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ISSUE **1**, MARCH 2017

the newsletter of the australasian sonographers association

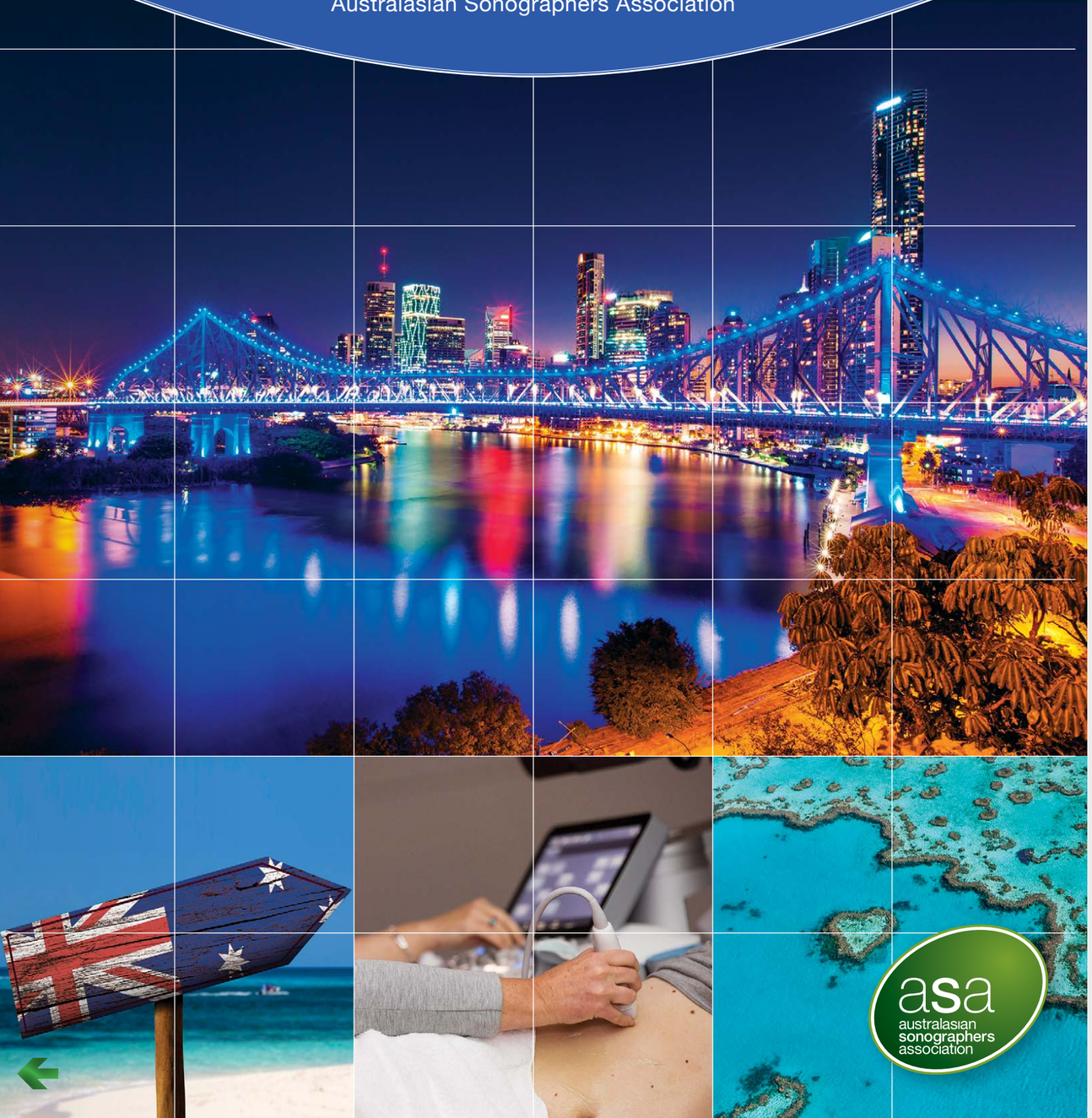
soundeffects news

australasian sonographers association

asa 2017 BRISBANE

24TH ANNUAL INTERNATIONAL CONFERENCE

2–4 June 2017, Brisbane Convention and Exhibition Centre
Australasian Sonographers Association



from the editor

A warm welcome to our March issue, the first edition of *soundeffects news* for 2017 and my first edition as your new editor.

Here at the ASA we've listened to your feedback and have made recent changes to the way we communicate with members. We now have a weekly email digest called *Soundwaves,* replacing multiple email alerts for ASA activities. Hopefully most of you are familiar with this and are looking forward to finding all your ASA news in your inbox each Wednesday.

To make communication a two-way street, our new section of *Letters to the Editor* is a space for sonographers to be heard, so let's get the conversation started! Please send your feedback, comments or questions to 'Letters to the Editor' at communications@a-s-a.com.au

The ASA office is in full swing, planning for the June annual international conference ASA2017 at the Brisbane Convention and Exhibition Centre. Many delegates have already registered; do not miss this wonderful opportunity to join your peers for a three-day program filled with workshops, lectures, symposia, networking and CPD opportunities.

On a serious note, reflecting on the NSW sonographer convicted at the end of last year of aggravated indecent assaults, the ASA explores the urgent need to regulate sonographers in Australia in the *feature* article 'Who you gonna call? Complaints handling and the regulation of sonographers'.

We also look at the recent CPD changes and their impact and Gillian Whalley steps you through the changes and how to adjust to the new system.

Our other *feature* articles highlight the efforts of volunteer sonographers and the interesting locations they have worked in. We look at the inspiring work of Linda Young in Luang Prabang at the Laos Friendship Children's Hospital, teaching ultrasound to the local technical staff. Then we look at sonographer Judy Tee's dedicated efforts to help Seroja and other orangutans in Sumatra and Borneo. Judy provided valuable education and training in the operation of the Doppler ultrasound machine to assist the work of the vets at the Orangutan Conservation Project's Quarantine Centre. Hope you find both of these articles as uplifting as I did!

The spotlight is on Carolynne Cormack in our *people profile*. Carolynne's work in sonography education was recently recognised when she was awarded ASA Educator of the Year in 2016.

Our usual *branch reports* from our hardworking volunteers include a focus on your Newcastle colleagues. A big thank you to our members who continuously support the ASA by volunteering their time to plan, organise and present at our educational activities every month, as well as those of you who attend these events.

Finally, in our regular items, *wh&s matters* explores the possible ergonomic benefits of training sonographers in left and right hand scanning. As always, our *reader competition* offers a tricky case to diagnose and our *advocacy alert* brings you up to date with what the ASA has been doing behind the scenes to raise the profile of sonographers and advance the profession.

Happy scanning and reading!

Carol De La Haye
Editor
communications@a-s-a.com.au

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the newsletter of the australasian sonographers association

soundeffects news

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Editor
Carol De La Haye
E: communications@a-s-a.com.au
T: +61 3 9552 0000

Editorial Committee
Julie Stafford and Tamsin Wilson

All submissions to the Editor by email
communications@a-s-a.com.au

Advertising inquiries to
Emma Fitzsimons: efitzsimons@wiley.com **or**
Tamsin Wilson: publications@a-s-a.com.au

ASA Office
PO Box 356, Dingley Village,
Victoria 3172, Australia
T: +61 3 9552 0000 **F:** +61 3 9558 1399

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in this issue

president's message

Early in my career, the concept of professional identity was a little lost on me. I am fortunate that in the places where I have worked clinically, sonographers have been treated with respect and their skill and expertise have been highly valued. In fact, for many years I thought that the biggest problem with our lack of identity was having to repeatedly explain what I did for work. 'Sonographer' is not a commonly recognised job title and even Google thinks that my occupation is either stenographer or pornographer!

The ASA has undertaken recent campaigns in an attempt to bolster awareness of the profession. Those working in the field were encouraged to list their occupation as 'sonographer' for the CENSUS 2016, and successful social media posts have been widely viewed on Facebook and Twitter. But the lack of recognition of sonographers goes beyond public awareness and internet algorithms. Even within the health system there is little recognition of the skills and value of sonographers. I am increasingly witnessing this disturbing side to our lack of professional identity, both at a personal and professional level.

I have been on paternity leave for the past month or so, during which time my newborn son was given a misdiagnosis on an abdominal ultrasound. The very experienced sonographer did a fantastic job and was completely correct in her diagnosis, but her worksheet was overwritten by a junior medical officer on reporting duties that day. With very little sleep in the days prior, the comment that 'she is just a tech' was like a red rag to this bull. The error in the reported diagnosis was brushed aside and the quality of the scan was blamed rather than the inexperience of the medical staff.

I had not identified myself as a sonographer, to either the sonographer performing the scan or any of the medical staff involved. For all intents and purposes, I was just like every other nervous parent in the hospital waiting room. A patient who is not part of the profession wouldn't know whether the sonographer has done a good job or not. They wouldn't know that the sonographer has typically completed a minimum of 5 years of tertiary study, or that they undertake a strong commitment to continuing their professional development. A regular patient wouldn't know the different levels of ultrasound-specific training undertaken by a sonographer and a doctor. We have all had patients ask us if we have 'had to do any study to take these pictures'.

Our lack of professional identity results in a lack of confidence in our patients and in other health professionals involved in their care. It allows us to be the scapegoat as the 'weakest link' in the diagnostic chain. All in all, the error in my son's case was nothing major, and resulted in only a minor inconvenience to my family. Aside from the poor treatment of an excellent sonographer, I was most disappointed with the attitude that it wasn't a big deal. And the comment that ultrasound scans get things wrong all the time was frustrating. It's true, ultrasound has its limitations but that is not an excuse for getting things wrong.

The absence of ionising radiation has resulted in ultrasound being viewed as a safe imaging modality. The impact of misdiagnosis and missed diagnosis, particularly at the time of image acquisition (during the ultrasound scan), is largely overlooked. Sonographers undertake extensive education and training to become proficient, and we actually go to a great deal of effort to make sure that an ultrasound diagnosis is right. We are routinely relied upon to make diagnoses that change patient management, or even save lives. However, there is continued resistance locally to registration of sonographers as health practitioners. This lack of recognition is also reflected in the way that sonographers are classified and paid under certain state awards.

The work of the ASA in raising awareness of the profession is arduous and ongoing. I have mentioned only a couple of examples of why professional identify matters, which affect us all in different ways. The impact of sonography in healthcare is significant and I am excited that 'impact' is the theme for the ASA2017 Brisbane international conference (2–4 June). The conference will expand on this theme by exploring the clinical impact of sonography on patient diagnosis, as well as the impact that our professionalism and communication have on patients; the impact of new technology and techniques on the profession; and the impact of research on clinical practice. Increasing awareness of the impact of sonography will lead to increase in our professional identity and recognition. It is an important step in the advancement of the profession and is already shaping up to be an exciting conference.

On a personal level, I want my two sons to be able to say proudly that their dad is a sonographer/super hero. We are part of an incredible profession – we

Continued on next page

advocacy alert

James Brooks-Dowsett
& Karen Farrar
ASA Policy and Advocacy

The urgent need to regulate sonographers in Australia

In December 2016 the ASA was appalled to hear of an ASAR accredited medical sonographer in New South Wales being found guilty of nine charges of aggravated indecent assault on five women, as a result of offences committed while performing ultrasounds between 2011 and 2014. Compounding this distressing news was the information that a complaint had previously been raised in 2011 with the NSW Health Care Complaint Commission about the conduct of this sonographer.

In response to this verdict the ASA released a statement on *The urgent need to regulate sonographers in Australia* in partnership with ASUM. This is consistent with the ASA's advocacy work, as directed by the membership, to achieve a universal and enforceable system of registration and regulation for Australian sonographers.

Such a system may not have prevented this sonographer's behaviour. However, it would have ensured that a responsive system was in place to address a complaint in the first instance, possibly reducing the number and severity of assaults by this individual.

The ASA continues to lobby Australian governments on the issue of sonographer regulation, often in partnership with other diagnostic imaging stakeholders. In this case it is important to note the support and endorsement of the joint ASA/ASUM statement by the Australian Society of Medical Imaging and Radiation Therapy. Cross-industry unity strengthens such advocacy efforts and persistent lobbying is required to secure changes relating to these important sonographer profession issues.

In this edition of *soundeffects news* we have included a feature article on the regulation of sonography and complaints handling in Australia and New Zealand. We encourage you to read this feature, titled *Who you gonna call? Complaints handling and the regulation of sonographers*, on page 15.

If you are interested in reading the statement relating to this case, or other latest news, please visit the 'media' section of our website.

Workforce

There are many factors that affect the sonographer workforce in Australia and New Zealand, such as clinical training opportunities, entry-to-profession pathways, industrial awards and employment opportunities. This is why it is essential there is a peak body, such as the ASA, that singularly represents and advocates for the interests of sonographers.

At the end of 2016 the ASA progressed a number of activities in response to workforce issues for the sonography profession, including:

- making a submission to the Commonwealth Department of Education and Training to retain sonography on the Skills Occupation List for the 2017–18 period. This recognises the essential role sonographers hold in ensuring patients receive timely and appropriate care throughout the healthcare continuum, as well as the persistent workforce shortage of sonographers in Australia and New Zealand
- assisting development of a health workforce strategy for Queensland. Through the *My health, Queensland's future: Advancing health 2026*, the Queensland Government is looking to the future of healthcare and what the delivery of healthcare will look like in the future. By engaging in this ongoing activity, the ASA ensures that the profession of sonography is represented both in the current practice model and also in the roles sonographers could have through advanced or expanded scopes of practice.

A key activity for ASA in 2017 will be to increase our work relating to the multiple awards for sonographers employed in NSW public health services. In 2013 a determination by NSW Health effectively created a two-tiered employment award. Since then the ASA has received constant feedback on the impact and inequality this arrangement has had on sonographers employed in NSW Health Services, both personally and in terms of workforce recruitment and retention.

With the 2013 determination up for review in early 2018, the ASA is working with key industry stakeholders, such as the ASUM and the NSW Health Services Union, to collate evidence and lobby the NSW Government to rectify this arrangement and its damaging effect on the sonography workforce.

If you would like more information on these workforce initiatives, or feel you could contribute to this work, please contact us at policy@a-s-a.com.au

Volunteer committees

Critical aspects of the ASA's support for sonographers include excellent and contemporary practice advice and opportunities for professional development at the lowest possible cost. Essential to these functions are our expert committees, composed of accomplished and active sonographers from Australia and New Zealand, volunteering their time for the profession.

To enhance the ASA's support for these committees, including the Special Interest Groups, last year the ASA undertook a review and implemented changes to:

- improve the efficiency of office support for the committees
- increase the number of potential participants on a committee
- strengthen the links between committees and the ASA on shared and strategic work.

Through these changes in 2017 we will see a renewed focus of these committees on production of best practice guidelines and other ASA professional guidance publications, which will assist in the achievement of goals set out in the *ASA Strategic Intent 2015–2020.*

Volunteering on the ASA's committees is a great way to contribute to the growth and recognition of the profession. It is also an excellent opportunity to network with other sonographers in your discipline whilst collecting continuing professional development points.

