh -Research Serving on the EAC allows me to promote sonographerled research in

ultrasound and helps me raise the profile of our profession in Australasia. I get to meet and collaborate with likeminded colleagues and feel a sense of belonging and commitment to the ongoing research and education of our ultrasound community.



Jacqui Robinson – Vascular I enjoy participating in the work of the EAC on behalf of my chosen specialty. I value the

learning and interaction with sonographer colleagues from the other Special Interest Groups. EAC membership provides insight into the organisational goals and planning from an educational perspective and gives each SIG a voice in the process. Seeing and contributing to the big picture is very rewarding.

Representative needed – 0&G A position is currently vacant on the EAC for an O&G representative.



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fellowships

asa)

Fellowship announcements

The ASA congratulates the following candidates who were recently awarded Fellowship. Their generous contribution of time, knowledge and experience is vital to the success of our association. It is clear from the description of their recent achievements that the ASA has a solid foundation of members dedicated to the profession of sonography.



Cain Brockley ASA Service

- 2012–14: ASA Presiden
- 2016–18: Chair of ASA Paediatric SIG Committee
- 2018: With Paediatric SIG designed and developed two reference worksheets (cranial and renal)
- 2018: Developed content for cranial ultrasound poster

ASA Presentations

- 2017: ASA Geelong Travelling Workshop – Neonatal and paediatric ultrasound
- 2017: ASA2017 Brisbane Workshop Paediatric heads
- 2017: ASA Bunbury Travelling Workshop
 Neonatal and paediatric ultrasound
- ASA2018 Sydney Ultrasound of palsy in infants
- 2018: ASA Wellington Travelling Workshop – Neonatal spine – Hip ultrasound – Cranial ultrasound – Bowel ultrasound

ASA Awards

 2015: ASA Award of Excellence – Sonographer of the Year – Pru Pratten Memorial Award



Natalie Edwards ASA Service

ASA2017 Brisbane Conference Committee; Cardiac

 2017–18: ASA SIG Research Committee

ASA Presentation

• ASA2017 Brisbane : Research for the sonographer: How to get started

ASA Awards

 2018: ASA Award of Excellence – Researcher of the Year



Catherine Robinson ASA Service

- 2018: ASA Sonographer Health and Wellbeing
- ASA2018 Sydney Conference Committee
- 2018: ASA Sonography review panel

ASA Publications

- 2016: 'ASA2016 Melbourne Safety Island' soundeffects news Sept 2016
- 2018: 'Radiology Across Borders' soundeffects news Jun 2018
- 2018: 'Are we living up to expectations?' soundeffects Jun 2018

ASA Presentations

- ASA2018 Sydney Workshop: First trimester anatomy
- ASA2018 Sydney Workshop: Uterine malformations
- ASA2018 Sydney ePoster: Is the hypoechoic or absent nasal bone significant in fetuses with a low risk NIPT?
- 2018: ASA Gold Coast Travelling Workshop, O&G
- 2017: asawebinar Cervical assessment
- 2018: NSW Branch Meeting Shearwave basics

ASA Awards

 2018: ASA Award of Excellence – Volunteer of the Year – Sue Caitcheon Memorial Award



Jacqui Robinson ASA Service

- 2017–18: ASA Vascular SIG. Chair
- 2017–18: ASA EAC

ASA Presentations

- 2017: ASA Wodonga and Hobart Travelling Workshops – Vascular ultrasound with a focus on haemodialysis patient
- ASA2017 Brisbane Workshop:
 Lower extremity DVT: examination
- 2018–19: ASA Mackay and SA Travelling Workshops – Haemodynamics with a focus on the haemodialysis patient



Louise Worley

ASA Service

- ASA2018 Sydney Lecture: Postoperative ultrasound appearance
- Sydney Workshop: Advanced
- breast ultrasound techniques
- 2017: ASA Victoria Branch Workshop: Wrist live scanning
- 2018: ASA Sonography review panel
- ASA2019 Brisbane Adjudication Panel
 ASA Publications
- 2018: Reflections on ASA 25 years soundeffects news Mar 2018

ASA Awards

 2017: ASA Awards of Excellence – Sonographer of the Year Victoria

Fellows of the ASA

Bonita Anderson Sandra O'Hara Cain Brockley Navana Parange Jessie Childs Jenny Parkes Peter Coombs Tony Parmiter Carolynne Cormack Rebecca Perry Natalie Edwards Lino Piotto Lisa Hackett Tristan Reddan Allison Holley Catherine Robinson Greg Lammers Jacqui Robinson Frauke Lever Tracey Taylor Sandhya Maranna Louise Worley Glenda McLean



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wh&s matters



Hospital work challenges to our mental health

A member recently contacted me regarding working in a hospital setting (private or public) and remaining injury free and mentally healthy. The sonographer felt that they were facing challenges not seen in many private practices. While we have always endeavoured to communicate health and safety procedures for all sonographers, I can see how the challenges could vary from those in a private practice setting.

