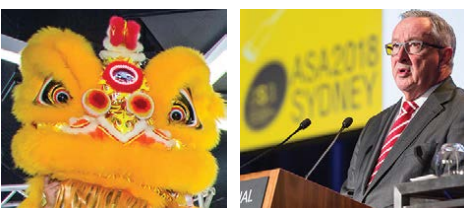


the magazine of the australasian sonographers association

soundeffects news





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SIGS2018
PERTH

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

from the editor

Welcome to the June issue of your member magazine.

As we publish, we have just returned from ASA2018 Sydney, our 25th annual conference. We provide a wrap up of many highlights, including lots of interesting and fun photos that capture the three days at conference.

This issue also continues celebration of the 25th anniversary of the Australasian Sonographers Association, as we stroll down memory lane with more reflections offered by long-standing members, which includes the very first annual conference in 1994.

We also celebrate our inaugural Fellows and provide an update on the Fellowship program and the importance of recognition of professional excellence.

Our *advocacy feature* looks at sonographer workforce shortages and what the ASA are doing about this.

In our *person profile*, the spotlight is on our new external Board member, Julie Toop. Julie talks about her passion for strategic governance and provides us

with a snapshot of the person behind the Board director.

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

wh&s matters explores the question: Are we living up to expectations? Whilst *research matters* asks and answers the question; How confident is your confidence interval?

Would you like to add your own recollections of the ASA's history and events to those published in this issue? Here at the ASA we're always interested in the journeys or pathways that sonography takes our members and we would love to hear from you to share your story.

Happy scanning and reading!

Carol De La Haye, Editor
communications@sonographers.org



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soundeffects
news

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president's message



ASA2018 Sydney was an amazing event to be a part of and experience. Sydney as a destination put on a beautiful welcome for our international and interstate visitors. With Darling Harbour, Cockle Bay and Barangaroo on the doorstep, and Vivid Sydney on display, there was much entertainment both before and after the conference. The ICC as a conference venue was incredible, with the most modern facilities that any delegate or presenter could ask for and a team of staff going above and beyond. I would also like to sincerely thank the co-convenors Christina Farr and Donna Oomens and their convening team for organising this extraordinary event. Read more about the conference in this issue of *soundeffects news*.

As you have read in *cross section*, Jodie Long has been appointed CEO of the ASA. As a sonographer with a wealth of clinical, managerial and industry experience, Jodie brings a unique perspective to the role. Having recently completed her MBA, she is very well credentialed to lead the ASA forward into the next 25 years. Look for Jodie's operational report in this and every issue of *soundeffects news*.

The ASA Board of Directors also welcomes Anthony Wald as a casual Director. Anthony is a cardiac sonographer and point-of-care ultrasound educator from Victoria. Anthony will bring

a diverse perspective to the Board and we look forward to his contribution.

Earlier in the year, the ASA Board of Directors appointed two new external Directors. It is my pleasure to introduce to you Julie Toop and Kelly Griffiths. Both have a legal background with differing skill sets and both have boardroom experience in the not-for-profit sector. In this issue you will read more about Julie, and in the September issue, Kelly. We are very excited that they are joining the ASA Executive team and look forward to their involvement.

At the annual conference, the Awards of Excellence Breakfast was a wonderful opportunity to meet and talk to the many ASA volunteers that give so freely of their time and expertise. Without the many ASA volunteers, the ASA would be a faint glimmer of what it is today, and the Awards of Excellence Breakfast is our way of saying thank you. During the breakfast, we celebrated the achievements of many of our colleagues that work so hard for our profession. Please read about the Award recipients in this issue of *soundeffects news*. Educators, mentors, sonographers, researchers and employers, that all go that little bit further to promote sonography as a highly respected profession, are honoured here; however, the ultimate recipient of this professionalism is our patients.

It was my honour to award the Pru Pratten Memorial, ASA Sonographer of the Year, to Anita Bowman, at the Gala Dinner. A most generous person, and a long-time educator of sonographers, Anita has a passion for educational innovation. Anita follows in the footsteps of other exceptional sonographers that have put sonography at the forefront.

At the Gala Dinner the inaugural Fellows of the ASA were inducted. In all, eleven of the thirteen sonographer Fellows were presented with their FASA pins in recognition of their sustained commitment and dedicated service to the ASA. Please join me in congratulating them for their efforts over the years.

It is the collective works and achievements of these and all ASA members that contribute to the success of the ASA as the peak body and leading voice for sonographers.