Thank you to everyone who expressed interest in participating on these important committees following the ASA's call for expressions of interest at the end of last year. If you missed the call, or would like to find out more on the work of the ASA's committees, please contact the office on admin@a-s-a.com.au

president's message

Continued from previuos page

must continue to strive to be properly recognised for the importance of this role.

Finally, by the time you read this I would have stepped down from my role as director and president of the ASA. This was a very difficult decision to make as I have loved the opportunity to serve the profession in this capacity. Following the birth of my second son Evan and significant changes at work, I have been finding it increasingly difficult to fulfil my duties as director. I take the role of governance of the association incredibly seriously and at this stage I am unable to fulfil the role to the level that I believe is required. I am pleased to announce Dr Jennifer Alphonse has been elected as the new President and Mr Steve Mackintosh as Vice President. I have the utmost confidence in the ability of Jennifer and Steve to continue the leadership of the association and wish them all the best.

Happy New Year!

Tony Forshaw, President

letters to the editor

Announcing our brand new section which we hope to see grow quickly over the next few issues.

soundeffects news will now have a direct line of communication with our readers and this will be 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@a-s-a.com.au | Let's get the conversation started now!

On behalf of the ASA2017 Brisbane Program Committee, we would like to extend an invitation to join us for the 24th ASA annual international conference at the Brisbane Convention and Exhibition Centre (BCEC), 2–4 June 2017.

With over 1,100 delegates expected to attend, ASA2017 Brisbane will be the largest educational event tailored specifically for sonographers across all disciplines and at all levels in Australia and New Zealand in 2017.

The conference theme is IMPACT and will encompass the impact that we as sonographers have on patient diagnosis and management; the impact our professionalism has on patients; and the impact of new technology and research findings on our clinical practice.

The Brisbane Convening Committee, led by Julie Cahill and Anna Galea, has designed a world-class program showcasing highly experienced and talented international and national speakers:

- Dr Ann Marie Kupinski of New York will be sharing her experience of the impact that ultrasound has had on vascular diagnosis in the USA.
- Dr Sushil Allen Luis, Department of Vascular Disease at the Mayo Clinic Minnesota, will be presenting what's new with cardiac quantification.
- Professor Waldo Sepulveda of Chile will be presenting on spina bifida from intracranial translucency to intrauterine surgery.
- Professor Jon Hyett, whose research includes predictive modelling and preventive interventions for adverse obstetric outcomes, will educate on the ever-changing world of early obstetric scanning and screening practices.
- Specialist MSK sonographer Lisa Hackett will be presenting on the use of ultrasound in rheumatology. She will be joined by Professor George Murrell, whose interests include the use of ultrasound to diagnose and manage disease of the shoulder, and sports physician Dr Jeni Saunders, who will present on the use and advancement of PRP intervention and ultrasound guidance.

We are pleased to announce the introduction of a half-day symposium specifically for students, in addition to the two-day cardiac symposium. We also have a non-clinical stream that will cover a wide range of topics, including research, effective communication and staying professional in a world increasingly focused on social media.

The BCEC is located on the beautiful South Bank, along the Brisbane River, and will provide a wonderful backdrop for the world-class conference and social functions that we are sure will deliver on the fun and networking opportunities.

We look forward to welcoming you to Brisbane!

Julie Cahill and Anna Galea
Co-Conveners, ASA2017Brisbane

asa 2017 BRISBANE

ASA2017 BRISBANE | DAY ONE | FRIDAY 2 JUNE 2017

Abdominal | Breast | Cardiac | Foundation | MSK | Non-clinical/WH&S/EDU | O&G | Paediatrics | Small Parts | Vascular

OPENING PLENARY

1 | 10.00 am–12.00 pm

- Welcome to Brisbane – *Convenors*
- Welcome to Country – *Songwoman Maroochy*
- Toshiba
- Life, love and awesomeness – the impact and implications of the language used at diagnosis – *Rachel Callander*
- Presenting on his involvement on fetal in utero spina bifida surgery performed at The Mater Mothers in 2016 – *Dr Glen Gardener*
- How ultrasound impacts clinical diagnosis and treatment – *Prof. George Murrell*

LUNCH | 12.00–1.00 pm

LECTURES

2 | 1.00–2.30 pm

THE IMPACT OF U/S ON MODERN OBSTETRICS	VASCULAR	PAEDIATRICS
How ultrasound has changed the face of obstetric care *Prof. Jon Hyett*	Understanding the complexities of the carotid duplex study examination *Jennifer Kidd*	Uncommon cranial pathology in infants and neonates *Dr Mark Phillips*
PROFFERED PAPERS	*PROFFERED PAPERS*	*PROFFERED PAPERS*
Spina bifida from intracranial translucency to intrauterine surgery *Prof. Waldo Sepulveda*	Carotid stenosis criteria and intervention – past, present and future *Dr Ann Marie Kupinski*	ECLS and sonography in the paediatric ICU *Tristan Reddan*

AFTERNOON TEA | 2.30–3.00 pm

3 | 3.00–4.30 pm

MSK	ULTRASOUND AND INFERTILITY	ABDOMINAL
The use of ultrasound in buckle fracture research *Dr Peter Snelling*	Causes of infertility … endometriosis and beyond *Dr Kee Ong*	Liver transplant *Scott King*
PROFFERED PAPERS	*PROFFERED PAPERS*	*PROFFERED PAPERS*
Tendinopathy *Prof. George Murrell*	The role of ultrasound in the investigation of infertility *Dr Kee Ong*	Renal transplant *Scott King*

FRIDAY CLOSING PLENARY

4 | 4.30–5.30 pm

- The impact of ultrasound on obstetrics care in Chile or – how 3D/4D changed obstetrics care
  Prof. Waldo Sepulveda
- Ultrasound in the USA. How ultrasound has impacted or changed vascular diagnosis and treatment in the USA
  Dr Ann Marie Kupinski
- TOSHIBA

ASA WELCOME RECEPTION | 5.30–7.30 pm

WORKSHOPS

2 | 1.00–2.30 pm

2A | MUSCULOSKELETAL	2B | MUSCULOSKELETAL	2C | GYNAECOLOGY	2D | ABDOMINAL
Interactive introduction on shoulders into the clinical environment *Prof. George Murrell*	Elbow *Craig Winnett*	IOTA and IETA: case by case *Dr Jennifer Alphonse*	FAST scanning *Dr Fran Williamson*
2E | MUSCULOSKELETAL	**2F | GYNAECOLOGY**	**2G | SMALL PARTS**	**2H | ABDOMINAL**
Case studies: correlating what is seen on ultrasound surgical findings *Dr Kelly Macgroarty*	Scanning the pelvis with 3D/4D *TBA*	The axilla *Frauke Lever*	Abdominal anatomy refresher and liver segments *Dr Craig Hacking*

3 | 3.00–4.30 pm

3A | PAEDIATRICS	3B | VASCULAR	3C | MUSCULOSKELETAL	3D | SMALL PARTS
Paediatric GIT *Tristan Reddan*	Carotid and vertebral artery scanning with pathology *Jennifer Kidd*	SIJ Clinical assessment and injections *Dr Jeni Saunders*	Orbits *Speaker TBA*
3E | PAEDIATRICS	**3F | VASCULAR**	**3G | OBSTETRIC**	**3H | MUSCULOSKELETAL**
Paediatric chest *Michael Woolgar*	Leg arterial scan with stenotic and occlusive disease *Dr Ann Marie Kupinski*	FTS: How is it done? Case examples showing history, counselling, scan, bloods, risk calculation, implications, etc (not just how to measure a nuchal) *Prof. Jon Hyett*	Ultrasound's role in the management of ankle sprains *Rod Federer*

ASA2017 BRISBANE | DAY TWO | SATURDAY 3 JUNE 2017

Abdominal | Breast | Cardiac | Foundation | MSK | Non-clinical/WH&S/EDU | O&G | Paediatrics | Small Parts | Vascular

LECTURES

	OBSTETRICS	MUSCULOSKELETAL	BREAST	CARDIAC SYMPOSIUM
9.00–10.30 am	Congenital cardiac abnormalities *Dr Jennifer Powell*	Peripheral nerve hydrodissection *Dr Jeni Saunders*	Implants *Frauke Lever*	What's new for cardiac quantification in 2017 *Sushil Allen Luis*
	When the heart doesn't look right; what to look for; when to refer on *Rachel Cook*	Ultrasound of the foot *Dr Tim Demetriades*	Correlation of ultrasound with histopathology *Dr Ian Bennett*	*PROFFERED PAPERS*
	Fetal brain – The impact of advancing ultrasound technology *Teresa Clapham*	Clinical testing in shoulder ultrasound – responsibility of the sonographer *Lisa Hackett*	Imaging the nipple and areola – anatomy and pathology *Frauke Lever*	Ventricular-assist devices – echo assessment *Dr David Platts*
MORNING TEA | 10.30–11.00 am				
11.00 am–12.55 pm	**NON-CLINICAL / WHS / EDU**	**NON-CLINICAL / WHS / EDU**	**NON-CLINICAL / WHS / EDU**	**CARDIAC NON-CLINICAL / WHS / EDU**
	Grief counselling *Anne-Louise McCrawley*	The A to Z of research *Dr Kerry Thoirs*		Getting started in research – A sonographer's perspective *Natalie Kelly*
	Self management *Anne-Louise McCrawley*	Translating research into clinical practice *Dr Gillian Whalley*		Making a difference – Commonly encountered pathology and problems in regional clinics *Dr Elizabeth Donnelly*
				Scanning pain free during an echo *Caleb Gray*
	Pre and post NIPT counselling *Prof. Jon Hyett*	How to formulate a clinical question *TBA*	*PROFFERED PAPERS*	Sonographers role in echocardiographic quality assurance – Four key points to ensure reproducibility between sonographers and laboratories *Mary Harten*
	AON insurance	Evidence-based practice *TBA*		Clinical directions in echocardiography *Dr Gillian Whalley*
	Safety of ultrasound exposure: knowledge, attitudes and practices of Australasian sonographers *Jessie Childs*	Research panel discussion Q&A		
LUNCH | 1.00–2.00 pm				
2.00–3.30 pm	**MUSCULOSKELETAL**	**VASCULAR**	**BREAST SYMPOSIUM**	**CARDIAC SYMPOSIUM**
	Physical examination in MSK ultrasound *Craig Cairns*	Leg arterial disease – waveform analysis, haemodynamics and flow resistant *Dr Ann Marie Kupinski*	ABVS *Dr Paul Chou*	Roles of contrast in echo *Dr David Platts*
	PROFFERED PAPERS	Leg artery scanning – classification of disease and post intervention *Jennifer Kidd*	*PROFFERED PAPERS*	Cases where contrast has made a difference *Rob Chamberlain*
		The ins and outs of endoluminal graft surveillance *Rebecca Hetherington*		Tricuspid regurgitation and pulmonary regurgitation – the forgotten valves *Dr Sushil Allen Luis*
		Renal artery scanning; kidney resistive index *Warren Lewis*		
	Use of ultrasound in fracture reduction *James Hilton*	Ultrasound imaging of celiac and mesenteric arteries *Dr Ann Marie Kupinski*	The impact on patient care by the sonographer in breast ultrasound *Jenny Parkes*	Panel Q&A
AFTERNOON TEA | 3.30–4.00 pm				
4.00–5.30 pm	**SMALL PARTS / MISCELLANEOUS**	**ABDOMINAL**	**OBSTETRICS**	**CARDIAC SYMPOSIUM**
	PROFFERED PAPERS	Ultrasound vs CT *Philip Miller*	How we can make the CFTS better and why we need to *Prof. Jon Hyett*	The path to Fontan: Echocardiography of the single ventricle *Justin Gordon*
				Paediatric echo – Glen and Fontan cases *Justin O'Leary*
	Penile trauma *Donna Napier*	Portal hypertension *Kristian Smith*	Twins – complications of MCDA twins and impact on pregnancy *Nicole Brown*	ACHD echocardiography – Complications in the increasing ACHD population *Anthony Benjamin*
	Lung ultrasound *Lynette Hassall*			
	Ultrasound of the orbits *TBC Michelle Fennech*	Ultrasound in the assessment of hepatomegaly: A simple technique to determine an enlarged liver *Dr Jessie Childs*	'The house' placental pathology, AFI and umbilical cord *Tracey Taylor*	Panel Q&A
ASA GALA DINNER AND AWARDS OF EXCELLENCE PRESENTATIONS | 7.00 pm–MIDNIGHT				

WORKSHOPS

	4A | GYNAECOLOGY	4B | ABDOMINAL	4C | SMALL PARTS	4D | PAEDIATRICS
9.00–10.30 am	Scanning for deep infiltrating endometriosis – what to look for and how to scan for DIE *Jing Fang*	Assessment of TIPPS *Nicolette McCabe*	Ultrasound of the lung *Dr Kylie Baker*	Neonatal spine *Julianne Short*
	4E | VASCULAR	**4F | PAEDIATRICS**	**4G | ABDOMINAL**	**4H | GYNAECOLOGY**
	Endoluminal AAA graft and endoleak *Rebecca Hetherington*	Paediatric head *Cain Brockley*	The critical role of shearwave elastography in the diagnosis of hepatitis C *Steve Cipriani*	Pelvic floor assessment *Deborah Moir*
11.00–1.00 pm	**5A | STUDENT SYMPOSIUM**	**5B | NON-CLINICAL / WHS / EDU**	**5C | NON-CLINICAL / WHS / EDU**	**5D | NON-CLINICAL / WHS / EDU**
	Report writing *Craig Collins*	How ultrasound can be used in clinical research *Prof.George Murrell*	Teaching clinical reasoning skills, for clinical supervisors *Dr Nayana Parange*	Psychology 101 *Cate Fitzgerald*
	Image interpretation and arriving at differential diagnosis and clinical diagnosis *Dr Nayana Parange*	Effective feedback *Rhiannon Barnes*	Radiopedia and how to use it *Dr Craig Hacking*	*WHS PROFFERED PAPERS*
		New directions available for sonographers *Lisa Hackett*	Social media – What staying professional means today *Tom Steffens and Andrew Murphy*	
	Effective communication/delivering bad news *Anne Louise McCrawley*	POCUS *Lynette Hassall*		Scanning for longevity. Best ergonomic practice with Q&A *Bernie Mason*
	Q&A for students	How to get that job or promotion Q&A *Rhiannon Barnes*	Feedback – Good and not so good *Prof. Brian Jolly*	Scanning practices with live demonstrations *Bernie Mason*
2.00–3.30 pm	**6A | MUSCULOSKELETAL**	**6B | STUDENT/FOUNDATION**	**6C | PAEDIATRICS**	**6D | OBSTETRIC**
	Advanced workshop – Clinical testing in shoulder ultrasound *Lisa Hackett*	Basic scanning, when to extend the search. Small parts, questions, tips and tricks *TBA*	Paediatric hips *Glenda McLean*	Fetal hearts *Rachel Cook*
	6E | PAEDIATRICS	**6F | MUSCULOSKELETAL – STUDENT**	**6G | MUSCULOSKELETAL**	**6H | OBSTETRIC – STUDENT**
	Limping child *Michael Woolgar*	Foot and ankle – for students *Claire Arrowsmith*	Posterior thigh/hamstring *Andrew Chesham*	Fetal brains *Teresa Clapham*
4.00–5.30 pm	**7A | VASCULAR**	**7B | MUSCULOSKELETAL – INTERMEDIATE**	**7C | BREAST**	**7D | STUDENT/FOUNDATION**
	Lower extremity DVT: examination *Jacqui Robinson*	Foot pain? Cause *Kip Lim*	The axilla *Frauke Lever*	Basic scanning on difficult patients, questions, tips and tricks (abdominal and basic vascular – carorids/leg DVT) *Nancy Grexton*
	7E | OBSTETRIC	**7F | MUSCULOSKELETAL**	**7G | BREAST**	**7H | OBSTETRIC STUDENT/FOUNDATION**
	Cervical length measurements – Facts and fallacies *Dr Joseph Thomas and Kate Nolan*	Anterior hip *Andrew Chesham*	Implants *Frauke Lever*	Basic biometry … tips and tricks *Angela Moffat*