The conversation centred on the fact that all of the sonographers love their careers, and their jobs rated highly

in their lives: this included the excitement ■ Many emergency of being part of a team involved in the initial diagnosis for a new patient all the way through to discussions with interdisciplinary teams charged with that patient's long-term care.

Along with this team inclusion comes a measure of independence not experienced by many imaging specialists such as sonographers. Building up a level of trust is so important for the reporting sonologist and all the medical practitioners involved. It includes how a trainee is incorporated into the line of discussion and the relevance that is aligned with the images obtained. Growth of

knowledge in this environment is exponential and continual but with this also comes a level of stress (both real and perceived) for all the staff to perform to their optimum. To be able to cope with this we felt the need for open discussion to review the sonographers' level of expertise and knowledge; for continual personal education and growth, including physical wellbeing and safe scanning; to that of mental health and confidence. This was all a big part of this sonographer's concerns.

In our modern working environment, acquiring up-to-date, evidence-based knowledge can be instantaneous - along with a cautionary note regarding authenticity in publication. Using only medically credentialed search engines is advised. Self-advancement in the pursuit of work-related answers is important for alleviating stress: answers can be readily available and can be steered towards relevance to your patient. This can include the acquisition of images and tracking pathological

Bernie Mason, SIG Sonographer Health and Wellbeing

processes through to lateral thinking to assist the initial report writing process. Maintaining open dialogue with the reporting practitioner is also advantageous to your longitudinal learning.

Times restraints have been raised as a real and constant stress on hospital staff. We discussed how rostering could be changed to help with time management, allowing the resting of sonographers with heavy loads, including the possibility for split starts and finish times. Do trainees have a set time to acquire images and examinations around their level of

departments now

need their nurses

and doctors to

have training

in ultrasound

examinations

to be awarded

accreditation.

CPD points and

experience? This includes training factors for the very new trainee, which can bring a new level of stress to both trainee and trainer.

We agreed that the newer trainee benefits greatly from observing for a short time and then having hands-on experience to reproduce the image acquired by the more senior sonographer, thus incrementally enabling all images needed to complete an examination in a timely manner.

This seemed to vary between trainers and the ability of the trainee also needs to be taken into consideration. It was further

agreed that the trainee needs clear demarcation lines before they are ready to advance to the next level of trust within a designated time frame. The clinical site supervisor/trainer also needs time allocated to adequately perform those tasks. This cannot be satisfactorily achieved if they have their own list of patients to examine as well as the supervision of trainees without being allocated adequate supervision time.

One of the current problems facing our profession is finding trainee spots because of the shortage of trainers. This must be addressed for us to keep a level of competent trainers who love what they do. It is pleasing to note that there are a number of sonographers researching this topic for presentation over the next couple of years.

Many of our hospitals are tertiary institutions, and with this comes an expansion of ultrasound training outside of our field, particularly when that hospital has an emergency department, ICU or NNICUs included. POCUS ultrasound is an everexpanding field and hospital sonographers are being asked to include this in their training programs as well. This is wonderful and very exciting for us as a profession. However it can also result in taking sonographers away from their department and adding stress to those left to cover patient lists. Staffing levels need to ensure that all parties benefit from this arrangement and that there is enough staff to cover heavy workloads.

This also adds a new level of training for our sonographers in the hospital setting. Training of emergency room procedures and what it is that the doctor needs to know for the patient must be achieved in a very short time frame, sometimes only minutes. There is not enough time to do a full ultrasound examination if that is required. Many emergency departments

now need their nurses and doctors to have training in ultrasound examinations to be awarded CPD points and accreditation. Who undertakes this training and where?

This creates another level of stress for doctors and nurses, but is also a very exciting field for them to be involved in. Wards now have access to ultrasound machines to determine if a patient is emptying their bladder after the removal of catheters. Our profession is expanding at a rate of knots and this makes me very excited to be part of such a dynamic and captivating profession (particularly in education). That is a discussion for another day. Meanwhile, arm yourself with knowledge and expand your horizons. Impart that knowledge to all future sonographers - that is what we are all here for.