Dr Jennifer Alphonse, President
president@sonographers.org

Vale – Dr Neil Simmons

The ASA was saddened to hear of the passing of a great ultrasound educator, Dr Neil Simmons. Dr Simmons was a pioneer in MSK ultrasound, nationally and internationally, sharing his fascination with the intellectual exercise of combining history, examination and imaging in achieving a diagnosis. His dedication to advancing the use of MSK ultrasound leaves a legacy for

future sonographers and radiographers to aspire to. Our thoughts are with Dr Simmons' family and the staff at Fowler Simmons Radiology.

Vale – Dr Brian Haluska

The ASA was saddened to hear of the passing of a great cardiac sonographer, Dr Brian Haluska. Dr Haluska helped establish and lead the Cardiovascular Imaging Research group at University

of Queensland. His main research interests were in the use of new imaging technologies clinically and incorporating the non-invasive assessment of arterial function in the cardiac exam. This work led to an international patent application being filed using a new technology for assessing arterial elasticity. Brian passed away peacefully after a long battle with cancer. He was surrounded by family and close friends.

update from the the ceo

This is my first report as CEO and I am extremely privileged to be in this position as the voice and advocate for over 5,500 sonographers. In this, our 25th year, we should reflect and be very proud of what we have achieved so far; however, there is still so much more to be achieved and raising the profile of sonographers to ensure sonographers are recognised as the experts in ultrasound across the community is a major focus.

For those of you who attended the annual conference in Sydney, I hope you enjoyed the fantastic program with the high calibre speakers we had on offer and that you all walked away inspired to achieve more for the sonography profession. A full wrap up of the conference can be found in this issue of *soundeffects news*.

I understand many of you have been frustrated at the tedious process of accessing the **asawebinar** library. We have listened, and not only are we increasing the number of **asawebinars** you can access, we have also enabled you to access them 'on demand', so you can watch them when and where you want. The lack of access to CPD tests we know has been a concern, and I am happy to report that CPD tests are back online through our learning management system – Intuto – which you can access through the ASA website. This platform is extremely easy to use and we will look to add videos and podcasts to this site in the near future.

It is that time of year when your membership is up for renewal. Make sure you add your voice to the peak body and leading voice for sonographers. We recognise how important it is for sonographers to have insurance and

as such we have done the background negotiating for you to be able to offer you cost-effective insurance with Guild Insurance. Through Guild Insurance we are able to offer ordinary members with insurance a \$10 reduction on their 2018/2019 membership compared to last year. For those members, we ask you to consider contributing the \$10 difference to help Radiology Across Borders do more vital work. By simply ticking the 'Radiology Across Borders Fund' box on your renewal form, you can help Radiology Across Borders train local doctors across developing nations in ultrasound to save lives. As sonographers, you can also go to their website and express your interest in volunteering with them.

We understand often the easiest time of the day for sonographers to call is in the morning before your day has started. As such, we have extended our office hours to start at 8.00 am, so we are available when you are to answer your questions. Our new office hours will be from 8.00 am to 5.00 pm weekdays once we relocate to the Melbourne CBD.

Sonographer workforce shortage is a major issue, with sonographers having been on the workforce shortage list for 10 years now. In the advocacy section of *soundeffects news*, we have provided an update on this topic for you that I encourage all of you to read.

We had previously mentioned that the ASA Office will be moving to the Melbourne CBD. I am happy to report we have found a new home on Queen Street in the centre of Melbourne. Our new address is Level 2, 95 Queen Street, Melbourne 3000. As yet we don't have



a move date; however, we are expecting this will be the beginning of July and will keep you updated on our progress.

The SIGS2018 Perth organising committee are adding their final touches to the program. We have a great line up of speakers in the cardiac, MSK and obstetrics/gynaecologic streams. Be sure not to miss out on this great educational event. Book your accommodation and flights for the weekend of 8/9 September in preparation.

I would like to take this opportunity to ask you all to like, share, post and tweet as regularly as you can on sonography topics so we can all unite to raise the profile of sonography.

Jodie Long
CEO@sonographers.org

New data privacy laws are here. Are you prepared?

New data privacy legislation came into effect on the 22nd February 2018. If your practice collects and stores personal information about your clients you need to ensure you have the right processes and protection in place.

To find out more about the new legislation and cyber insurance coverage please contact Aon.

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Sonographer workforce shortage

Earlier this year, the ASA shared with members three recommendations from an Australian Government report regarding the urgent need to train more sonographers in Australia. At the time there was many and varied comment by members on this issue, but why is this so important? Do we really need more sonographers? And what about the role of public health services in training sonographers, as well as private?

Sonography: a critical workforce of shortage

The sonographer profession is considered a workforce of critical shortage in Australia. This shortage exists in all locations, regardless of rurality or the medical diagnostic ultrasound area of specialisation. It is also the only Australian health profession which has been a workforce of shortage for over 10 years.