asa | 2017 BRISBANE

ASA2017 BRISBANE | DAY TWO | SATURDAY 3 JUNE 2017

7.30–9.00 am | FUTURE DIRECTIONS FORUM

LECTURES

9.00–11.00 am	MUSCULOSKELETAL	OBSTETRICS	VASCULAR	CARDIAC SYMPOSIUM
	What ultrasound findings are important to the surgeon *Prof. George Murrell*	PCOS new criteria *Tracey Taylor*	Pharmacomechanical thrombectomy of DVT – the role of ultrasound *Virginia Makeham*	Basic LV quantification and diastolic function assessment *Grant King*
	Diabetic foot/Charcot arthropathy and the assessment/treatment in these patients *Greg Dower*	Deep infiltrating endometriosis *Dr Jackie Chua*	Unusual causes of varicose veins *Ian Catchpole*	LV quantification and diagnosis function workshop *Grant King*
	Foot arches and posterior tibial tendon dysfunction *Kip Lim*	Classification of ovarian cyst/tumours *Dr Andrea Garrett*	Upper limb DVT – causes of thrombosis *Virginia Makeham*	Introduction to 3D and strain imaging *Dr Rebecca Perry*
	Joint scoring in rheumatology *Lisa Hackett*	Misdiagnosed scar ectopic and RPOC and impact on patient treatment *Dr Bridget Sutton*	The upper extremity: TOS and other pathologies *Rebecca Hetherington*	3D and strain imaging workshop *Dr Rebecca Perry*

11.00 am–12.00 pm | BRUNCH

12.00–1.30 pm	OBSTETRICS	MUSCULOSKELETAL	PAEDIATRICS	CARDIAC SYMPOSIUM
	3D evaluation of the fetal face in the second and third trimesters. Genetic syndromes *Professor Waldo Sepulveda*	The use and advancement of PRP intervention and ultrasound guidance *Dr Jeni Saunders*	True blood: Lump, lattice or lie? *Dr Mark Walsh*	Interesting cases from the Mayo Clinic *Dr Sushil Allen Luis*
	SGA vs IUGR and how reliable are growth charts with today's multicultural society *Prof.Jon Hyett*	PRP injections in rheumatology *Lisa Hackett*	Cranial sonography *Elvira Savariappan*	Interesting cases from TPCH *Dr David Platts*
	Intra abdominal cysts: First vs second trimester spectrum *Prof. Waldo Sepulveda*	Injectable therapies in tendinopathy *Mark Young*	Ultrasound of ingested foreign bodies *Lino Piotto*	Interesting cases from Flinders *Dr Rebecca Perry*
	Cervix scans in pregnancy – what's new? *Dr Jennifer Alphonse*	Ultrasound of the ankle *Dr Tim Demetriades*	LGBTI awareness in young patients *Ricki Menzies*	Panel Q&A

1.30–2.00 pm | CLOSING PLENARY | Scientific Quiz prize draws | Passport prize draw | ASA2018 Sydney Launch

WORKSHOPS

9.00–11.00 am	8A | OBSTETRICS & GYNAECOLOGY	8B | SMALL PARTS	8C | MUSCULOSKELETAL	8D | ABDOMINAL
	Case studies – abnormal babies with interesting pathologies *Nicole Brown*	Ultrasound of the neck *Juliet Burton*	Ultrasound role in the management of ankle sprains – intermediate/advanced level *Rod Federer*	Scanning the appendix – tips and tricks *Peter Coombs*
	8E | SMALL PARTS	**8F | OBSTETRICS**	**8G | PAEDIATRICS**	**8H | VASCULAR**
	From the mandible to the clavicle, anything you ever wanted *Jenny Parkes*	Interpreting the difficult 3rd trimester (including Dopplers) *Tracey Taylor*	Neonatal spine *Allison Holley*	Renal artery scanning *Ann Marie Kupinski*
	8I | MUSCULOSKELETAL	**8J | VASCULAR**	**8K | GYNAECOLOGY**	**8L | PAEDIATRICS**
	Hand and finger *Craig Winnett*	Recurrent varicose vein scanning – common sources of recurrence *Ian Catchpole*	Ultrasound assessment for pelvic pain. Not just deep infiltrating endometriosis *TBA*	Paediatric renal *Ilona Lavender*

ASA2017 Cardiac symposium

The Cardiac Symposium will be held on Saturday and Sunday 3–4 June 2017. The cardiac program features distinguished international and Australian speakers, who will share their experience and knowledge in both established and advanced echocardiographic techniques.

The wide-ranging program will cover topics from paediatric echo to strain to 3D, and include perennial favourites, such as LV quantification and diastolic function. A 'career enhancement' session will be included and the ever-popular session on case presentations will be back.

Saturday's program opens with a session on LV assessment, followed by the career enhancement session, including a guide for getting started in research; understanding quality assurance; advancing your sonography career; and how to avoid pain while scanning.

Saturday afternoon takes us into the world of contrast echo and the right heart, and finishes with paediatric and adult congenital heart disease. The Sunday program comprises hands-on sessions for LV quantification, including strain and 3D.

This program is aimed at cardiac sonographers and students, but will be useful for anyone whose practice includes a specific interest in this field e.g. emergency and critical care. It is a great opportunity for cardiac sonographers and physiologists to review aspects of quality in their practice, to update knowledge and to incorporate newer techniques in routine echocardiographic practice.

Natalie Kelly
Cardiac Coordinator
ASA2017 Brisbane Convening Committee

Keep your eye out for more information to come and the conference app!

Note: Program is correct at time of publishing, however please check the website for latest updates to the program – **www.a-s-a.com.au**

soundbite

Have you registered for ASA2017 Brisbane yet? Don't miss out on renowned international and national keynote speakers, workshops with an interactive lear ning environment, latest research presented by our leading researchers and new technology with latest innovations and live scanning demonstrations. This year we also offer student workshops and sessions and of course great networking and fun social opportunities to enjoy with your peers! Register at: **www.a-s-a.com.au**

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Changes to continuing professional development (CPD) for sonographers in 2017

Dr Gillian Whalley,
ASA Acting CEO

Members will already be aware that from 1 January 2017, sonographers accredited with the Australian Sonographer Accreditation Registry (ASAR) will be required to accrue 60 CPD points per triennium to maintain their accreditation. This increase from the previous requirement of 40 points per triennium has raised some concerns with members. I would like to take this opportunity to clarify some of the drivers behind this change and to respond to some of the questions that have been raised.

Why increase the minimum number of CPD points required?

The move to an increased CPD standard and overhaul of the current system has actually been in development for a number of years.

Over the history of the ASA, the request for sonographer registration by the membership has been overwhelming. The major concern of sonographers, as demonstrated consistently in member surveys, is to achieve registration and be formally recognised as an independent profession. This is therefore a key strategic focus for the ASA.

Accrual of a minimum 60 CPD points per triennium (or 20 points per year) is an accepted CPD standard for many registered and self-regulated health professions. A number of allied health professions actually have to accrue more than 20 points per year e.g. chiropractors (25 points) and dietitians (30 points). The increase in CPD requirements introduced by the ASAR, to 60 points per triennium, is a necessary step to demonstrate that sonography as a profession is on a par with other health professions.

Although the ASA and the Australasian Society for Ultrasound in Medicine (ASUM) advocated for this change, the decision around timing and conditions was made by the ASAR. The ASAR has also reflected carefully about the points per activity and made some helpful changes that are covered in more detail below. Implementing the new system at the beginning of 2017 is actually convenient. The largest cohort of sonographers completed their triennium at the end of 2016 and so the change affects fewer people at this point in time. It's important to note that the new CPD requirements will be phased in as sonographers commence their new CPD trienniums.

What are the main changes to the CPD program?

Aside from the minimum points required per triennium increasing from 40 to 60 points, there are a number of other significant changes such as:

- increased 'caps' or limits per triennium for some CPD activities
- significantly increased points allocation for activities such as presenting and publishing
- more options for web-based and self-directed learning
- removal of the general rule that if you are paid for a role you cannot claim CPD activity (i.e. supervision of students, course lecturers and tutors)
- introduction of a mandatory reflection component for all CPD entries, and increased emphasis on the conceptual role of continuous professional development. Sonographers are required to reflect on each task completed/undertaken and consider how that experience/knowledge can be applied to their practice: what they learnt from the event; what they found was successful or unsuccessful; and how they would alter their practice in future situations.

How will I be able to meet the new CPD requirements?

It is the view of the ASA that all sonographers, regardless of experience, and whether they work one or five days per week, require CPD to maintain competence. Sonography is complex and highly skilled work. Sonographers also work largely autonomously and with constantly changing technology. As a profession we promise to the public that if an accredited

sonographer has performed a scan, then we guarantee that the sonographer has completed a standardised level of training and has met a minimum requirement of ongoing learning. This cannot be a tiered system. We all need to meet the same minimum standards.

We acknowledge that the increase in CPD requirements may be more challenging practically or financially for some sonographers. This may particularly affect those who are employed part time, dual practitioners, on maternity or other extended leave, or live in rural or remote areas.

However, as mentioned, while the minimum points required per triennium have increased, the allocation of points per activity has also increased in many CPD categories, and caps in certain categories have been adjusted. The new approach should be a lot better suited for the remote sonographer, in particular, and will make the 60-point target easier to reach.

One significant change is the number of points allocated for presenting. Under the new system you can earn 40 points for presenting at a national/international conference. That's up from 25 points previously, and two-thirds of the new triennium requirement. If you then write up your work and publish it in a peer reviewed journal, such as *Sonography*, you would receive another 50 points. Even presenting a case to your colleagues now earns you 15 points.

We appreciate concerns regarding the costs of attending conferences, but the ASAR has made changes that should make it possible to meet the target of 60 CPD points even without attending a conference. Being remote or working part time doesn't limit options and CPD doesn't need to be costly. The nature of education is changing, with much of it online and free.

How can ASA activities help me reach the CPD requirement?

The ASA is committed to providing quality professional development by improving access to CPD opportunities for sonographers in Australia and New Zealand. The majority of CPD events currently offered by the ASA are free for members. These include asa**webinars**, travelling workshops and educational events at branch meetings.

The above CPD events are also opportunities to earn points for presenting. If you are interested in being a speaker at an ASA educational event, the Learning Solutions team would love to hear from you.

The ASA also offers two major events each year, that is, six per triennium. This year our annual international conference will be held in Brisbane (June 2–4) and the Special Interest Group symposium will be held in Adelaide (September 16–17) featuring three specialty streams (MSK, paediatrics and vascular). These events earn a large number of CPD points for attendance, and an even larger number for presenting. Although the call for proffered papers has closed for ASA2017 Brisbane, there will be more opportunities available at future events. Keep an eye out for the call for abstracts.

Our peer reviewed journal *Sonography* offers a range of CPD options. You can write a paper and submit it for publication in the journal. Topics are not just restricted to research findings: you can also write a literature review, an educational article or a case study. There is also a CPD test in each issue that you can complete online anywhere, anytime. From time to time we call for additional people to peer review submitted articles. Keep an eye out for these calls for reviewers. Publication of an article in our professional newsletter *soundeffects news* also earns CPD points. Contact the Communications team if you have an idea for a newsletter article you'd like to write.

Participation in committee meetings and activities for the ASA's volunteer committees earns CPD points. We now have nine Special Interest Groups, so there's sure to be something there that you'd like to get involved in. Contact Member Services if you'd like to apply for a committee position.

As you can see, there are lots of ways you can earn CPD points through ASA programs, while also getting involved with your professional community. I would encourage all ASA members to avail themselves of our PD-**asa** program, which is an efficient and easy way to manage your CPD activities, especially those that the ASA offers.

Where can I find further information?

The new ASAR points table is shown on the following page. Additional information can be found on the CPD FAQs page of the ASAR website www.asar.com.au.

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Type/Code	Code	Activity	CPD Credits/Hours	Documentation/Evidence
1. Attendance	1A	Attendance at national/ international meetings, scanning workshops and webinars	1 per hour of educational activity	Certificate of attendance or receipt of registration and copy of program
	1B	Attendance at grand rounds, in-house seminars and workplace training (e.g. CPR, OHS)	1 per hour of educational activity to a maximum of 25 credits per triennium	Certificate of attendance or CPD Learning Activity Record
2. Publishing/ Presenting	2A	Scientific or professional publication	50 (Peer reviewed, principal author*) 30 (Peer reviewed, non-principal author**) 25 (Non-peer reviewed, principal author*) 15 (Non-peer reviewed, non-principal author**)	Copy of published article including journal name, date and page numbers
	2B	Conference presentations (oral or poster) at state, national or international meetings	40 (Oral presentations where individual presenting work claims CPD credit) 25 (Poster presentation by principal author*) 15 (Live-scanning workshop)	Meeting program documenting name of presenter and topic presented or letter of thanks/ acknowledgement or certificate
	2C	A presentation within your workplace or local area (including professional association branch meetings)	15 (Oral presentation where individual presenting work claims CPD credit 10 (Live-scanning)	Brochure documenting name of presenter and topic presented or letter of thanks/acknowledgement or certificate
3. Educational	3A	Self-directed learning to enhance patient outcomes and professional skills e.g. research, reading relevant journal articles or texts, journal club, web-based activities other than webinars	1 per hour to a maximum of 40 per triennium	CPD Learning Activity Record
	3B	Peer review of a journal article for a scientific journal or publication	1 point per hour to a maximum of 5 per article	A thank you letter or certificate from the publisher
	3C	Enrolment in an ultrasound or related medical postgraduate course, PhD provided by an Australian Registered Training Organisation (RTO) or university	40 per subject	Copy of university transcript or letter of enrolment
	3D	Completion of Management, Leadership course or Certificate IV in Training and Assessment	1 per hour to a maximum of 30 credits per triennium with a cap of 15 credits per activity	Certificate of completion
	3E	Preceptorships – attendance onsite	2 per day to a maximum of 15 credits per triennium	Signed letter from individual providing the education outlining duration and purpose of the preceptorship
4. Other	4	Any other documented educational or professional activity e.g. participation in relevant professional committee meeting, clinical program course or conference convening; mentoring, adjudicating or chairing conference sessions; examining within the profession (see FAQs for clarification)	1 per hour to a maximum of 30 credits per triennium with a cap of 15 per activity	Letter or certificate of acknowledgement or thanks, CPD Learning Activity Record

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Who you gonna call? Complaints handling and the regulation of sonographers

James Brooks-Dowsett,
ASA Policy and Advocacy

Since establishment in 1992, the ASA has advocated, lobbied and progressed activities for an enforceable system of national regulation for sonography in Australia. The ASA's members consistently express their desire for this to be achieved by the ASA. And in a media release at the end of 2016, the ASA stressed the urgent need for sonography to be regulated in Australia. But why is regulation important and aren't sonographers already registered in Australia?