Scan safely and stay well.



(24) soundeffects news



Looking beyond clinical research: Social science research in sonography (part 2)

In the previous issue, we discussed social science research as applicable to sonography. In addition to clinical research, which we are more familiar with, we can broaden our horizons to conduct social science research within our profession due to its significance and relevance. Examples of research areas that are important and pertinent include the professionalism of sonography, ultrasound patient safety, occupational health and safety, best practices for diagnostic imaging, and the regulation of non-medical applications of ultrasound, to name a few.

research **matters**

Research methodologies can be broadly classified into two types, which are quantitative and qualitative. As sonographers, we are more familiar with the quantitative research method, as most of the research interest from our profession involves conducting clinical trials or clinical measurements. The term 'quantitative' implies that the subject of interest can be quantified or measured scientifically.1 For example, quantitative research methods are used to identify the detection rate of intracranial translucency to explore its use as an effective marker for the early detection of spina bifida in first trimester screening.² It is essential to apply statistical analysis to the research data when conducting quantitative research to understand the numerical significance of the result. As medical professionals who support and perform evidence-based practice, we are familiar with the statistical figures and their significance from the scientific journal

articles, as we use this knowledge in our everyday roles. It is essential to continue learning and updating ourselves with the latest research outcomes and evidence in order to uphold the highest standard of practice, and provide the safest and best health services to the public.

Qualitative research is a form of empirical research used in the field of social psychology/social science to explore people's identities, experiences, behaviours and perceptions, and the data collected cannot be quantified or measured, hence the data is nonnumerical.^{1,3} Quantitative research uses numbers to perform the analysis, whereas qualitative research uses different datasets or evidence to perform the analysis. 1,4 There are a few differences between qualitative and quantitative research. First, a clear hypothesis is required before the research begins; thus, the design of a quantitative research project is predetermined. However, no hypothesis is deemed necessary for qualitative research as it aims to explore a research question more subjectively and a predetermined hypothesis would be in contradiction. The design of a qualitative research project is further shaped by the evidence explored and the data collected along the research process.4 Second, a required sample size (n) is calculated prior to conducting quantitative research to increase the likelihood of obtaining a meaningful and statistically significant result. For qualitative research, the sample size is not predetermined and

Ling Lee, ASA Research Special Interest Group

the research is concluded once data saturation is reached.⁵ Third, as the process of data collection, analysis and interpretation in qualitative research is quite lengthy (e.g. verbal interviews, surveys, ethnography), its sample size is generally much smaller than quantitative research.6 Last, while statistical analysis is applicable for interpreting data obtained from quantitative research to generate charts or graphs, various rigorous analysis methods, such as thematic analysis, content analysis, etc., will be performed on data collected from qualitative research with the aid of software like Leximancer and NVivo.7

There are several methods that can be applied in the data collection process, such as ethnography, observation, focus groups, interviews, etc.8 Interviews are a commonly used method in qualitative research. There are three main types of interview, namely (i) structured, (ii) semi-structured, and (iii) unstructured.9 Structured interviews are where the interviewer has prepared a series of interview questions, therefore the interview is restricted to obtaining responses to these questions only. For the semi-structured interview, the interviewer has some interview questions to outline the topic and to guide the interviewee during the interview. At the same time, the interviewee is able to express his/her opinions. For the unstructured interview, the interviewer will start the interview session with an open-ended question and the interviewer will invite the interviewee

to freely express his/her opinions.10 The interviewer will not intervene or by any means try to influence or guide the interviewee towards a certain direction or to answer any questions. It is clear that the data collected from the unstructured interview can be very rich and broad, thus potentially capturing key concepts that the researcher may not have considered if the data collection process was conducted as a structured interview. The disadvantage of the unstructured interview is in the analysis of the collected data as there is a risk that the data that is being captured and analysed is not relevant to the area of interest. Therefore it is of no surprise that semi-structured interviews are widely adopted as they allow the interviewer to gently guide the direction of the data collection process, with the flexibility that the interviewee can express his/her opinions in order to obtain a richer and more meaningful dataset.