There have been multiple reports and analysis by state and federal governments in Australia that provide the evidence of this workforce shortage. Just last year, labour market analysis by the Australian Government Department of Employment found that employers continue to report difficulties attracting sufficiently qualified and experienced sonographers for their advertised vacancies. The most prominent reason provided was poor supply due to a lack of student clinical training places.

The application of medical diagnostic ultrasound has been and continues to grow exponentially. In Victoria alone, the number of episodes of care with at least one ultrasound almost tripled across the six years from 2001 to 2007. Comparatively, the sonographer workforce has seen low rates of increase.

With ultrasound having only been available for the last 45 years, very soon the profession will experience its first retiring generations. This is expected to result in a significant impact to workforce numbers which is in addition to younger sonographers going overseas to work and a part-time workforce where more than half of ASA members (52%) report working part time.

Sonographer shortage is not unique to Australia. Internationally there are also dire sonographer shortages. Some countries have reduced the educational requirements for sonographer qualification in an attempt to address this situation. For example, the UK now allows sonographers to train in a reduced number of areas prior to qualification.

This reduced expertise means that many UK sonographers are no longer able to achieve recognition for practice in Australia, where they were previously considered of equivalent competency. This also means we cannot rely on overseas trained sonographers to support our local workforce.

Is access to clinical training really the problem?

It is broadly accepted by governments and the industry that the singular barrier to increased sonographer numbers is the difficulty in securing the clinical training placement required for qualification.

Feedback from our members, including employers and educational institutions, is that there is a significant population of Australians who want to train to become a sonographer; and that there is capacity in the education system to train more sonographers if more clinical training positions were available. Educational institution members cited

James Brooks-Dowsett ASA Policy and Advocacy

that the inability to secure clinical training placement is the single primary reason that students drop out of their course. In some cases this can be as high as 30% of enrolled students.

Although there are a handful of other allied health professions that qualify through post-graduate education, there is no other profession that requires an equivalent amount of supervised clinical training. The amount of time and training and high entry level required to qualify one sonographer both contributes to the workforce shortage and is a major barrier to easily and quickly overcoming the significant occupational shortage.

However, there is strong consensus from our members that the amount of supervised clinical training that is currently required is essential to build the skill, knowledge and overall competency for someone to practise as a sonographer. Unfortunately, there is no replacement for this significant clinical training requirement of trainee sonographers. Tertiary education providers estimate clinical training to be 70% of the education time provided to a trainee sonographer. This is despite most educational institutions that provide accredited sonographer graduate courses not assisting the trainee sonographers to find a clinical training placement.

In contrast, recognised/accredited courses for other allied health professions (undergraduate and graduate) will arrange clinical training as part of the general course costs to the student (i.e. students for those professions can expect access to clinical training as part of their course enrolment).

The ASA is already working with state governments to identify potential solutions to increase the provision of sonographer clinical training in public health services. Unfortunately, to date these small increases in the provision of sonographer clinical training placements in public hospitals have been piecemeal and do not provide any mechanism for real change to address the workforce shortage.

Who cares about the government reporting to itself?

The Australian Government report that recommended increased clinical placements was the product of a senate inquiry into the availability of diagnostic imaging equipment in Australia.

When the Parliament of Australia identifies an issue that they want resolved, they task a senate committee to investigate the issue and report back with solutions. The resulting report and recommendations to the Australian Government are the first step towards the Government making a commitment and possible investment to resolve the issue(s).

Recommendations of a senate report are advice to government for further investigation – not decisions or planned direction. The Australian Parliament is however required to consider and formally respond to the

recommendations of these reports. It will likely do this through the Commonwealth Department of Health.

Responses to recommendations of senate reports are usually either a statement on the work the Government is already doing to address the issue; acceptance of a recommendation or commitment to action in response to a recommendation; or disagreement with a recommendation.

What is the ASA doing about this?

Workforce shortage for a profession like sonography is a major issue. It impacts patients' access to timely medical diagnostic ultrasound services, puts strain on the existing workforce and has the potential to threaten the ongoing viability of the profession.

The recommendations of the report focused on working with private radiology practice, most likely because the Commonwealth Government has limited involvement with state public health services in this area. Public health services (e.g. hospitals) and their operations, including service targets and clinical training place availability, are owned by state governments.

The ASA is already working with state governments on this issue. However, with more than two-thirds of sonographers

employed in private diagnostic imaging practices, clinical training in a private setting plays an essential part to solving this issue.