Across the Tasman

Assuring patient safety and access to quality health services should be a top priority for all health professionals and the systems in which they work. This is best achieved through robust regulation that provides for recognition of qualifications; minimum entry standards; assurance of practice standards; a code of conduct and ethics and a described process for complaints handling.

In New Zealand, regulation of sonography is administered by the New Zealand Medical Radiation Technologists Board (MRTB). Their primary responsibility is to protect the health and safety of the New Zealand public by ensuring practitioners are registered and competent and fit to practise. It is also responsible for other regulatory activities, such as assessing overseas-trained sonographers and receiving complaints about sonographers.

The MRTB is empowered to undertake this work under the *Health Practitioners Competence Assurance Act 2003* (The Act), whose purpose is to protect the health and safety of New Zealanders by providing mechanisms to ensure the lifelong competence of health practitioners. Sonographers are regulated through the Act, which specifies:

- only practitioners who are registered under the Act are able to use the titles protected by the Act or claim to be practising a profession that is regulated by the Act
- registered health practitioners are not permitted to practise outside their scopes of practice
- registration authorities are required to certify that a practitioner is competent to practise in their scope of practice when they issue an annual practising certificate
- certain activities are restricted and only able to be performed by registered health practitioners.

How does Australia compare to New Zealand?

The most recognised system of health profession regulation in Australia is the *National Registration and Accreditation Scheme*, administered by the Australian Health Practitioner Regulation Agency (AHPRA), implemented in 2010. The primary objective of this system of regulation is to protect the public by setting national professional standards and managing complaints about health practitioners. Unfortunately this regulation only applies to 14 health professions; the sonography profession is not included.

In 2015 Australian Health Ministers agreed to implement the *National Code of Conduct for health care workers* (the National Code) to apply to all healthcare professions not regulated under the *National Registration and Accreditation Scheme.*

The National Code relies on 17 broad principles concentrated on behaviour and ethics, setting minimum enforceable standards of practice for any person who provides a health service not regulated under the Australian Health Practitioner Regulation National Law. This means it applies to a range of professions with quite different levels of professional training and responsibility, from health service assistants to highly trained and qualified allied health professionals, such as sonographers.

This is already in effect under legislation in New South Wales, Queensland, South Australia and Victoria, with the remaining states and territories gradually introducing legislation in support of the National Code.

But aren't sonographers registered in Australia?

To provide services under Medicare in Australia, sonographers are required to be accredited with the Australian Sonographer Accreditation Registry (ASAR). Accredited sonographers are then listed on the publicly accessible ASAR register. To achieve this requires completion of an accredited educational course and maintenance of continuing professional development requirements. However not all Australian sonographers provide services under Medicare, and where they don't they are not legally required to be accredited by ASAR.

Further to this, there are other discrete components of regulation that are governed by different organisations. For example, the ASA administers a *Code of Conduct* and *Standards of Practice*; and the Australian Society of Medical Imaging and Radiation Therapy has responsibility for assessing overseas-trained sonographers.

Isn't that enough regulation … registration … accreditation?

There are many entities involved in different aspects of regulation of the sonography profession in Australia. Unfortunately, and in part because of this, gaps remain. This is best highlighted by comparing how complaints against sonographers are handled in Australia versus New Zealand.

In both Australia and New Zealand, if anyone (patient, employee or other professional) has a complaint about a sonographer's service or conduct, the first step is to raise the complaint with the service provider. This is where the similarity ends.

In New Zealand, where the complaint cannot be resolved through the service provider, handling of complaints about sonographers is clearly described. If the complaint is from or about an affected patient, the Health and Disability Commissioner of New Zealand can be contacted to record and investigate the complaint. If it is about a sonographer's competence, conduct, health, or fitness to practise, the complaint can be lodged with and investigated by the MRTB.

In contrast there are multiple and at times conflicting processes for handling of complaints against sonographers in Australia. Which system is used depends on the nature of the complaint, professional association membership, or whether a sonographer is also registered as a health practitioner with AHPRA (e.g. a radiographer). Basically, where a complaint against an Australian sonographer cannot be resolved through the service provider, this can be summarised as:

- if the complaint is about a criminal act, then the complaint should be made directly with the local police
- complaints about professional service standards should be referred to the Health Complaints Commissioner (or equivalent) in the respective state or territory. As previously noted, the National Code that directs this is currently only in effect in four states
- if the sonographer is also an AHPRA-registered health practitioner (e.g. radiographer), a complaint can be made to AHPRA. It is worth noting that the relevant board is likely to be restricted to investigating complaints regarding conduct, not performance of medical ultrasound services by a sonographer
- if the sonographer is an ASA member and the complaint relates to the ASA code of conduct, the complaint should be made in writing to CEO@a-s-a.com.au for investigation.

The vast majority of sonographers practise in a safe, competent and ethical manner. However, as with any profession, there will always be some whose conduct or performance falls well below the standard that is reasonably expected by their peers and by the general public.

The existence of multiple systems for handling complaints increases the potential for confusion, delays to complaints investigations, and errors in responding to situations where patients may be at risk. Without a clear and enforceable complaints system, as achieved through regulation, such practitioners can expose the public to serious risk.

Of the three systems listed above, only state Health Complaints Commissioners have legislated powers to stop sonographers practising where there is a risk to patient safety. Unfortunately there are serious questions around their access to the relevant expertise to assess appropriate provision of medical ultrasound. There is also the limitation that the supporting legislation is not yet in place in all Australian jurisdictions.

Links to the relevant statutory complaints bodies can be found on the ASA website.

What is the ASA doing:

The ASA maintains that the preferred option for the regulation of sonographers would be inclusion of the sonography profession under the *National Regulation and Accreditation Scheme*. Since this is not readily achievable, it is important that we continue to pursue other options and opportunities. One such option is a formal framework of professional self-regulation that would improve both regulation and recognition of the sonography profession in Australia.

The ASA considers that the value of sonography being a defined profession under a regulatory system would include:

- improved patient safety, including simplified complaints handling/resolution processes (consumer and professional) that are nationally consistent and better suited to the professional sonography context
- alignment, transparency and consistency of governance functions for the profession (e.g. course accreditation, assessment of overseas-trained professionals)
- protection of the professional title of sonographer in legislation, safeguarding it from being used by people without adequate training or for non-medical ultrasound
- national agreement on the role of a sonographer, which would facilitate discussions for consistent awards across states and territories (and other industrial relations discussions) and support workforce movement
- clearer professional pathways for sonographers, including workplace and formal further education options. This is particularly relevant for advanced practice and allows options for expanded scope of practice to be explored for sonographers in Australia.

The ASA remains committed to working towards a robust regulatory regime. In partnership with other industry bodies representing ultrasound professionals, we continue to do so with the aim that any change simplifies administration, assures patient safety and is delivered for sonographers at the lowest possible cost.

Who you gonna call? Complaints handling and the regulation of sonographers

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Volunteer sonographer – the road to Sumatra

Judy Tee,
Sonographer, NZ

The opportunity for me to become part of this adventure began with a simple reply to a post on Facebook.

I have for a long time thought about using my ultrasound skills in a volunteer capacity; however, I always assumed it would involve human patients.

One evening, whilst scrolling through Facebook, a picture of Mark Darin and the vets at Sumatran Orangutan Conservation Programme (SOCP) appeared. They were all dressed in scrubs, with an X-ray machine in the background, working on an anesthetised orangutan.

I commented, 'Whoa, Mark! How did you get involved in this work? I would love to help.' So here I am, preparing to travel to northern Sumatra to help the vets learn how to operate the portable ultrasound machine that Mark and his wife Fiona have donated.

I have been doing ultrasound for over 17 years now. During this time, I have worked as an applications specialist for Cass Medical and Toshiba Medical. I have had experience in teaching at UNITEC in Auckland. These days I work as a general sonographer at North Shore Hospital Auckland and in a private practice. While working for Cass, I was involved with demonstrating portable ultrasound machines to vets: mainly small animals and never an orangutan.

Mark Darin is the general manager of Cass Medical NZ. His wife, Fiona Darin, works at Auckland Zoo with the big cats. These two people have travelled extensively through Africa and Indonesia observing and assisting at different animal conservation sites. Mark and Fiona organised the donation of an X-ray unit and processing unit to SOCP. It was during their last visit that Mark recognised the need for an ultrasound machine.

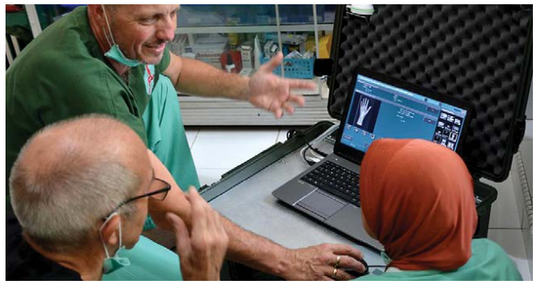
Through Mark and Fiona, I have been lucky enough to be introduced to Amy Robbins, who is the team leader in the primates division at Auckland Zoo.

Amy is another inspiring person with a huge background in volunteer work throughout Borneo and Sumatra. Amy connected me to Lynn Yakubinis, the head primate keeper at Zoo Atlanta USA, who has been so helpful providing information on cardiac scanning of orangutans.

Amy has been training Charlie (large male orangutan) to stand still and allow her to push into his parasternal region with an ultrasound probe. Amy wants to be able to monitor Charlie's heart without anaesthetising him. This is hugely challenging as any sonographer will acknowledge. We work in the zoo enclosure and must scan through the bars of his room. Charlie is very cooperative with Amy; however, his attention span is only about 10 minutes. We have not shaved Charlie yet as we are still trying to find the best window to use and of course this limits image quality.

I have had no experience with cardiac scanning other than intrauterine fetal hearts. I have been quizzing cardiac sonographers and watching YouTube!

On my first visit to the orangutan enclosure, the zoo vets had lent us their portable SonoSite to use on Charlie. The probe was a tightly curved 11-5, similar to that which we use for neonatal heads. It was disappointing to have to explain that we would never get enough penetration with that probe. However, the



Volunteer specialists at the Sumatran Orangutan Conservation Programme (SOCP)

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Chison eBit 60 VET machine that Mark had ordered was arriving soon with a selection of five probes. One of the probes is a phased array cardiac probe suitable for adult cardiac imaging. So, we set a date to regroup.

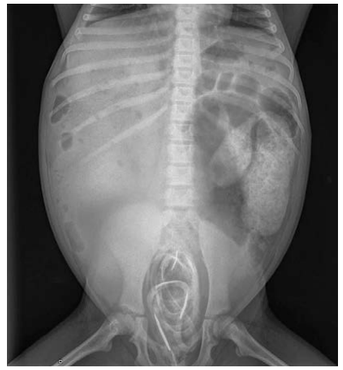
At the next visit, when I arrived Charlie had a very inquisitive younger female in the enclosure with him, and she was hanging off his arm as we tried to find a window that would allow imaging opportunity. Frustrating again, as Amy was trying to hold up the folds of his air sac to find a parasternal access point. The other challenge is that Amy was holding the probe while I worked the machine. So, explaining probe pressure, gel coverage and angulation was difficult, all within a 10-minute time frame before Charlie got bored and had had enough.

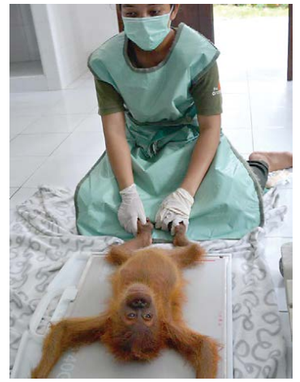
I am hoping to have two or three more visits with Amy and Charlie before heading to Sumatra. The big difference from scanning Charlie will be that most of the orangutans at SOCP will be anaesthetised and in a clinical environment.

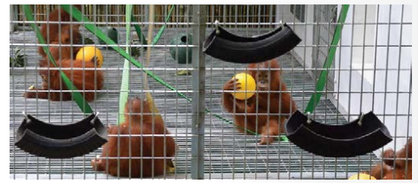
I am intrigued by the nature of orangutans but am reminded that Charlie and his friends have been raised in captivity whilst the ones I will meet in Sumatra are wild and often traumatised. There are some long-term residents at the centre (who are unable to be released due to blindness or TB), but the aim is to nurse the rescued animals back to good health and get the infants to a suitable age prior to their release back into their natural habitat, away from the areas of deforestation.

I have been reading about the behaviour of orangutans and have found limited information on the anatomy and pathology. My role is to help the vets learn to use the portable. At this point I am unsure of the vets' prior ultrasound experience or how much English is spoken.

Lots of challenges ahead. I will keep a daily diary and take lots of pictures so I can continue this story on my return.







Clockwise from top left: volunteer with SOCP; ultrasound showing abdominal mass in Seroja the orangutan; mother and her baby released to the wild after successful cataract surgery; retrieving orphaned orangutan from devastated habitat; orphaned babies in quarantine at SOCP; rehabilitatiom of injured orphan; orphans in the caged enclosure

Volunteer sonographer in Laos

Linda Young,
Sonographer, Qld

I recently had the privilege of spending four weeks in Luang Prabang, Laos at the Lao Friends Hospital for Children, teaching ultrasound to the local technical staff, and what an interesting and rewarding experience it was. These children have previously had no access to free medical care and they come from far and wide, sometimes travelling hours by foot and boat to arrive. They come with horrific broken bones, big staph abscesses, typhoid, malnutrition, intestinal parasites and all manner of diseases and previously undiagnosed congenital anomalies. Kidney stones are prevalent due to the high calcium in the water, with not a JJ stent in sight! The only access to a CT is at the Chinese hospital for those who can afford a considerable out-of-pocket fee and certainly no MRI available.