There has been ongoing debate regarding the pros and cons of quantitative research vs qualitative research. Each research methodology has proven to have its advantages in answering the research question when applied adequately. 11 For researchers who prefer a measurable answer that can be presented in the form of graph or chart, quantitative research is the favoured approach. Researchers who believe that the answer to the research question is much broader, and may not be easily captured by measurement, numbers, or simple 'yes' or 'no' answers,

Table: Common types of interview 10

trend amongst researchers to apply mixed methods that use both the quantitative and qualitative approach to create a more holistic research dataset. 12,13 I propose that more attention should be given to the field of qualitative research in our profession and provide examples in the field of healthcare communication and professionalism as applied to sonography. Sonography is a health profession

will prefer the exploratory aspect of

qualitative research. There is a growing

with constant and complex human interactions, including patients, patients' families and legal guardians, other health professionals in the healthcare system (e.g. doctors, nurses, radiographers, physiotherapists, midwives, trainee sonographers, etc.), and social workers. Thus having highly developed people skills is an important aspect of the profession. By exploring health communication among sonographers, we can explore the dynamics of working together as a team with the aim to further improve working relationships and workplace safety to look after the psychological and physiological wellbeing of members of our profession. Researching the relationship between tutor sonographers and student sonographers will allow us to better understand strategies to facilitate effective knowledge transfer, and to encourage a positive relationship to ease the transition of student sonographers into the workforce. By providing the necessary educational and emotional support for the next

generation of sonographers, we are able to minimise the workload pressures on the existing cohort of sonographers and further improve the quality of public health service delivery. Researching the professionalism of sonography focuses on understanding the perception towards our profession from various stakeholders ranging from regulatory bodies, other medical professionals, patients and sonographers. Qualitative research can be employed to assist us in understanding how we can further develop positive views and opinions of our profession to create awareness of the critical role of sonographers in the healthcare system, as a career pathway for students interested in entering the medical profession, and how we can create a strong sense of pride in the work that we do as a whole

We engage research activities as we seek to improve our knowledge and the truth that lies behind each research question. Research questions can be investigated using both quantitative and qualitative research methodologies. Quantitative research aims to make standardised and systematic comparisons, whereas qualitative research aims to study people, phenomena or situations in depth and detail. By explaining the use of qualitative research and how it can be used to positively impact our profession, it is hoped that more sonographers will embark on such research projects and contribute to the social sciences research literature to advance our profession professionally, academically and ethically.

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Structured interview

A series of predetermined interview questions Questions are in order Most rigid form

Semi-structured interview Interviewer guides the interviewee using some interview questions Questions are not in order but rather used to guide the flow of interview in order to obtain specific responses Flexible in style to allow interviewee to express opinions

Unstructured interview Open-ended questions More like a conversation rather than a Q&A session The flow of the interview is fully

determined by the interviewee

matters

Looking beyond clinical research: Social science research in sonography (part 2)

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re-search | ri's3:t], [plural] 1 serious st-|n[U] also plect that **ASA Research Grants**

My research journey and valuable ASA funding support

What has the ASA grant meant for you?

The ASA grant has meant that I can continue to pursue my research from my PhD on ultrasound measurements of the liver. It has enabled me the opportunity to assess the accuracy of our recently developed simple sonographic liver volume equation to determine hepatomegaly by comparing ultrasound scans to MRI scans.

How did you first become involved in sonography research?

I have always been interested in research. As an ultrasound student. I often wondered why we measured things the way we did and where the cut off values came from. I enrolled in a research honours and went from there. I've since discovered that there is a world of fascinating ultrasound research out there.

How do you decide on your research

The liver was always one of those things where measurement was divided. Some people thought it was a waste of time, some people always measured it, and those that did often measured it differently. When I went looking at the literature, I wasn't very satisfied with the answers that I was getting and so I decided to see if I could do better.

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

Dr Kerry Thoirs was my honours research supervisor and subsequently my PhD supervisor on this topic. Professor Adrian Esterman was my other PhD supervisor, so the three of us, having spent many years working on this research together for my PhD, decided to continue it. In the beginning I looked for other people interested in my area. Often universities have websites containing researchers and their interests. Going to conferences and listening to people talk can help you locate others with similar interests also.

Dr Jessie Childs, South Australia

What do you like most about research?

It's such an amazing journey from having an idea, to developing a protocol, discovering something new and (hopefully) watching that help people and patients.

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

I think getting started is difficult ... that initial drive to find something you are interested in, find the right people to assist and spending the time doing the work. Time is always a huge barrier for anyone.

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

That's a difficult question to answer. There are always things I would do differently in hindsight at the end of every research topic. Not to underestimate the time it takes to recruit participants is usually a big one.