As the funder and regulator of private diagnostic imaging, the Commonwealth Government can have a significant role in assisting this. There will not be a better opportunity to engage the Commonwealth Government on this issue.

As it works to respond to the recommendations of the report, the Australian Government will be looking to organisations such as the ASA for solutions to this issue, particularly those that promote public-private partnership for a solution; reduce unnecessary regulation; or contribute to other aims of the Government.

Throughout this year, the ASA has already been deeply engaged with its membership and broader industry and is in the process of identifying solutions to develop and take to Government. Other industry bodies, such as RANZCR and ASUM, are fully supportive of the ASA in addressing this issue with Government.

If you have any thoughts on this issue, or even potential solutions for increasing access to clinical training, please email us at policy@sonographers.org

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	Saturday 14 July Wellington Paediatrics <i>Presented by Cain Brockley</i>		Saturday 13 October Echuca MSK <i>Presented by Lisa Hackett</i>
	Saturday 4 August Launceston O&G <i>Presented by Tracey Taylor</i>		Saturday 10 November Mackay Vascular <i>Presented by Jacqui Robinson</i>

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

ASA2018 Sydney wrap up

What a phenomenal 25th Annual Conference we had in Sydney. It was a resounding success with international and interstate speakers sharing their knowledge and expertise with over 1,500 delegates in the largest conference the ASA has ever held. The ASA staff worked tirelessly with The Conference Company to put together a seamless and professional conference that has become the benchmark for years to come.

A big thank you to the organising committee who volunteered significant hours of their time to create the fantastic program we had. In addition, a big thank you to all the sponsors and a special mention to the Gold sponsors – Canon Medical Systems, GE Healthcare and Siemens Healthineers.

What a memorable opening plenary with the Honourable Brad Hazzard MP, NSW Minister for Health and Minister for Medical Research opening the conference and recognising that there is a sonographer workforce shortage that needs to be addressed. Followed by Professor Kerry Phelps who, with her insightful speech, inspired all the sonographers in the room to step up and raise the profile of sonography and to continue our fight for registration, reminding us that if we are in healthcare, we are in politics. She also spoke with conviction and passion on the significant role of the sonographer and their important role in healthcare.

Thank you to our international, national keynote speakers and all the speakers. With many sonographers scanning and living with pain, Doug Wuebben and Mark Roozen (coach Rozy) demonstrated some simple exercises we can all do to extend our careers and live pain free. Julia Solomon presented on the fetal heart and obstetrics in a way that even the most experienced sonographers would have signed up again for her talks

and workshops. Alison Hall brought a unique perspective on MSK from the UK and shared her knowledge and experiences.

Friday night we were entertained by the lion dancers at the ASA Welcome Reception, sponsored by Mindray.

Saturday morning, we had our Awards of Excellence Breakfast and we thank Jaqueline Dominish, the Principal Allied Health Advisor at the NSW Ministry of Health, for her talk about how we can articulate our values and for assisting in presenting the awards. This year's nominees were of outstanding calibre and everyone who was nominated should be extremely proud of what they have achieved. All are an inspiration and shining lights of our profession for others to look up to. This year we also had the inaugural Sue Caitcheon Memorial Award – ASA Volunteer of the Year, which acknowledges the significant and highly valued outstanding contribution to the profession by a volunteer, someone who reflects Sue Caitcheon's values and contribution. Sue's daughter Claire and Vera Bloxham (Sue's best friend and sonographer colleague of 30 years) moved the audience to tears with their insight into Sue and announced Catherine Robinson as the winner. A full list of all the award recipients is in this issue on pages 12-15.

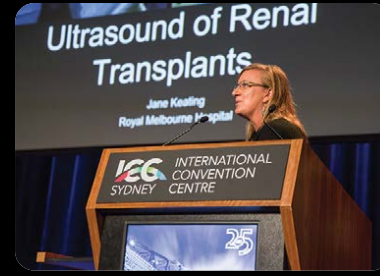
This year, being our 25th year, we reflected on our 25 years and recognised all the past presidents and the achievements the ASA has made under their leadership with a toast and a glass of champagne. This was followed by a new format for the Future Directions Forum. Jayne-Maree Sedgman, an experienced journalist, facilitated the session, which saw three topics (*POCUS, Advanced Scope of Practice – MSK Injections and Sonographer Education Pathways*) covered by a panel of experts and we were thrilled with the

engagement and passion not only from the panellists but the audience on these important topics affecting sonographers. Unfortunately we could only accommodate 20 minutes for each topic; however, this was the start of the conversation and we encourage all of you to please continue the conversation with your peers and the ASA.