The idea is to get the hospital up and running with ongoing help and training from visiting medical folk (doctors, nurses, medical imaging, pharmacy and physiotherapy) and then eventually turn over the running of the hospital to the Lao people and staff. There is a busy outpatient department, a communal ward with 20 beds, a new neonatal ward and a recently opened operating theatre. There is a medical imaging room, a lab and physiotherapy. They have a teaching session every morning on a different topic and everyone, both local and foreign, is encouraged to present something of interest in their field. The people are all fabulous to work with, generous, caring and enthusiastic, and every single person is an important and integral part of a team trying to provide the best treatment possible, with limited resources, to these sick kiddies.

We saw a little one with a large cortical defect in the skull associated with a big cystic mass which we decided was an advanced case of Langerhans cell histiocytosis. There were also lots of staph abscesses from little boys fooling around and infecting themselves via cuts. Surgical interventions were required for ruptured appendices, intussusceptions that are currently surgically reduced, and several children with kidney stones. A newborn presented with advanced 'prune belly' syndrome and then there was the case of ascariasis (roundworm) with a bowel to umbilical fistula with worms







Top row from left: Author with staff from medical imaging; the medical imaging team the inpatient ward; another broken limb
Bottom row from left: Sleeping options for patients' families; families' cooking area; hospital waiting room

discharging from the umbilicus. Never a dull moment and lots of asking Dr Google for information, as well as everyone getting second opinions from radiologists and all manner of other experts back at home in the Western world and with more privileged backgrounds.

I set up some specific and relevant ultrasound protocols for the team and got the ball rolling on basic cardiac ultrasound. In my short time (four weeks) we saw a range of congenital cardiac abnormalities, including Tetralogy of Fallot, several VSDs, a PDA, cardiomyopathy and mitral valve regurgitation.

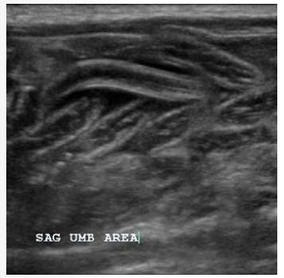
The hospital building is new and built next to the provincial hospital. There is a large open air waiting 'room', complete with a big screen TV where the families of the patients sleep on thin mattresses at night. There are cooking and cleaning facilities at the back of the hospital where they prepare their children's meals. There are also bathrooms and showers for the families' use.

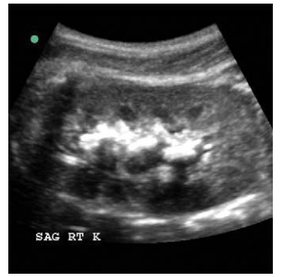
In medical imaging there is an X-ray machine and a new Sonosite Ultrasound machine which is capable of producing good quality images on these little ones. There is a lovely air-conditioned unit in medical imaging so we would have a number of visitors who liked to hang out and enjoy our company! There are three enthusiastic imaging staff who are keen to learn all and everything you can teach them, while each volunteer that comes along has something new and unique to offer.

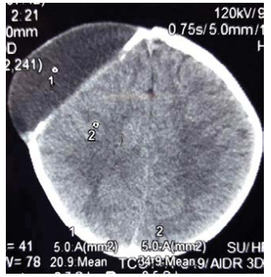
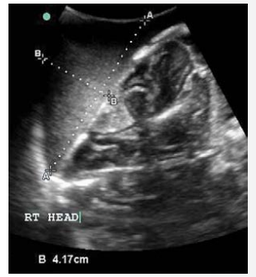
The mode of transport to work is a bicycle or tuktuk – no traffic jams or horrific tube rides – and you get to learn a bit of Laos language while you are there, while everyone got to giggle at my awful pronunciation. 'Bo pen nyang' means 'no problems' and it gets bandied around pretty freely and frequently. Laos coffee is strong and tasty, the food is cheap and delicious and there are also plenty of tourist activities as Luang Prabang is UNESCO listed, right on the Mekong River, with lovely waterfalls a short tuktuk ride away. You can take cooking classes, knife-making classes for those who fancy themselves to be blacksmiths and also batik classes. There is a strong connection with the local staff and also the foreign hospital staff and volunteers and always people to join for dinner or weekend activities.

The hospital organisation likes to take people for a minimum of four weeks at a time as this allows good assimilation within the hospital and offers a solid block of training time for the Lao staff. It is undoubtedly the most rewarding thing I have ever been lucky enough to do and I hope to go back another time for a second round. If anyone is keen and or able to help out, the best way for radiographers or sonographers to apply is through the group Rad Aid. https://www.rad-aid.org/about-us/volunteering/

They also welcome all qualified medical folk in the fields mentioned above via www.fwab.org/volunteer








Top row from left: Ascariasis (round worm infestation in bowel); typical case of renal calculii; 8-year-old presents with a large cystic mass on her head – final diagnosis was a probable case of advanced Langerhans cell histiocytosis
Bottom row from left: Coconut pancakes; Kuang Si waterfalls; staff canteen; orchid garden courtesy of the IT staff

feature
article

Special ASA Newcastle Branch Focus Report to celebrate its first year providing education

Jill Wilcock,
Newcastle Branch Committee

We held our 4th ASA Newcastle Branch education meeting on vascular sonography in the Royal Newcastle Centre at John Hunter Hospital (JHH) on 17 September 2016. Warren Lewis, owner of Vascular One Ultrasound, organised the program and introduced the speakers. A good contingent of leading vascular sonographers from Sydney and a couple of well-respected vascular surgeons attended, making for some excellent discussion. Sue Young from the hospital venue management helped with the presentation downloads.

We started with ASA promo reminders, and the ASA Remote and Rural Sonographer Scholarships, as we have many rural attendees. I also highlighted Warren's involvement in organising the vascular program for ASA2017 Brisbane. With ASAR recently announcing an increase in the CPD-point requirement for accreditation from 40 to 60 points/triennium, I am sure attendances will increase.

Roslyn Crawford from Siemens Healthineers talked about their new ultrasound platform and showed us some interesting images, including arteriovenous malformation and an axillo-femoral bypass graft.

Dr Jacqui Chirgwin, who is the phlebologist and director of the Vein and Laser Centre in Newcastle, presented colour-flow duplex scanning and treatment options for varicose veins in the 21st century. Interestingly, she said that 85% of cramps are correlated to truncal disease, and $5 million a year is spent on ulcerative disease, but little is done to investigate this.

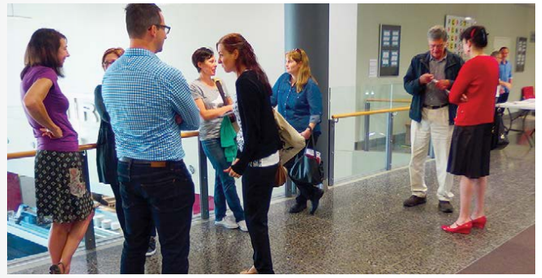
Ultrasound provides a gold standard of imaging of veins, and Jacqui highlighted the importance of accurate worksheets recording perforators and focal dilatations and tortuous saphenous veins. She prefers one-month, post-endovascular laser ablation (EVLA), followed up with ultrasound guided sclerotherapy of residual incompetent tributaries and shrinking varicosities. Useful questions were asked about local anaesthetic gel, walking immediately afterwards and leaving a compression stocking on for one week until the next consult to help with compliance. Jacqui suggests not compressing a perforator during injection, but rather staying well away from them and using less foam sclerant.

Vascular sonographer Matt Turner from the Gosford Vascular Centre showed us impressive ultrasound images and video clips of AAA stent grafts and noted the change in the residual AAA sac size pre- and post-op with ultrasound surveillance. A consistently shrinking AAA sac suddenly increased in size displaying a jet of colour flow with a defect in the stent which was confirmed on plain X-ray. The patient in question was at a 2-week post-op visit where severe angulation of the AAA neck may have contributed to a Type 2 endoleak with swirling of blood on B-mode images within the residual sac, and colour flow exiting via the IMA.

Kylie Burnley, a vascular sonographer from the Cardio Vascular Centre in Newcastle, recently travelled to Queensland with her student colleague to learn the finer points of a thorough ultrasound of AV fistula graft for dialysis using a modified Peyton's model of clinical teaching skills with observation, comprehension and performing the scan on three renal dialysis patients. With 90 minutes for each patient, they systematically worked their way through the many images needed, and completed a comprehensive worksheet by hand. There was discussion, concluding that computerised electronic versions of worksheets at some workplaces were time-consuming, and how hand-drawn ones are quicker and more accurate. Our experienced audience determined that faxing the worksheets to all the shared care providers and the renal dialysis unit was the optimal process.

We were privileged to see an amazing imaging invention of arteriovenous fistula for renal dialysis grafts showcased by mechanical engineers Eamonn Colley and John Carroll of Vascular Fluid Dynamics from the University of New South Wales in Sydney. Their group built their own ultrasound machine from the ground up, helping with the diagnosis of vessel maturation, stenoses and patency as an adjunct to ultrasound surveillance in an outpatient setting at the Prince of Wales Hospital Vascular Specialist clinic.

Scanning took 15 to 20 minutes and there are aims for this program to be downloaded onto any ultrasound machine for any vascular test to produce a 3D image with/without surrounding tissue. A 3D colour-flow simulation movie view takes a lot longer to produce on those patients most diseased, showing the varied



Images from the Branch education meeting on vascular sonography 17 September 2016

stresses of flow within the AV fistula graft vessels. The rigid effect of 2 stents placed apart was obvious in one case of an AV fistula graft intervention used to correct stenoses in the venous outflow segments of the forearm. Three-dimensional printed models of AV fistula from actual patients were handed around to the audience to inspect. They are tactile and wonderfully life-like, building the understanding that one patient's graft varies so much from those of others. Some patients had crush injuries to the AV fistula in their arms due to hitting the side of the wheelchair. We were agog at the futuristic technology and applaud the efforts of the mechanical engineers and thank them for their valued contribution and knowledge.

Richard Rounsley, the senior sonographer and ultrasound manager for Vascular Healthcare Ultrasound from Maitland, presented functional external iliac stenosis in an elite cyclist. The patient's abdominal aorta, bilateral iliac arteries and bilateral leg arteries were scanned at rest, with resting ABIs. The athlete then cycled with exertion on a stationary bike. As Richard says, there was melting ultrasound gel and perspiration everywhere and he was mopping the room with paper towels as he went. A significant unilateral drop in pressures, post-exercise, may be found and one foot may even appear white.

Immediately post-exercise, the mid to external iliac arteries were scanned and ABIs taken. Richard found immediately post-exercise the left mid EIA PSV was > 400 cm/second as compared to 80 cm/sec at rest. Overseas a young cyclist had a vein patch in situ to replace the affected segment of iliac artery, but it fatally ruptured during a race. Stenting is not recommended as a fragile fibrotic web-like lesion may dissect when the stent is deployed. Treatment is difficult. Often the athlete is advised to stop training or try to change their cycling position on the bike.

From the JHH Vascular Diagnostic Lab, senior vascular sonographer Kate Harrison spoke about the importance of carefully accessing 50–60% carotid bulb stenoses, which are classified mostly by peak systolic velocity, turbulence and ICA:CCA ratios. It is worth commenting on the crater-like 'soft' homogenous/hypoechoic plaques on our worksheets to alert the referring doctors to the possibility of the risk of embolisation causing TIAs. She has seen about 10 patients/year in this category. Referring to the NASCET criteria of measuring the diameter of the wall of the vessel and the remaining patent lumen, we may visualise a large amount of this ICA plaque more clearly, as ultrasound machine resolution has improved. It is important to identify these plaques in those symptomatic patients as they may be in need of treatment as much as patients with a > 70% stenosis. Blood vessel walls are visible on ultrasound and we can measure the inside of this irregular plaque. Visualise how the blood flow may be excavating and undermining these crater-like plaques. Our experienced vascular audience agreed and are noticing more of these plaques as ultrasound imaging evolves.

The presentations were all of a very high standard and we would like to thank all presenters for their fabulous contributions. World renowned Dr Alan Bray stood up at the end and congratulated everyone on a wonderful morning. He was clearly impressed with the learning and interaction between us all.

A big thanks to the ASA office for your help and endless support. Also thanks to Siemens Healthineers for their generous sponsorship of this meeting, including a live demo of the Siemens ultrasound machine during morning tea by Roslyn Crawford and Dean Collett. It was great to see general sonographers and renal dialysis nurses attending and contributing to the discussion. Nurse Gordon said the patients take home a tablet-style ultrasound machine, which most of us didn't know. The patients scan their dialysis needles into position, improving their quality of life.

We had 40 attendees on this day, with a total of 233 attendees for the year (of which about 98% were sonographers) for 700 hours of ASA sonography education. Well done to all attendees and our committee for their support (thanks to Sonya Simpson, Danny Pavan, Warren Lewis and Sue Drinic). Great sponsorship support by ultrasound companies is vital for our area's much-needed ultrasound education, which has been sparse over the past 20 years. A massive thanks to all our presenters; you have extended yourselves! I could tell by the chatter that you all enjoyed the social interaction with like-minded medical professionals. Looking forward to 2017 and beyond.

person
profile

Carolynne Cormack

Short bio

I was born and raised in Melbourne, and am still proud to call this beautiful city home. My mother was a radiographer in private practice, so I grew up dropping into her clinics on my way home from school by train, sitting doing homework in the tearoom whilst she finished up work. I was fascinated with medical imaging, but really wanted to study medicine. Unfortunately I didn't quite get the score needed, so started a Bachelor of Science at Melbourne University after school. In short, I hated it, contracted glandular fever and had a miserable first year of university, unsure of what my future held. At some point in that year Mum convinced me radiography offered far more than just the technical aspects of the job, so somehow I taught myself Year 12 physics (crazy, I know), sat a special exam (my score was high but I lacked the prerequisite physics) and was accepted into Bachelor of Applied Science in Medical Radiations at RMIT.

As I look back now I can honestly say I have never regretted it. I went on to do postgraduate qualifications in ultrasound as soon as I could and have loved working in this profession. I have worked in various public hospitals and private practice, taking time out for family and working mostly part time since having children. Ultrasound is an excellent field for work/life flexibility and we are fortunate to always be in demand as sonographers. The satisfaction of playing a vital role in diagnosing and caring for patients is what I love most about the job. Scanning acutely ill patients in emergency or intensive care departments is my comfort zone. I have to confess to being a bit of a pathology junkie, collecting interesting cases for teaching. Over 20-plus years of scanning, my special interest areas have included ultrasound of the bowel and ectopic pregnancies. More recently they have included point-of-care ultrasound scans (POCUS), such as extended focused assessment with sonography for trauma (EFAST) and lung.