2019 asa student award winners

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

Academic Excellence Award winners receive complimentary Accredited Medical Sonographer Membership and Insurance for the following membership year.

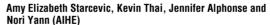
Clinical Excellence Award winners receive their choice of full free registration to either ASA2019 Brisbane or SIGS2019 Canberra.

Award recipients are also presented with a certificate of recognition from the ASA President Jennifer Alphonse, and CEO Jodie Long, for their respective awards. The winners' conference experiences will be published in the September issue of soundeffects news.

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

- Amy Elizabeth Starcevic (Academic Excellence), AIHE
- Kevin Thai (Academic Excellence), AIHE
- Nori Yann (Clinical Excellence), AIHE
- Rebecca Hwang (Academic Excellence), CQU
- Anouck Van Binst (Clinical Excellence), CQU
- Callum Roberts (Academic Excellence), Western Sydney
- Julieanne Cantwell (Clinical Excellence), Western Sydney
- Laura Jane Spear (Academic Excellence), UniSA
- Ijeoma Chidinma Segbaya (Academic Excellence), UniSA









Top: Rebecca Hwang and bottom: Anouck Van Binst (CQU)











Top: Ijeoma Chidinma Segbava and bottom: Laura Jane Spear (UniSA)



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person profile

Catherine Robinson

Short bio

Catherine Robinson is an ultrasound clinical applications specialist for Canon Medical ANZ. This role involves travelling to support Canon customers and deliver presentations to sonographers in urban and rural areas of Australia.

Catherine previously worked as an O&G sonographer and has completed a Master of Medical Ultrasound. Catherine is passionate about volunteering in the ultrasound community, presenting O&G Travelling Workshops since 2012 and is on the ASA Health and Wellbeing Committee. She is also Sonographer Coordinator for Radiology Across Borders (RAB). Catherine was named ASA Volunteer of the Year (Sue Caitcheon Memorial Award) in 2018 and was awarded an ASA Fellowship this year.

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

Being a volunteer is something that was modelled to me by my parents and grandparents who are wonderful, hardworking people. The ASA is an amazing organisation whose vision is to promote and deliver excellence in sonography to the Australasian community. I have benefitted from this vision and from the encouragement and platform provided by the ASA that allows sonographers to develop and share their skills in their chosen specialisation. As a volunteer for the ASA, I feel fortunate to be able to, in turn, pass on my experience and knowledge, especially to those in remote areas who may not have the same access to education.

What does your current job involve?

My current role with Canon as an applications specialist involves travelling to visit clinicians and sonographers in NSW and occasionally further afield

to provide applications support and education in sonography. I was enticed by Canon's motto 'Made for Life' which encompasses my own life principles.

What aspect of sonography has been most rewarding?

The aspect of sonography that I have found most rewarding is working alongside doctors and sonographers who share a similar interest in medical imaging. Australasian sonographers are remarkable health professionals who value high educational and professional standards, who are generous in sharing their skills and knowledge, and who pride themselves on delivering excellent patient care. The annual meetings of the ASA and other organisations are an excellent avenue for collaboration, learning and developing friendships with some incredible people.

Have you done other volunteer work?

Besides volunteering in the area of medical ultrasound, I have also worked as a volunteer in various other areas of my life, in my church community, in my children's schools and in their various sporting teams over the years. My passion for volunteering began as a high school student when my outreach team raised a record amount of money for World Vision's 40-Hour Famine, which led me to embark on a journey to the WV projects in Zimbabwe as a student ambassador!

What do you enjoy doing outside

I enjoy spending time with my husband Steven and our five children, along with catching up with friends for dinner, planning my next holiday and spending time with my extended family. I can usually secure time with my teenaged/ adult children if going out for dinner or



to a sporting match. We are enthusiastic Sixers supporters in summer and Swans supporters in winter. We love holidaying with our boat for water skiing and fishing.

What is your greatest achievement?

Completing university and gaining an ultrasound qualification while raising five

Who do you have respect for and why?

I have the greatest respect for anyone who has suffered a traumatic life but who is still somehow able to keep their life together, holding down a job and relationships while persevering through the pain that their past continues to cause them.

Do you have a philosophy for life?

Trust God and everything will fall into

What is your favourite meal to cook?

I'm still cooking as if my five children are still at home (they never are these days!)

They love lasagne, so I have cooked a couple of large trays of this and left them in the fridge to entice them home!

Place you would like to travel to?

My husband and I are bravely leaving our four teenaged/adult children at home for Easter and spending a week travelling around Tasmania in a campervan ... I hope it lives up to expectations!