Saturday night saw a spectacular silver screen themed night. Our thank you to Canon Medical Systems for sponsoring the event and for providing the amazing drummers to kick off what was a memorable evening. This year we inducted 13 inaugural Fellows to the ASA. Fellowship is the highest grade of membership for most professional societies and it is a significant professional achievement, with all the Fellows having made invaluable contributions not only to the ASA, but also to the sonography profession. The Sonographer of the Year – Pru Pratten Memorial Award was this year presented to Anita Bowman, who has provided the opportunity for many students of various backgrounds and socioeconomic groups to be part of the sonography profession.

Thank you to all our proffered paper presenters, and those who provided ePosters, and we would especially like to acknowledge all those first-time presenters. It can be daunting to present; however, you have all embraced it and it's great to see new speakers coming through the profession. We would especially like to congratulate Geoffrey Hong, who was awarded the Best Oral Presentation and the Best Overall Presentation.

These were three amazing days where sonographers and the sonography profession shone. We hope to see you all next year in Brisbane.





ASA2018 SYDNEY

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The ASA is grateful to the following companies for their support and contribution to the conference.

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ASA2019 Brisbane

We are designing a world-class program for next year's ASA Annual Conference at the Brisbane Convention & Exhibition Centre, Brisbane (21-23 June 2019). This event is not to be missed – keep an eye out for updates!



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As the peak body and leading voice for sonographers, the ASA is committed to recognising excellence and best practice within sonography. The ASA Awards of Excellence program recognises and rewards outstanding achievement in sonography and offers a unique opportunity to celebrate our most outstanding sonographers.

The highest accolade bestowed by the ASA is the prestigious Pru Pratten Memorial Award for Sonographer of the Year. This year, in recognition of outstanding volunteer work in the sonography profession, we present our inaugural Sue Caitcheon Volunteer of the Year Award.

The ASA congratulates all recipients of the ASA Awards of Excellence and thanks the nominators and adjudication committee for their efforts and support to ensure the ongoing success of the Awards of Excellence program. The Awards of Excellence presentations were held at the ASA2018 Sydney Awards of Excellence Breakfast and ASA2018 Sydney Gala Dinner on Saturday 26 May 2018.

2018 Sonographer of the Year – The Pru Pratten Memorial Award



Awarded to Anita Bowman

Anita is currently the Head of Department of Medical and Imaging

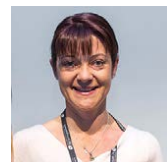
Science at CQUniversity where she has worked tirelessly to develop and improve the educational offerings and experiences for student and qualified sonographers in tertiary education since 2015.

In 2017, she led the expansion of echocardiography and medical sonography delivery to Perth, and chiropractic science to Melbourne, developed the course and oversight of accreditation for the Medical Laboratory Science (Honours) degree and prepared the ASAR annual self-study reports for medical sonography from 2015–2017.

Anita has provided the opportunity for many students of various backgrounds and socio-economic groups to be part of the sonography profession. She has succeeded in improving the professional opportunities for qualified sonographers in an exciting, fulfilling profession that can make a difference to people's experience and journey in the medical imaging system. Anita has an evidence-based approach to education, using the current pedagogical literature to inform decision-making when designing curricula to teach medical sonography students. She is currently enrolled in a PhD with the aim of identifying future pathways for sonographers' professional progression in education and scope of practice.

2018 ASA Volunteer of the Year – The Sue Caitcheon Memorial Award

This award acknowledges the significant and highly valued outstanding contribution to the profession by volunteers. The award honours a volunteer who has assisted through efforts and dedication of time to the organisation and the sonography profession.



Awarded to Catherine Robinson

Catherine Robinson is a senior O&G sonographer at Sydney

Awards of Excellence 2018



Ultrasound for Women where she has been working since 2002. She is currently the coordinator for the Liverpool Hospital RANZCOG O&G Registrar ultrasound training program.

Catherine was awarded a Master of Medical Ultrasound in 2016 with her research focusing on the methods of fetal weight estimation in the third trimester of pregnancy.

She has presented at meetings for the ASA Alice Springs Branch and on behalf of the ASUM Outreach team in Darwin, helped to train obstetricians and midwives in point-of-care ultrasound for the improvement of services and neonatal outcomes in remote communities of Australia. An ambassador for Radiology Across Borders (RAB), Catherine has volunteered as a trainer in Samoa to assist in advancing the clinical skills of sonographers and clinicians in Apia's Tupua Tamasese Meaole Hospital (see the article on pages 18-19).