Currently I am in a unique role at Monash Health, leading a physician training and credentialing program in POCUS. I am incredibly grateful for this opportunity and have loved transitioning into medical education. In 2015, I completed a Graduate Certificate in Health Professional Education at Monash University and thoroughly enjoyed getting back to study. My teenagers thought it was great that Mum had to study too, so it was a busy year balancing family, work and study, but well worth it! In the future I would like to do a Master's or PhD but for now have to see three kids through Year 12 first. Presently I serve as chairperson of the ASA Victoria Branch committee. One of my proudest professional moments was receiving the ASA Educator of the Year award in 2016.

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

I think the old adage, 'You get more out of it when you give', is true. The opportunity to contribute to the profession and to learn so much yourself along the way is fantastic.

What does your current job involve?

I am privileged to be in a primarily educational role training and credentialing emergency, intensive care, respiratory, and other clinicians in POCUS. I like to joke that what I actually do is herd very clever cats … those who work closely with brilliant but busy clinicians will understand!

What aspect of sonography has been most rewarding?

I still love caring for patients and solving mysteries. The opportunity to diagnose and be part of the medical team caring for someone is incredibly rewarding.

Have you done other volunteer work?

Yes, I am usually happy to help out and I'm often borderline over-committed – just ask my family! I am getting better at saying no when I need to these days, but have done lots of different volunteering for community and schools.

What do you enjoy doing outside work?

I have three teenagers so life is filled with running a 24-hour counselling, tutoring, washing and taxi service! In my dreams I am looking forward to more time to catch up with friends for dinner, find great coffee, curl up and read or take long walks on a beach somewhere …

What is your greatest achievement?

Surviving stage 4 non-Hodgkins lymphoma and the journey to thriving afterwards. I was diagnosed with a massive primary chest tumour after a long period of mystery symptoms in 2008. I was the case that ends up in people's film libraries! There are really no words to describe this experience, particularly as a mother with three young children. I count my blessings every day.

Members' research

Dr Gillian Whalley,
ASA Acting CEO

The summer break for me is usually a time for finishing research projects: completing manuscripts, analysing images and data. It's also the time that new ideas for research emerge. One of the ASA's goals in the *Strategic Intent 2015–2020* is 'to be a world leader in providing sonographer education and research'. This includes increasing member participation in sonography research and opportunities for sonographers to publish and present their findings. With the growth of the *Sonography* journal and significantly increased opportunities for sonographers to present proffered papers at this year's annual conference, this goal seems increasingly achievable. As I write this, the ASA office is busy preparing for ASA2017 Brisbane in June and we have received a record number of submitted abstracts. I'm looking forward to hearing some of those being presented in Brisbane.

Sonography research plays a critical role in healthcare. It provides the 'evidence' for the evidence-based practice that drives our profession forward and enhances patient care. Sonographic research is common in Australia and New Zealand – in fact we have some world leaders among us. Many of our members are co-authors on high-impact clinical papers but, unfortunately, it is still rare to see sonographers leading research. That's not to say there are no sonographer researchers at all. There are some fantastic independent sonographer researchers and each year we see many more sonographers undertaking master's and doctoral degrees. The future looks bright in this respect.

What is still alarming to me though, as I scan Google Scholar for papers to present in this section of the newsletter, is that many sonographers are still not acknowledged as authors on research undertaken by physicians. In some cases this may be entirely appropriate, but in many I think the sonographer's role is dismissed, or their role in various stages of the research and publication process is overlooked. As professionals, our expert contribution should be recognised with authorship credit, not just an 'acknowledgement' of technical skills at the end of a paper.

Sonography is not a biochemical assay; it is an operator-dependent diagnostic test that requires high levels of skill and knowledge. If we make a significant contribution to a research study, we should be treated as equal research partners. It is my opinion that we have some way to progress in this area. Having said that, I have found some really interesting publications to highlight this month, where the contribution of the sonographer has been acknowledged through authorship. By chance they are all MSK publications. Musculoskeletal ultrasound is increasingly becoming a major practice area and it is therefore not surprising that research is emerging to assess the effectiveness of MSK sonography.

Lisa Hackett (NSW) specialises in shoulder dysfunction and related pathology. The group she works with are very active in research. In their current work they were able to demonstrate that, by working closely in a multidisciplinary team, the diagnostic utility for the detection of rotator cuff tears by sonography increased from 93% sensitive and 68% specific, to 99% sensitive and 93% specific. There was also improved estimation of the size of rotator cuff tears in both full- and partial-thickness tears. This study included 775 patients and was achieved through enhanced surgeon-sonographer interaction. This included: (1) placing an ultrasound machine and sonographer within a shoulder clinic, (2) allowing the sonographer to attend shoulder operations, and (3) a sonographer review of patients preoperatively and postoperatively.

It has been said many times before, but healthcare is almost always better when a multidisciplinary team is involved. This is a nice documentation of how improved understanding of each other's roles can strengthen the diagnostic service.

Kurz A, Kelly M, Hackett L, Murrell G. Effect of surgeon-sonographer interaction on ultrasound diagnosis of rotator cuff tears: a five-year cohort study in 775 shoulders. *J Shoulder Elbow Surg* 2016 Sept;25(9):1385–94.

In another shoulder imaging study, **Jamie Gee** (VIC) and colleagues from La Trobe University evaluated the reliability of physiotherapist-performed ultrasound for measuring anterior and posterior glenohumeral joint translation (compared to the gold standard of a sonographer). They concluded that a physiotherapist with minimal training could reliably take repeated measurements of both anterior and posterior glenohumeral translations with posterior measurements being more reliable than anterior.

This is another study where working with other health professionals has the potential to benefit patients. Physiotherapists have extensive MSK pathophysiology knowledge and are well suited to apply this to diagnostic ultrasound with our guidance. Collaboration is the key. Other health professionals are already using ultrasound. With our expert assistance they can use it well.

Rathi S, Taylor NF, Gee J, Green RA. Measurement of glenohumeral joint translation using real-time ultrasound imaging: A physiotherapist and sonographer intra-rater and inter-rater reliability study. *Man Ther* 2016 Dec;26:110–16.

Another collaboration, this time between several universities in Australia and Singapore and the Australian Institute of Sport, involved one of our international members **Chin Chin Ooi** (Singapore). Comprehensive multimodality imaging of the forearm in elite rowers found that some of the abnormalities usually associated with symptomatic elite rowers were also observed in asymptomatic rowers. These included bone stress injuries, intersection syndrome and compartment syndrome.

Drew MK, Trease L, Caneiro JP, Hooper I, Ooi CC, Counsel P et al. Normative MRI, ultrasound and muscle functional MRI findings in the forearms of asymptomatic elite rowers. *J Sci Med Sport* 2016 Feb;19(2):103–8.

Collaboration is pivotal to excellent research. By working with others, we can learn from their experience and together we can change practice. I think these three research publications also highlight the need to get out and play: in different imaging modalities and with other health professionals. As sonographers, we should understand the critical role of other imaging modalities and how all modalities fit together. And, importantly, we should seek research that compares one method over another, or one practitioner over another, in specific clinical situations.

Have you recently published something? We would love to feature it here. Please send a brief email with a link to (or pdf of) your journal paper to gillian.whalley@a-s-a.com.au

‘I am left-handed!’

**Bernie Mason,
ASA Sonographer Health
and Wellbeing Committee**

I would like to start the New Year with a new topic and one that I am personally interested in.

At last year’s ASA conference, I was asked by a number of general sonographers and students why we do not routinely teach left-handed scanning. This is a very valid question. I myself am left-handed and yet have always scanned with my right hand. If I had been taught to scan with either hand, would I have sustained a career-ending injury? The machines of the day were not configured for this option, unlike our modern machines today. I lived in a right-handed world. It never occurred to me to ask this question.

Having trained sonographers for a number of years, I can see no reason for not training students to scan with both hands. Learning to scan with either hand may be difficult to begin with, but practice would help this. Industry has been working very hard on ergonomics for our safety and longevity. It is possible, in most modern departments, to be able to change the configuration of the room to allow for left-handed scanning.

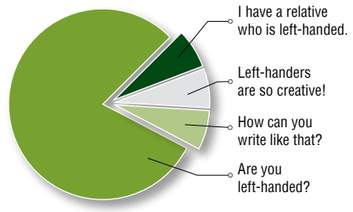
An interesting result from the last *ASA Workplace Health and Safety survey* in 2014 was the non-scanning arm injury rate. Of the 45 sonographers reporting injury to the non-scanning arm, 50% reported slight pain, 37% moderate and 14% severe pain. Fifty per cent of respondents reported hand and finger problems on the non-scanning side (cf. 44% in 2006), and 216 respondents confirmed an injury of the shoulder on the non-scanning side, with 26% slight, 51% moderate and 26% severe.

I have taught sonographers who are left-handed, and asked for the room to be configured to allow for left-handed scanning. All trainees stated they felt more comfortable scanning that way. One student stated that she did not really have a problem scanning to the right-handed configuration, and did not feel she had a preference. As well as providing another scanning option for these students, who were right-hand dominant, this process helped the students gain a better understanding of how difficult it is for a left-handed person to learn with their right hand. With practice, all students could achieve quality images using either hand.

I spoke to quite a few sonographer educators at the conference, and they all stated that because they scan with their right hand, that is the only way they know how to teach. Although published research is not widely available on this topic, the idea of scanning with either hand is not new. Some guidelines and papers recommend alternating scanning hands as a method of reducing scanning-related sonographer injuries, with flexible room design and equipment to allow this (see reading list).

The Sonographer Health and Wellbeing Committee has had enquiries from senior sonographers interested in setting up left-handed scanning rooms for general sonographers. One major teaching hospital in Sydney has incorporated our recommendations and has written ergonomics into their management policies, for longevity of their sonographers. They have set up two designated rooms for all trainees to learn to scan left-handed. All sonographers, regardless of preference, must rotate through these rooms. There was initial resistance to this approach; however, the change of scanning practice has had a positive outcome. The chief sonographer at this hospital recently informed me that injury rates, sick days or requested change of duties have decreased since adopting this new policy. Scan safely.

Things people say when I write with my left hand



Further reading

1. Australasian Sonographers Association. ASA workplace health and safety survey results. *soundeffects news.* 2014 Sept;26–9.
2. Australasian Sonographers Association. *ASA and ASUM joint guidelines for reducing injuries to sonographers/ sonologists*. 2010.
3. Sonographer Safety Initiative. *Sonographer Safety WHS Perspective*. 2016.
4. Society of Radiographers. *The causes of musculoskeletal injury amongst sonographers in the UK*. 2002.
5. United States Department of Labor, Occupational Health & Safety Administration. *Sonography: Positioning patients and equipment* [updated 2008, accessed 2017 Jan 25]. Available from: https://www.osha.gov/SLTC/etools/ hospital/sonography/access_patient.html
6. Bastian EJ, Kits JK, Weaver JD, Stevenson JR, Carlton L, Raaymakers SA et al. Effects of work experience, patient size, and hand preference on the performance of sonography studies. *JDMS*. 2009;25(1): 25–37.
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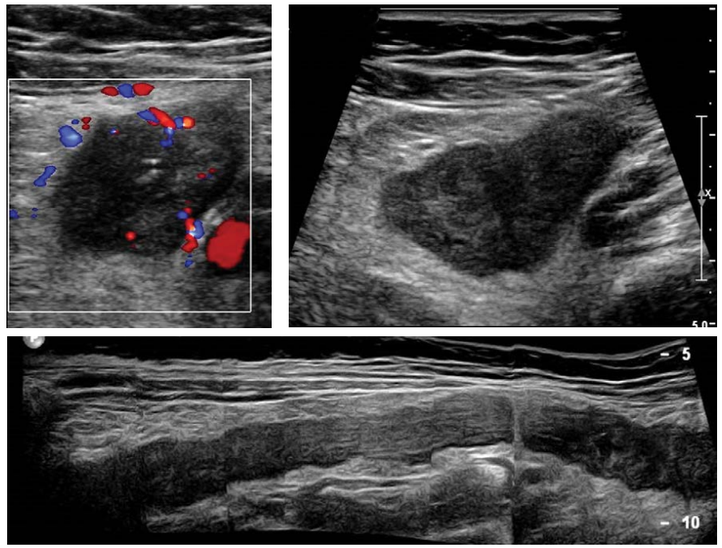
reader competition

The 2016 Reader Competition prize has been awarded to Sandra-Laura Mifsud as she correctly identified the most cases. Sandra-Laura will receive a gift voucher. Congratulations!

This issue's case

A 17-year-old presented to ultrasound with abdominal pain. What pathology is demonstrated in these images?



This issue's case images supplied by Ilona Lavender

Last issue's cases

Case 1

This patient presented for a routine morphology scan. She had screened low risk.

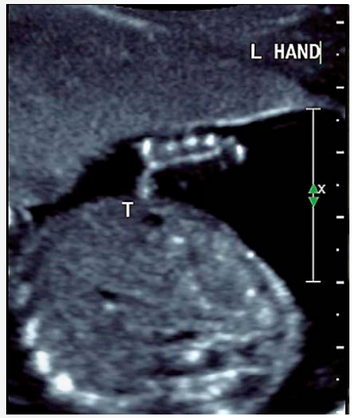
The scan revealed hexadactyly (postaxial polydactyly) on bilateral fetal hands, at the ulnar (little finger) side of the hand. Soft bony tissue might be present in the extra digits.

Polydactyly of the feet could not be detected on the antenatal scan.

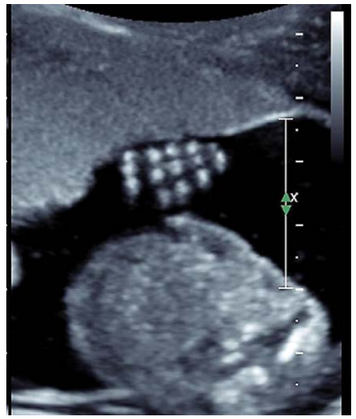
Patient informed that her stepdaughter (her husband's daughter with previous partner) has similar condition. She further informed that there are similar conditions over her husband's family members. Strong family history on paternal side.

The patient was referred to MFM department for further counselling and patient appeared not to be worried. Follow-up investigation is recommended after birth.

One correct answer was received from Sue Drinic.



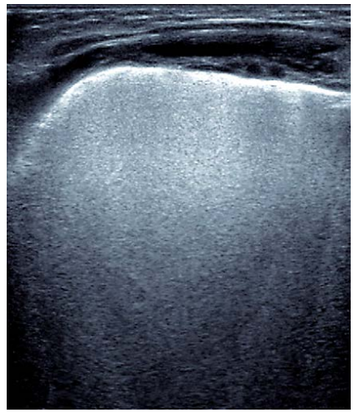
Case 1 images supplied by Ling Lee



Case 2

The X-ray of this one-day-old infant showed atypical white out of the lung. The ultrasound of the chest demonstrated upper lobe lung consolidation.

Once again, one correct answer was received from Sue Drinic – well done Sue.