Your favourite holiday spot?

My favourite holiday spot is the beautiful Sussex Inlet, NSW. Quiet and relaxing, with waterways for boat outings and fishing.

Sonographers wanted



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Pacific Radiology



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Alice Springs

Keeping pace with the pitter-patter of tiny feet has created momentary diversions for committee members in Alice Springs, putting some of our plans on hold. Locums have assisted to keep the department humming along and so our education has continued, although ad hoc and 'on the run'. We are most fortunate to have Brian Gilling currently working as a member of our team and those familiar with him will know his 'pearls of wisdom' are plentiful.

We are hopeful for an ASA travelling workshop later in the year. Watch this space! We would love to welcome you to our vibrant little city in the Red Centre.

Joanne Marks Alice Springs Branch Committee

Far North Queensland

ASA Branches

To celebrate the end of 2018 the Far North Queensland Branch held its first trivia night in Cairns. There was a fantastic turnout of sonographers. The winning team '256 Shades of Grey' narrowly defeated the other teams. An

AUSTRALIA

educational and fun night was had by all who attended.

On 26 February the branch held its annual presentation of interesting cases. The winner of the ASA prize for Best Presentation (as voted by all attendees) went to Sharlyn Ellis for her case Retinoblastoma. Second prize was supplied by our sponsor, Aussie Locums, and was awarded to Sarah Dufficy for her case Ultrasound and osteomyelitis. Thank you to our other presenters, Marnie Leighton, Neil Thomas, Sameet Memon and Joo Yeo.

We are excited to host a presentation by GE next month and later in the year a paediatric travelling workshop.

Sarah Dufficy Far North Queensland Branch Committee

Goulburn Valley

On Saturday 2 March we held an obstetric workshop presented by Paula Kinnane. Paula provided us with some important information and tips for scanning pregnancies, as well as live scanning on the day. Approximately



Trivia night in FNQ



Sharlyn Ellis receiving her award in FNQ



Attendees, Goulburn Valley obstetric workshop



Paula Kinnane presents the Goulburn Valley obstetric workshop

55 members attended the workshop, necessitating us having to increase the venue size to accommodate the high demand. We are currently working on our next event to be held later in the year. Stay tuned for more details.

Kathleen Steigenberger Goulburn Valley Branch Committee

Illawarra

The Illawarra Branch was excited to run our first trainee support network meeting at the end of 2018. The small group of trainees included sonography students from the Illawarra region, as well as from Sydney. The evening was a casual meet and greet evening to allow trainees to meet like-minded trainees undergoing similar studies, swap ideas and experiences, as well as becoming involved in the wider sonography community. We hope the trainees found the evening useful and hope to hold another trainee evening this year.

To kick off 2019, we had a fantastic OH&S related meeting on the 5 March at the Wollongong Hospital. Unfortunately, as we all are aware, musculoskeletal workplace injuries are common amongst sonographers. The Illawarra Branch had the privilege of spending an evening with guest speaker Cat Croghan, a local physiotherapist from Phyxit.

Phyxit Physio and Injury Clinics is involved in the treatment of workrelated injuries. Cat led an interactive presentation discussing ways to prevent injury and led an informative discussion on how to achieve goals in order to return to work quickly and safely after suffering an injury. Everyone had a great evening and appreciated the effort Cat went to in providing a very useful and informative night including designing a stretch/exercise routine for us for injury prevention and maintenance. Thanks to everyone who came along to the evening. It was a great turn out and thank you to Saheeda Zotter for the idea and organisation of the evening.

Looking forward to our next meeting.

Lauren Dwight Illawarra Branch Committee

Mackay

The Mackay Branch started the year with our annual interesting case study night, which was held at Mackay Base Hospital. This event was kindly sponsored by Philips Healthcare and their representatives Nicole Ennis and Kathryn Smith were in attendance. We would like to take this opportunity to thank Philips Healthcare for their continued support of our events.

We had a total of five cases presented by sonographers within our region and a special mention must go to Sue Murray who travelled two hours from Bowen to attend and present at our case study evening. We had an interesting range of topics including: Postpartum ovarian vein thrombosis, Fetal tachycardia in the third trimester, Candida liver infection, Ebstein's anomaly and Osteolysis of the distal clavicle.