Awarded an inaugural Associate Fellowship of the ASA in 2016, Catherine currently volunteers her time in various positions for the ASA as an obstetric Travelling Workshop presenter since 2012, a member of the ASA SIG Sonographer Health and Wellbeing Committee from 2013–2016 and member of the convening committees for the ASA annual conferences ASA2013 Sydney and ASA2018 Sydney.

State Sonographer of the Year

This award recognises accredited sonographers per geographical area who, by their personal efforts and desire for excellence, advance the profession of sonography.

Sonographer of the Year – Australian Capital Territory



Awarded to Stacey Searle

Stacey is a senior cardiac sonographer at the Cardiology Department of Canberra

Hospital and Health Services with 17 years' experience as a professional and highly dedicated clinician who delivers evidence-based, patient-centred care.

She completed her Graduate Diploma in Medical Ultrasound (Cardiac) in 2005 and has been a member of the ASA since 2004. Stacey has been involved with publishing papers in not only her chosen field of echocardiography but also in other areas of cardiac physiology.

More recently she has played a role in the training of every cardiac sonographer and cardiology advanced trainee since 2008 within the ACT. Her role as the ACT Health Clinical Educator for Clinical Measurement Scientists allows her to be a driving force for this niche group of health professionals helping with policy, protocols, education, advocacy and clinical placements.

Sonographer of the Year – New South Wales



Awarded to Simon Stanton

Simon is a senior general sonographer with more than twenty years' experience in

both the private and public sector in Australia and the UK. Simon constantly strives to improve his ultrasound knowledge and educate his staff, supporting further education and observerships and developing new protocols at his workplace.

A current member of the Clinical Quality Review Committee Alfred Imaging Group, Simon was also recently invited to contribute to the NHS Leadership Academy website on the importance of equality and diversity as an Australian healthcare professional 2018.

He was an ASA Board member from 2010 to 2015 and member/chairperson of the Sonographers Advancement Working Party Committee from 2010 to 2017. Simon was also New South Wales Branch Secretary from 2008 to 2014.

'My involvement with the Australasian Sonographers Association gives me a greater understanding and insight of the structure, policies and strategic direction of both the organisation and the sonography profession.'

Sonographer of the Year – Northern Territory



Awarded to Sheree Armstrong

Sheree is currently the Manager of the Ultrasound Department within the Royal Darwin

Hospital (RDH). Her aim is to combine with the rest of the RDH's medical and allied health teams to create an integrated, high quality health service for patients whilst creating learning opportunities for staff. Recently, Sheree coordinated with Dr Sujatha Thomas the launch of RDH's first Antenatal Ultrasound Clinic catering to high risk pregnancy care. This involves an integrated team of midwives, obstetricians and a sonographer providing efficient and high quality care in one place.

Sheree is also passionate about educating sonographers through practical workshops and volunteering her time to the ASA as the chair of the Northern Territory Branch Committee.

Sonographer of the Year – New Zealand

Awarded to Lynn McSweeney

Lynn has dedicated her ultrasound career to help and teach others after beginning teaching ultrasound 20 years ago. She is currently the Clinical Tutor and CPD Coordinator for Pacific Radiology in New Zealand and has had approximately 8 students pass with flying colours over the last 5 years.

Lynn is a highly motivated and well-respected sonographer who goes above and beyond for her patients, fellow sonographers and her students. She also volunteers her time to the ASA as the chairperson of the Wellington ASA Branch.

Sonographer of the Year – Queensland



Awarded to Tristan Reddan

Tristan is the Ultrasound Team Leader in Medical Imaging and Nuclear Medicine at the Lady

Cilento Children's Hospital (LCCH) and is currently completing his PhD at QUT.

Tristan has driven collaboration between hospital and external staff with the LCCH ultrasound department which has resulted in staff having a greater understanding of the skills and scan techniques required to successfully image the paediatric patient.

He also contributes to the Editorial Board and Review Panel for *Sonography*, the Research Special Interest Group (chairperson) and Queensland Branch. He was part of the convening committee for ASA2017 Brisbane and has presented **asawebinars**, annual conferences ASA2016 Melbourne, ASA2017 Brisbane and ASA branch meetings. Tristan was recently awarded a Fellowship of the ASA.

Sonographer of the Year – South Australia



Awarded to Kathryn Lamb

Kate has been a well-known fixture of the ultrasound community for many years.

Beginning in Mt Gambier Hospital as a sonographer pre-1995, Kate has held positions in imaging departments, as an applications specialist for Siemens, in specialist vascular clinics and as a lecturer at UniSA. In each of these positions, Kate has demonstrated her ability to go above and beyond her paid employment for the benefit of the ultrasound community. During her time as an application specialist, Kate was awarded Rookie Salesperson of the Year, followed by highest exceeding sales targets Asia Pacific Region in 2002 and 2004. As a sonographer, Kate has presented at numerous ASA annual conferences and local branch meetings, chaired numerous sessions and facilitated panel discussions as well as volunteering her time to the ASAR.