Case 2 image supplied by Allison Holley

education soundwaves

Education Advisory Committee report

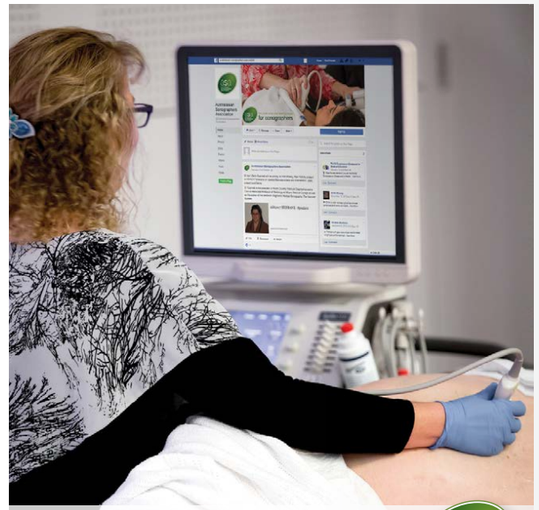
Tracey Taylor, EAC

The year 2016 was a busy one for the ASA, with many educational events on offer locally and internationally. The main events of ASA2016 Melbourne and SIG2016 Queenstown were a huge success, leaving us all with great expectations for the future of these international events.

One of the roles of the EAC is to support the conference organising committees, office and presenters with the myriad tasks involved in a successful meeting. To this end the scientific content matrix and e-poster guidelines previously developed by the EAC are provided to all presenters. The matrix is used to review presentations (including webinars) and posters for potential copyright issues and to ensure appropriate referencing. These documents are also used by adjudicators when judging presentations and posters for awarding prizes at the major events to facilitate consistency between awards.

The e-poster guidelines were developed after a request from a tertiary education provider to assist their students in developing posters for assessment and presentation and now form the official e-poster guidelines for the annual international conference. The great success of the asa**webinar** and travelling workshop programs will surely continue with the fantastic programs planned for 2017. The EAC has reviewed the programs with the aim of ensuring continuity across streams and a variety of topics distributed across all ultrasound specialities.

Finally, the Board, office staff, EAC and Special Interest Group representatives will continue to work together, fostering a mutually beneficial relationship with the aim of cohesiveness and improving positive outcomes for the overall ASA education program.



soundbite

Did you know the ASA reached a membership milestone with **4800+** members at the start of the year? There's never been a better time to join the ASA. Our extended membership offer gives you up to 16 months membership with access to two conferences at member pricing and free CPD programs. Offer available to lapsed members and non-members alike. For more information, contact ASA Membership Coordinator, Carly McDougall, on +61 3 9552 000 or members@a-s-a.com.au.

Australian Capital Territory

Happy New Year!

As 2016 drew to a close, the last education event for the year in the ACT was the student case study night held on Thursday 15 December. Always a popular event, it was once again hosted by Toshiba at their Fyshwick rooms in Canberra.

Eight trainee sonographers, ranging in experience from a few weeks to almost two years, presented very interesting case studies. The topics of the presentations ranged from uterine malformations, to Crohn's disease, to inflammatory breast cancer, and an entertaining talk on hardware found on a renal scan. Well done to all trainees for delivering impressive presentations. Sincere thanks to Salveen David, Claire Flavel and James Mackay from Toshiba for organising another successful education night.

Planning for the 2017 education calendar is underway and the branch AGM will be held early in the year to fill some positions vacated by members retiring this year.

Looking forward to another great year!

Lisa Hicks
ACT Branch Committee

December case study night in Fyshwick

Auckland–Waikato

Our enthusiastic committee decided on a fresh approach by having our last two meetings on Saturdays with the view to enabling those sonographers from more distant areas to be able to attend our meetings more readily. We were delighted to discover that we had an Australian sonographer attend our pelvic floor meeting whilst she was visiting her brother in Auckland.

Our July meeting was the *Sonography of arthritis*, which commenced with an exceptional presentation by rheumatologist Dr Rajiv Gupta about the use of ultrasound in the diagnosis and staging of different types of inflammatory arthritis. The audience benefited from the live scanning of several patients' hands with an explanation of staging of their arthritis. Ultrasound is an emerging tool in rheumatology and is developing into a standard procedure for the rheumatologist.

Sonographer Scott Allen performed a live scanning session on the signs and staging of osteoarthritis. Both presentations showed a relatively new use for ultrasound that may well become part of general ultrasound practice. Our attendee numbers were down, but this may be accounted for by hospital outpatient scanning sessions occurring this day which kept myself and colleagues from attending; it being school holidays; and some registrants not attending. Our gratitude to both presenters, with thanks to Counties Manukau for the venue and appreciation to Toshiba for providing morning tea.

Our fully subscribed October meeting of 30 appreciative registrants was *Ultrasound of the pelvic floor* with four presenters. Dr Helen Moore, radiologist, provided knowledge into what goes wrong, what can be done and the role ultrasound plays regarding the pelvic floor, with 3D and 4D ultrasound imaging being more recognisable and reproducible. The role of ultrasound being: define the status of the pelvic

Rheumatologist Dr Rajiv Gupta presenting

floor; levator integrity; presence and position of tapes/mesh; degree of post-void and bladder wall thickness and gynaecological assessment.

Yvonne Taylor, sonographer, provided detailed guidance regarding our role and the imaging required when there is a query regarding pelvic floor compromise, with the majority of the information obtained using 2D ultrasound, along with the use of the cineloop function.

Hannah Orr, women's health physiotherapist, informed us that ultrasound provides good biofeedback for the pelvic floor. Scott Allen, sonographer from Sound Experience, scanned whilst Hannah professionally guided our two brave volunteer sonographer 'patients' through the process of obtaining biofeedback with demonstrations of scanning the abdominal wall with a linear transducer. An enormous thank you to these on-the-day volunteer patients.

Our committee would like to convey our gratitude to our presenters for their illuminating presentations, to Auckland Radiology Group for the venue, Sound Experience Mobile for their portable equipment and to Toshiba for the variety of refreshments provided.

Julie Heaney
Auckland-Waikato Branch Committee

New South Wales

The year 2016 has been a busy one and it is hard to believe it has ended so quickly. We have had some highlights in our education calendar for the second half of 2016. On Tuesday 9 August RPA hosted our vascular sonography meeting, sponsored by GE. The evening featured the following; *Diagnosis and treatment of varicose veins* presented by Gary Liu, *False aneurysms* presented by Kathy Kovatch and *Fibrin sheaths* presented by Debbie Hamilton.

Our final event for 2016 was our *Work health and safety night with Pilates mat class* hosted by and held at Toshiba. Bernie Mason presented on the current trends and direction of the Sonographer Health and Wellbeing SIG group. This was a great introduction for our Pilates class led by Ben Palumbo (senior Pilates instructor) who presented a fantastic Pilates workshop and session on injury prevention techniques in the workplace for sonographers. This was a great introduction and with positive feedback it is a class we hope to repeat in 2017 so we can continue to learn techniques to avoid MSK injuries in our profession.

The NSW Branch is already well underway organising an interesting and renewed education calendar for 2017. We would like to thank all our speakers who generously give their time and expertise to present. Also, thank you to all our corporate sponsors who are extremely supportive of our committee and continued sonographer education. We wish you all a wonderful 2017 and look forward to seeing you at our upcoming events.

Sarah Skillen
New South Wales Branch Committee

Northern Territory

The ASA NT Branch decided it was time to hang up the transducers, slip into some active wear and learn how to engage their cores. Every Tuesday throughout October 2016, Katie from Encore Pilates gave the Darwin sonographers some helpful tips on exercises that can be done without equipment to help relieve shoulder, upper back and neck stress that we all get as a result of our job. A special thanks to our sponsor of all four Pilates sessions – Tristel Pty Ltd. Tristel Pty Ltd's generous contribution helped make Darwin sonographers limber again!

In November the branch members enjoyed a relaxing group viewing of the pre-recorded *Paediatric hips* webinar. The webinar and the nibbles were well received, especially when the meetings are a great platform where the local sonographers get to catch up and wind down at the end of the year.

With great gratitude we would like to thank ASA and Toshiba for funding the food provided at the 2016 NT Branch meetings. Our 'Top End' sonographers usually come straight after work from various locations in Darwin and the after-work refreshments help our weary and hardworking sonographers rejuvenate and enjoy the meetings comfortably!

The ASA NT Branch would like to bid a farewell to one of its committee members, Louise Hudson. Louise has relocated to Brisbane to continue her promising ultrasound career. Thank you Louise, for your contributions to the branch meetings and we wish you all the best!

Another thank you goes to our past NT Branch Co-Chair Carol Brotherton. Carol has always been a great mentor and support in all preparations and meetings. Cheers, mate!

The committee would like to wish everyone a Happy New Year and we look forward to planning the new educational year.

Sheree Armstrong and Barbara Vanini
NT Branch Committee

Pilates workshop

Queensland

Happy New Year to all from the Queensland Branch! The year 2016 was quite a year of educational events and we look forward to seeing you all again throughout 2017.

On 3 September delegates gathered in the Russell Strong Auditorium at the Princess Alexandra Hospital for a one-day musculoskeletal seminar, kindly sponsored by Toshiba and Philips. This event was very well received and included a good balance of lectures and the opportunity to put theory into practice with live scanning. Presentations included *Sports medicine perspective* by Dr Richard Brown, *Ultrasound and its role in interventional MSK* by Craig Cairns, *Neurodynamics* by Sian Pugh, *Physio assessment of the knee and pain* by Graham Milne, *Upper limb and knee ultrasound* by Lisa Hackett, *Popliteal artery entrapment syndrome* by Dominic Kennedy, *Ultrasound of the foot* by Mikhaila Jones, *Paediatric hip management* by Chelsea Shults and *Ankle ultrasound* by Bridie Wylie.

A case study evening was held on Wednesday 14 September at the Royal Brisbane and Women's Hospital Education Centre, kindly sponsored by Samsung and Quantum Healthcare. The focus of this evening was on student and novice presentations, and as always, a wide range of thought-provoking cases was shared. Thank you to all of those who participated; these nights would not be possible without your valuable contribution.

Lisa Hackett leading a live scanning at the MSK seminar

On 14 October an obstetric and gynaecology evening took place at Queensland Ultrasound for Women. There were three presenters – Simone Karandrews, Vashti Cochrane and Rachel Jorgensen. Dr Jackie Chua and Associate Professor Rob Cincotta conducted further discussion on the diagnosis and outcomes of the presented cases. Topics included AVSD, umbilical cord aneurysm, early screening for spina bifida at nuchal scan in twins, and a case of ovarian neoplasm and its subsequent recurrence in a contralateral ovary on follow-up. It was very interesting to hear these cases described and discussed from both an imaging and clinical point of view. Much appreciation to all involved for sharing their expertise and also to GE for sponsoring this informative event.

With the national conference being held in Brisbane this year, and a number of Queensland Branch events in the works, 2017 is sure to be an exciting year for sonographer education in Queensland.

Heather Allen
Queensland Branch Committee

South Australia

On 6 December 2016 the South Australian sonographers were treated to a Christmas case study evening. Kindly and generously sponsored by Siemens, there was a great spread of Christmas fare and drinks and we got the chance to try out the new Siemens Helix ultrasound system. The evening was well attended by sonographers, both in person and from home, via virtual classroom. Seven sonographers presented a great range of interesting and eye-opening case studies from amniotic banding to an out-of-the-box pelvic pathology. It was great to see both experienced and newly graduated sonographers presenting their case studies. The South Australia Branch has grown substantially in 2016 and we look forward to a packed year of educational events for 2017. A big thanks to the committee for putting in so much hard work this year and a welcome to our newest committee member Sandy Maranna.

Jessie Childs
South Australia Branch Committee

Victoria

The Victoria Branch had an exciting and busy second half of the year.

We kicked off the second half of the year in July with an informative evening focusing on the paediatric gastrointestinal tract. We had a surgeon's perspective with a fascinating talk from Mr Peter Ferguson. There were also interesting talks from Sara Kernick who gave us a look at pathologies of the paediatric gut and Lucy Josipovic presenting a talk on pyloric stenosis.

In August we had the exciting opportunity of seeing interactive case-based obstetric talks with sonographers from Mercy Health and Monash Health. Braidy Davies presented on the head and spine, Catherine Harding presented on the fetal heart, Silvana Mandarano presented on the abdomen and thorax and Rowena Findlay presented on the cervix and placenta. We were fortunate to see a range of interesting pathologies and clips from their workplaces.

In October we participated in a lower limb musculoskeletal workshop with live scanning. We observed engaging workshops on the hamstring and buttock, the lateral and anterior hip, the ankle and the foot, presented by Greg Lammers, Roger Lee, Andrew Grant and Steven Zakic.

We finished the year with a Christmas case studies night. Thank you to Ingrid Peters, Lisa Shrimpton, Giovanni Scotto, Maria Maxwell, Anthony Wald, Kimberly Hobson, Ignatius Perera and Sujatha Ganesan for giving us a fascinating look at some interesting pathologies they have come across. We had a chance to see interesting obstetric, abdominal vascular and cardiac cases. Well done to all the first-time speakers for the night! It is not easy to speak in front a group but you all did a fantastic job!

We would like to extend a big thank you to our corporate sponsors for their support and for enabling us to arrange fantastic education events throughout the year. We would also like to thank Sara Kernick for her time with the Victoria Branch Committee. Sara has been a valuable member of the Victoria Branch Committee but she will unfortunately be standing down from the committee. Best wishes for all your future endeavours, Sara! Last but certainly not least we would also like to thank all of our speakers in 2016 for all their hard work and dedication. We all benefited from your expertise!

We have been organising a busy 2017 with plenty more workshops and CPD events to come! Looking forward to a fantastic 2017!

Ramya Gunjur
Victoria Branch Committee

Western Australia

Following from our last WA Branch report, the 'must-see' mid-year education meeting of 2016 on *Placenta accreta*, presented by Ariana Sorensen and Martina Helsby, truly lived up to its hype. The duo gave an exceptional talk on the pathophysiology, epidemiology, diagnostic characteristics and management protocols of placenta accreta. The audience was treated to excellent ultrasound and MRI case studies. Some key imaging findings in the first trimester involved implantation of the gestational sac in the lower uterine segment or within C-section scars. In the second trimester, the presence of placental vascular lacunae and interface loss between the placenta and uterus were also shown. The event was held at King Edward Memorial Hospital on the 14 July and was kindly sponsored by Philips.

On the 17 August 2016 we had a talk on *Breaking bad news* by Dr Felice Watt, a consultant and director of psychiatry from the King Edward Memorial Hospital. The event was sponsored by Siemens and hosted by Perth Radiological Clinic in Subiaco. The topic highlighted the meaning of 'bad news', with reference to a patient's sense of helplessness and its potential to cause a threat to their mental and physical wellbeing if not dealt with in an appropriate fashion. Amongst other issues, Dr Watt emphasised the importance of being empathetic and respectful towards parents expecting fetal morbidity or demise.