Best presentation of the night was awarded to Sue Murray from Whitsunday Ultrasound who presented on Postpartum ovarian vein thrombosis. The ASA has kindly offered Sue a 25% discount on registration to an ASA conference in the next two years. Thank you to all who attended the night, especially those who took the time to share their interesting cases with us: Sally Mahler, Sue Murray, Diane Dinh, Sharon Meng, Ainslie Heinke.

What's next? On 25 May we will be hosting an ASA Travelling Workshop where Daniel Walkley will be presenting A mixed bag of MSK and mid-year we are planning on hosting a quiz evening.

In other news Claire Whittaker, our cochair, has sadly packed her bags and moved to the UK. A big thank you to Claire for all your hard work and we wish you well in your next chapter.

Ainslie Heinke Mackay Branch Committee



Being awarded the Best Presentation certificate at the Mackay case study night

Newcastle

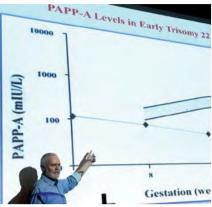
The last meeting for 2018 was held 3 November and was sponsored by GE Healthcare. We had 75 attendees and 5 great presenters.

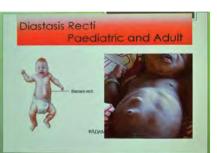
A short presentation from GE showcased their advancements in obstetric imaging. Margot Power from HIG began with a presentation on Breast US with MRI correlation, followed by Dr Mike Sinosich presenting on NIPT: A pathologist's perspective, stressing the importance of not using the first trimester blood results as numbers but applying them more holistically for predicting growth and outcomes.

GE Healthcare provided morning tea before a moving presentation from Naomi, a nurse and parent of a child with T21. Naomi took us through the journey of her pregnancy and how the role of the sonographer was pivotal. Key take-home messages were that as professionals, if we can have empathy, provide a safe environment, and remain impartial, this will go a long way to making the ultrasound experience a positive one, even if the news is not. The presentation ended with 50 mums, 50 kids, 1 extra chromosome 'A thousand years' and there was not a dry eye in the house.



reports









Clockwise from top left: Dr Mike Sinosich, Scientific Director PreNatal Testing Newcastle at 0&G workshop; attendees at 0&G workshop; Dr Sinosich and Suzanna Drinic; slide from the paediatric presentation

Sue Drinic livened up the theatre with an unusual case of *Capillary malformation*, arteriovenous malformation of the fetal arm, reminding all of the importance of looking at extremity bones and soft tissues when scanning.

The workshop concluded with an informative presentation from Shiree Gilroy on a structure that is often not assessed well: the placenta.

The first meeting for 2019 was a great way to get things going with dancers' feet and ankles starting the day. Canon Medical Systems were our sponsors and provider of an Aplio i800 to utilise during live scanning of the ankle and finger.

Danny Pavan enlightened us with the prevalence of injuries to mainly classical ballet dancers and the types of injuries they are most susceptible to. Danny then proceeded to scan the ankle of Debbie Slade and Victoria Baumann, who

happily volunteered. The Aplio i800 was user friendly and the detail obtained had us all wishing we had one.

After morning tea, provided by Canon Medical Systems, Victoria Baumann gave a very educational presentation on *Divarication and hernias* with detailed case studies to demonstrate these abnormalities. Sophie O'Brien then gave a live scanning demonstration of the finger, talking about the appearances and locations of the anatomy and pathology that may be visible.

Kurt Robertson, a podiatrist, finished the meeting discussing *Plantar heel pain* and what findings he requires from ultrasound to target treatment for the patient.

Looking forward to the rest of the 2019 branch workshops.

Sonya Simpson Newcastle Branch Committee



SWWA branch member

Southwest Western Australia

We are thrilled to announce the opening of a new ASA branch in Western Australia: 'SWWA Branch', incorporating regional and rural south west WA.

The south west region of WA is famous for its beautiful beaches, caves, forests, wildflowers and wineries. As medical sonographers living in this region, we are lucky to call this stunning part of the world home. However, from a professional point of view, living in this region has made accessing sonography conferences, workshops and CPD points a little challenging at times. Our closest venue for educational and CPD activities has been (until now) Perth – up to 300 km away.

With the opening of an SWWA Branch, our enthusiastic sonographers can now enjoy local educational meetings, travelling workshops, teleconferencing to Perth and a plethora of other new CPD opportunities.

The inaugural SWWA Branch Committee meeting was held on 7 March at which time office bearers were elected and a discussion held regarding a Travelling Workshop to be held in Bunbury.

On behalf of the committee, I would like to extend our sincere thanks to Natalie Clements, Chairperson, who has been instrumental in forming this new branch. Many thanks for your persistence and hard work, Natalie!