Sonographer of the Year – Tasmania

Awarded to Emma Brodribb

Emma is currently the Senior Specialist Sonographer within the Tasmanian Health Organisation where she is responsible for the day-to-day management of the RHH Ultrasound Service.

Her current duties include responsibility for driving efficient and effective use of ultrasound resources, WH&S implementation and supervision, overseeing the education program for both staff and students and many other lead duties. She performs all general sonographic examinations and elastography and participates in the on-call/after hours service for the Tasmanian Health Organisation.

She completed a Bachelor of Medical Radiation Science in 2003 and has since enjoyed a rich variety of experience in radiology throughout her career. Emma truly enjoys working with people, both patients and colleagues, as well as volunteering her time to the ASA on the Tasmania Branch Committee and presenting at conferences.

Sonographer of the Year – Victoria



Awarded to Peter Coombs

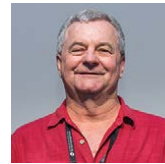
Peter is the Sonographer in Charge at Monash Health and a senior lecturer in ultrasound

at Monash University. For many years he has been an active contributor to local and national ultrasound education in Australia and has co-authored a number of publications. His current interests include fetal neurosonography and quality assurance methodology in clinical ultrasound.

He has developed very broad-ranging subspecialties which have led him to become a subject matter expert in obstetrics, vascular, MSK, and small parts.

Peter is always available when staff require support with presentations, research or publications, and has been a long-standing active ASA volunteer. He currently contributes to the Editorial Board and Review Panel for Sonography, as well as previously serving as the chairperson of the Education Advisory Committee. He has been a valued presenter at the ASA's annual conferences ASA2016 Melbourne and ASA2017 Brisbane, as well as Victoria Branch meetings. Peter was awarded the ASA's Best Clinical Presentation and Best Overall Presentation at AS2017 Melbourne, and recently the Fellowship of the ASA.

Sonographer of the Year – Western Australia



Awarded to Kevin Jones

Currently, Kevin provides contract sonography services for South West Inland

at Collie and Warren (Manjimup) District Hospitals. He also provides sonography services at a private clinic in Kalgoorlie.

Kevin travelled to the UK to learn about ultrasound in 1982 where he spent two years in an unpaid position to gain his DMU. Upon returning from the UK in 1983, Kevin travelled to remote Western Australia to provide an ultrasound service to Port Hedland. He was at that time the only formally qualified sonographer outside the Perth metropolitan area. Kevin has worked in rural and remote areas for many years without radiological support and in 2005, partnering with a radiologist, Kevin created an extremely dynamic medical imaging practice that rapidly became one of the biggest rural and regional practices in Australia.

Kevin has been the lead tutor for at least 8–10 qualified sonographers and has been involved in teaching many others. He attends many state and national meetings and disseminates his learning amongst his staff and colleagues.

Educator of the Year

This award recognises an accredited sonographer who consistently shows professionalism and commitment to teaching, learning and professional development opportunities.

Awarded to Anita Bowman

Congratulations again, Anita! See Anita's profile under 2018 Sonographer of the Year – The Pru Pratten Memorial Award.

Researcher of the Year

This award recognises an accredited sonographer who has contributed significantly to research by adding to new knowledge and/or innovation and/or clinical care improvements within sonography.

Awarded to Natalie Edwards

Natalie is the Senior Cardiac Scientist within the Cardiac Sciences Unit at the Prince Charles Hospital and a Lecturer at Queensland University of Technology. She has over 15 years of experience specialising in cardiac ultrasound and performing echocardiography on both adults and paediatrics over a broad range of pathological conditions and congenital malformations at a world-leading tertiary institution.

Natalie has obtained several distinguished awards for significant research, as well as publications in prestigious and highly recognised national and international journals. She is currently a PhD student through the Griffith University Menzies Health Institute studying new myocardial work technology and was recently awarded a scholarship with the Common Good Foundation at the Prince Charles Hospital to further progress her PhD.

Natalie actively volunteers her time to the ASA through the SIG Research Committee and was awarded an Associate Fellow of the ASA in 2016.

Tutor of the Year

This award recognises an accredited sonographer whose dedication, skills and commitment guide and advise those entering, establishing or advancing themselves in the sonography profession.