Case presenters Kiran Singh and Kirstin MacLennan with Troy Laffrey from GE Healthcare

Later in the year we were fortunate to have Dr Kieren Gara, who specialises in musculoskeletal and paediatric radiology. Her incredibly popular talk on paediatric ultrasound drew unexpected numbers at the Royal Perth Hospital on the 18 October. Dr Gara introduced members to the sonographic anatomy of the paediatric brain with normal variants and pathology. She gave the audience tips and tricks on optimal imaging of pyloric stenosis, appendicitis and intussusception. The focus was on renal ultrasound and developmental dysplasia of the hip. Our gratitude to Mr Gary Swann and Toshiba for sponsoring the event.

To end the year the WA Branch hosted an interesting cases evening at Fiona Stanley Hospital on 1 December. Close to a dozen interesting cases were presented. Examples included: siliconomas, 3D tomosynthesis, penile calciphylaxis and conjoined twins. We are thankful to Mr Troy Laffrey and GE Healthcare for sponsoring the event. On behalf of the WA branch, we hope everyone had a great holiday season and we look forward to another great year ahead!

Kiran Singh
Western Australia Branch Committee

Wellington

Welcome from Wellington! Hopefully everyone has survived all the Christmas cheer and New Year festivities.

In the later half of the year Wellington had three ASA meetings. In September, Valley Ultrasound hosted an interesting cases meeting. Several topics were covered, including *Endometrioma in the umbilicus*, *Soft tissue sarcomas*, *The Whats and whys of micrognathia* and *The Canal of Nuck*, so an altogether mixed bag of interesting cases through the evening. And a great time had by those who attended. Many thanks to Sally for making us all welcome!

October brought the ASA travelling workshop on *Fetal hearts with* Dr Ann Quinton giving us logical sequences for working our way through the complexities of the fetal heart. I think we all went away with new and useful skills whilst realising that we do have to trust our instincts a little more (and probably with our brains almost ready to explode with all the information given on the day!)

November was our final meeting for 2016, and back by popular demand was Dr Jay Marlow. Jay gave us the lowdown on the NIPT tests available in the lower North Island. NIPT is possibly going to be government-funded next year, and she explained how this could impact on the services we would be required to provide. There was a reasonably long question-and-answer period for Jay at the end of the talk and as usual Jay was very gracious with her answers.

I would like to thank our presenters and my trusty volunteers who make all this possible. Also to the unseen staff of the ASA who remind me when I have to do these reports and who are always open for questions I may need to ask.

So, we are now planning our next year's program, probably starting a little later in the year due to the changes with ASA's CPD and our NZ governing body that is also almost ready to implement changes that will affect all NZ sonographers.

Wishing you all an enjoyable year professionally and recreationally.

And we hope to see some of you at educational events in 2017.

Lynn McSweeney
Wellington Branch Committee

PD-asa report

Join PD-asa and make CPD as easy as 1-2-3 …

The ASA strives to provide quality academic and clinical education by continually improving access to CPD opportunities for sonographers in Australia and New Zealand. The ASA has undertaken the following changes to implement and support the ASAR new CPD program for sonographers:

- The ASAR new 60-CPD point program commenced 1 January 2017.
- All sonographers participating in the ASA PD-**asa** CPD program will utilise the new program, CPD point allocation and caps.
- Only those who commence a new triennium on 1 January 2017 will initially be required to attain the minimum of 60 points.
- Sonographers who are mid-triennium as at 1 January 2017 will only be required to attain a minimum of 40 points on the new 60-CPD point framework and CPD system for their current triennium.
- The ASA will manage your transition of CPD points for sonographers who end their triennium in 2017, 2018 and adjust for a 40-CPD point maximum to meet their CPD requirements until they begin a new triennium and the new CPD requirements of 60-CPD points per triennium.
- Sonographers will be advised of updates and the ASA website will be updated frequently to inform and educate PD-**asa** participants.

For more information, please refer to the feature article for finer details.

In 2017 the PD-**asa** CPD program benefits include:

- Free and exclusive access to ordinary, supporting and student members.
- Automatic logging of CPD points earned from a wide range of ASA educational activities to meet your triennium requirements.
- Easy submission of non-ASA CPD activities.
- Introduced 'reflection' – a mandatory component for all CPD entries.
- Personalised service from our dedicated PD-**asa** Program Coordinator.
- PD-**asa** Program Coordinator to work with participants at the end of their triennium and audit process.
- Over 100+ free ASA CPD activities available.

In 2017 make PD-**asa** your default CPD program to enjoy the benefits offered by the ASA.

For more information, please contact the ASA at cpd@a-s-a.com.au

Make PD-asa your default CPD program in 2017 and enjoy the benefits.

To find out how PD-**asa** can make your life easier, visit **www.a-s-a.com.au** or email the PD-**asa** Program Coordinator at **cpd@a-s-a.com.au**

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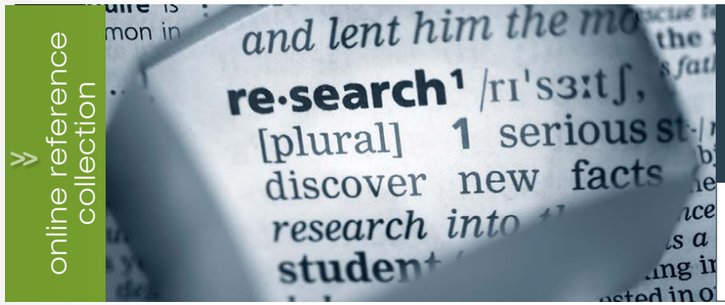

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3 May	The utility of echocardiography in systemic diseases – infiltrative and restrictive cardiomyopathies – Dr Rebecca Perry
14 Jun	Paediatric appendicitis – Tristan Reddan
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2 Aug	Left-sided fetal heart anomalies: More than just hypoplastic left heart syndrome – Dr Ann Quinton
6 Sept	Tips and traps in ultrasound of chronic liver disease – Prof. Robert Gibson
4 Oct	Point-of-care ultrasound – Carolynne Cormack and Anthony Wald
1 Nov	Iliocaval venous stenting: Scanning protocol and migration – Gail Size

asa PHILIPS

Live asa**webinars** are free of charge to ASA members because of the partnership between Philips and the ASA

To register, visit www.a-s-a.com.au

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alice@a-s-a.com.au
Co-chairs – Micaela Gumbley, Emily Vargo
Committee – Carolyn Enthoven

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auckland@a-s-a.com.au
Chairperson – Scott Allen
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Committee – Rima Al-Odeh, Andrea Gibb, Marion Raffaelli, Yvonne Taylor

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act@a-s-a.com.au
Chairperson – Teri Carmody
soundeffects news reporter – Lisa Hicks
Committee – Les Burgess, Tegan Ingold, Rebecca Manning, Luke Robinson, Sabrina Zawartko

Cardiac
cardiac@a-s-a.com.au
Committee – Richard Allwood, Luke Cartwright, Julie-Ann Craig, Tony Forshaw, Holly Kapitz, Diane Jackson

Darling Downs
toowoomba@a-s-a.com.au
Chairperson – Kelly Campion
Committee – Kristine Lawless

Far North Queensland
fnq@a-s-a.com.au
Chairperson – Kath Deed
Treasurer – Lee Williams
Committee – Sharlyn Ellis, Marnie Leighton, Lisa Wellby

Gippsland
gippsland@a-s-a.com.au
Chairperson – Tania Waixel
soundeffects news reporter – Nerrida Robinson
Committee – Julie Rosato, Megan Stewart, Kasey Baker

Gold Coast
goldcoast@a-s-a.com.au
Chairperson – Anna-Maria Galea
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Committee – Kristy Sanderson, Ebony Hunt

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gv@a-s-a.com.au
Chairperson – Kristy Thomas
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Illawarra
illawarra@a-s-a.com.au
Chairperson – Lauren Dwight
Vice Chairperson – Tony Chapman
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Committee – Simon Otis

Mackay
Chairperson – Ainslie Heinke
Committee – Amy Leigh, Sherida Williams

MidCentral NZ
midcentralnz@a-s-a.com.au
Chairperson – Rebecca Witteman
Secretary – Kerry Barker
Committee – Melissa Byford, Deb Mackintosh, Amanda Radlich

Moreton Bay
moretonbay@a-s-a.com.au
Chairperson – Chris Edwards
Secretary – Gail Petersen

Newcastle
newcastle@a-s-a.com.au
Co-chairs – Sonya Simpson, Jill Wilcock
Committee – Sue Drinic, Danny Pavan, Warren Lewis

New South Wales
nsw@a-s-a.com.au
Chairperson – Christina Farr
Secretary – Sarah Skillen
Trade liaison – Mary McPhail
Treasurer – Solange Obeid
Committee – Kelly Basley, Sarah Colley, Leanne Purdy, Robyn Tantau, Adam Westwood

North Queensland
townsville@a-s-a.com.au
Chairperson – Rhianna Weekes
Vice Chairperson – Jodi Flowers
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Northern Territory
nt@a-s-a.com.au
Co-chairs – Barbara Vanini, Sheree White
Committee – Sadie Atkins, Louise Hudson, Helena Lassemillante

Queensland
qld@a-s-a.com.au
Chairperson – Louise Duffield
Secretary – Rachel Williams
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Committee – Christopher Gilmore, Toni Halligan, Simone Karandrews, Tristan Reddan, Rachel Veitch, Michelle Wilson

committee members

Riverina
riverina@a-s-a.com.au
Chairperson – Simone Francis
Committee – Faith Casley-Porter, Beth Cheung, Karen Dorsett, Chantel Goonan

South Australia
sa@a-s-a.com.au
Chairperson – Jessie Childs
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tas@a-s-a.com.au
Committee – Charmayne Allan, William Brodribb, Craig Loosemore

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vic@a-s-a.com.au
Chairperson – Carolynne Cormack
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soundeffects news reporter – Ramya Gunjur
Committee – Ray Hora, Lynne Johnson, Frauke Lever

Wellington
wellington@a-s-a.com.au
Chairperson – (Margaret) Lynn McSweeney
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Western Australia
wa@a-s-a.com.au
Chairperson – Nicole Cammack
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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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Affiliate members

Society of Diagnostic Medical Sonography – SDMS
2745 N Dallas Pkwy Ste 350,
Plano TX 75093-4706 USA
T: +1 214 473 8057
F: +1 214 473 8563
W: www.sdms.org

Sonography Canada/Échographie Canada
PO Box 1220 Kemptville,
ON K0G IJ0 Canada
T: +1 888 273 6746
F: +1 888 743 2952
W: www.csdms.com

corporate members

Aon
Steve Talbot
T: +61 3 9211 3484
E: steve.talbot@aon.com
W: www.business-insurance.aon.com.au

Aussie Locums
Nichole Fitzgerald
T: +61 7 4031 9991
E: nichole@aussielocums.com.au
W: www.aussielocums.com.au

ChoiceOne
Brett van Grootel
T: +61 8 9215 3888
E: brett@choiceone.com.au
W: www.choiceone.com.au

Coastal Medical Imaging
Sean O'Connor
T: +61 7 5413 5000
E: info@coastalxray.com.au
W: www.coastalxray.com.au

CQUniversity
Anita Bowman
T: +61 7 4923 2244
E: a.bowman@cqu.edu.au
W: www.cqu.edu.au

Forme Medical
Richard Bournon
T: +61 3 9708 2661
E: info@formemedical.com.au
W: www.formemedical.com.au

Fujifilm SonoSite Australasia
Sarah Leverett
T: +61 2 9466 2600
E: sarah.leverett@sonosite.com
W: www.sonosite.com

GE Healthcare Australia
Matt Tucker
T: +61 2 9846 4000
E: matt.tucker@ge.com
W: www.gehealthcare.com

Global Health Source
Joanna Calder
T: +61 8 9227 0822
E: ghs@globalhealth.com.au
W: www.globalhealth.com.au

H1 Healthcare
Tony Kimber
T: +61 2 9078 8195
E: tony.kimber@h1healthcare.com.au
W: www.h1healthcare.com.au

Healthcare Imaging Services
Marianne Farag
T: +61 2 9005 7797
E: marianne.farag@healthcareimaging.com.au
W: www.healthcareimaging.com.au

Horizon Radiology
Simon Cuncliffe
T: +64 0800 746 853
E: simon.cuncliffe@horizonradiology.co.nz
W: www.horizonradiology.co.nz

I-MED Network
Marcia Ross
T: +61 2 8274 1000
E: marcia.ross@i-med.com.au
W: www.i-med.com.au

Integral Diagnostics
Greg Hughes
T: 03 9321 4900
E: info@integraldiagnostics.com.au
W: www.integraldiagnostics.com.au

Julie Warner Health
Caroline McAree
T: +61 2 9957 1166
E: caroline@jwhealth.com.au
W: www.jwhealth.com.au

Lantheus Medical Imaging
Sean Mallini
T: +61 3 9338 0341
E: sean.mallini@lantheus.com
W: www.lantheus.com

Meditron
Michael Fehrmann
T: +61 3 9879 6200
E: michaelf@meditron.com.au
W: www.meditron.com.au

Philips Healthcare
Mark Rowlinson
T: +61 2 9947 0000
E: mark.rowlinson@philips.com
W: www.healthcare.philips.com

Qscan Radiology Clinics
Kate Challenor
T: +61 7 3357 0907
E: kate.challenor@qscan.com.au
W: www.qscan.com.au

Quantum Healthcare
Tricia Mares
T: 1800 228 118
E: sales@qhealthcare.com.au
W: www.qhealthcare.com.au

Queensland University of Technology
Colleen Cleary
T: +61 7 3138 5577
E: ejournals@qut.edu.au
W: www.library.qut.edu.au

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Marco Ramirez
T: +61 2 9491 5926
E: marco.ramirez@siemens.com
W: www.siemens.com

Sugarman Group International
Vivianne Antonievich
T: +61 2 9549 5700
E: vivanne@sugarmangroup.com.au
W: www.sugarmangroup.com.au

The Bambach Saddle Seat
Liana Arena
T: +61 2 8966 4800
E: larena@bambach.com.au
W: www.bambach.com.au

Tognetti Consulting
James Buck
T: +61 8 9322 3088
E: jamesb@tognetti.com.au
W: www.tognetti.com.au

Toshiba Medical
Queenie Northey
T: 1300 655 155
E: qnorthey@toshiba-tap.com
W: www.medical.toshiba.com.au

Tristel
Ash McMaster
T: 1300 680 898
E: mail-au@tristel.com
W: www.tristel.com

asa australasian sonographers association

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.

ASA Office

PO Box 356
Dingley Village Vic 3172
Australia

T +61 3 9552 0000
F +61 3 9558 1399
W www.a-s-a.com.au

Membership and insurance enquiries should be directed to:

Membership Coordinator
Carly McDougall
members@a-s-a.com.au

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

PO Box 356
Dingley Village
Victoria 3172, Australia
T +61 3 9552 0000
F +61 3 9558 1399
W www.a-s-a.com.au