We look forward to growing together as a professional body – watch this space!

Samantha Ward SWWA Branch Committee



interesting Cases

Presentation

A 29-year-old healthy female presented to our department for a fetal echocardiogram at 31 weeks and 4 days gestation. The scan showed that the fetus had situs inversus totalis.

Situs inversus totalis, or a mirror image of situs solitus, is a complex disorder

in which the heart, descending aorta, stomach and spleen are right-sided, and the gallbladder, liver and inferior vena cava are left-sided. The heart is positioned in the right side of the chest and the apex points to the right anteriorly (dextrocardia).

When performing any fetal assessment, it is important to establish fetal left and

right and where the organs and vessels are positioned. Failure to do so may result in abnormal situs going undiagnosed.

Images supplied by Sarah Srayko.
Original article – Situs Inversus –
published in CJMS (The Canadian
Journal of Medical Sonography),
Volume 8, Issue 1, Winter 2017.
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Fig 2. X-ray of the neonate, confirming situs inversus totalis

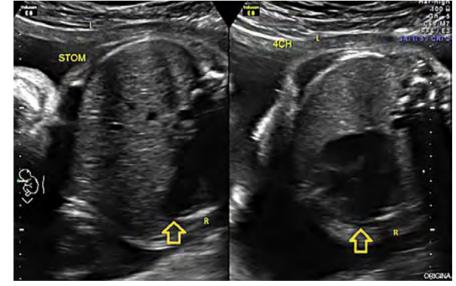
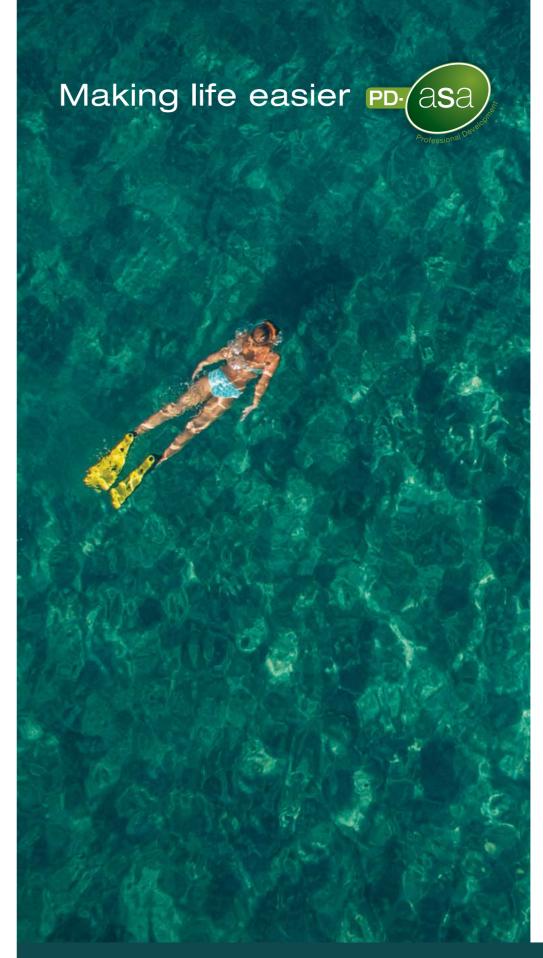


Fig 1. Breech fetus with dextrocardia, a right-sided stomach and spleen and a left-sided liver and gallbladder. Heart is otherwise structurally normal



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Joining an ASA Special Interest Group (SIG) Committee is a great way to advance your professional development and share your expertise and experience. It is also an excellent way to expand your skills and knowledge and exchange ideas with other highly experienced sonographers from diverse backgrounds who are working in the same discipline or who have the same special interest.

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SIG Breast

Frauke Lever, Anne Sutcliffe, Justine Pumfrey

SIG Cardiac

Richard Allwood, Judith Baxter, Luke Cartwright, Julie-Ann Craig, Diane Jackson, Rebecca Perry, Anthony Wald, Alison White

SIG Musculoskeletal

Michelle Fenech, Deborah Fox, Sharmaine McKiernan, Sheri Anne Rae, Luke Robinson, Daniel Walkley, David Yang

SIG Obstetric and Gynaecological

Erika Cavanagh, Anna-Maria Galea, Paula Kinnane, Ling Lee, Ann Quinton, Nayana Parange, Nicole Robertson

SIG Paediatric

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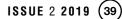
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