Awarded to Natalie Colley

Natalie is currently the Senior Musculoskeletal (MSK) Sonographer and Trainer at Perth

Radiological Clinic where she has provided highly skilled and specialised sonography services in abdominal, obstetrics, gynaecology, vascular, small parts and paediatrics since 2003.

Natalie is actively involved in staff training and development and extends her tutoring beyond individual trainees through to groups of qualified staff and even radiologists, encouraging them to expand their knowledge and guiding them to think outside the box. She is a mentor to sonographers and plants the seed to motivate them further to educate themselves in advanced MSK techniques with her contagious enthusiasm and high degree of experience.

Natalie not only volunteers her time to educating sonographers through the ASA Western Australia Branch Committee and the SIGS2018 Perth Program Committee, but she regularly contributes herself with presentations about interesting cases and shares new and exciting topics with her peers.

Workplace of the Year

This award recognises the commitment an employer has demonstrated in supporting sonographers with their professional development, by providing career development initiatives as well as opportunities for advancement in the workplace.

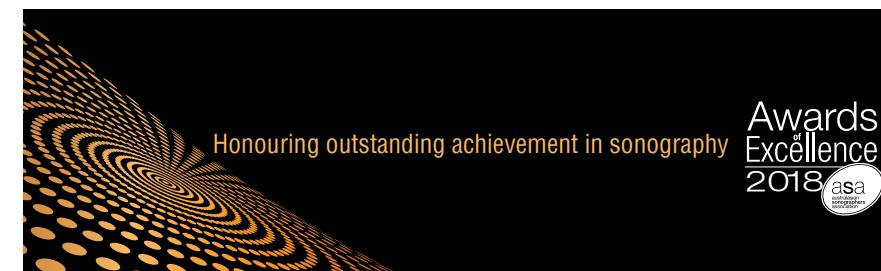
Awarded to Monash Health

MonashHealth *A world of healthcare*

Monash Health continues as the largest public health service in Victoria providing healthcare across the entire lifespan – from pre-birth, newborn babies and children, to the aged, their families and carers. Monash Health's specialties include paediatrics, women's health, kidney and pancreas transplants and neonatal intensive care and community focused medicine. Through university affiliations, they are a major provider of education and training and a major clinical partner in research.

Monash Health has continued to support the development of sonographer friendly environments including the opening of Monash Children's Hospital featuring state-of-the-art patient centred, staff friendly ambient technologies and a complete refurbishment of the Moorabbin Hospital which now hosts a multi-disciplinary endometriosis ultrasound service.

Monash Health entrusts the development of the ultrasound infrastructure to its sonographer leadership team. This ensures that the sonographers at the coalface are involved, and their needs are considered in changes that occur in this expanding ultrasound service. The end result is a group of sonographers who are professionally motivated, quality focused, challenged daily and supportive of their colleagues. This is the second time Monash Health has received the Workplace of the Year Award (ASA2013 Sydney).



asa membership

Be a part of the association where sonographers are recognised as the experts in ultrasound

How does membership benefit you?

You need to update your skills and acquire your CPD points for the triennium. With our growing library of on-demand **asawebinars**, workshops, CPD tests, branch meetings, Special Interest Groups and discounted rates for our annual conference, you can get your CPD points all year round as part of your membership. Plus exclusive invitations and discounts to other education events.

As a practicing sonographer, you need insurance to ensure you're not carrying unexpected financial and professional risk. We've done the background work so that our members have access to pre-negotiated, comprehensive, professional indemnity insurance with Guild Insurance.

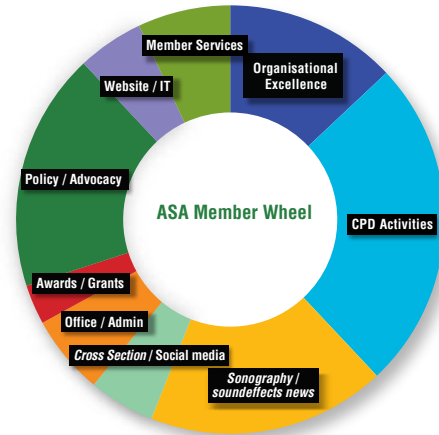
Do you find managing your CPD points time consuming? As a member, our PD-**asa** CPD management team do the work for you as part of your membership. Leave the paperwork and reporting to us.

Are you tired of having to explain what a 'sonographer' is? The ASA are your advocates, continually working to promote and advance the profession. We lobby governments, as well as have direct and frequent contact with media, industry and the community on your behalf.

As the expert, you need to stay connected and informed on all things sonography. You can, through our regular publications *cross section*, *soundeffects news* and *Sonography* and via our website. As an ASA member, you also have access to our extensive online reference collection hosted by EBSCO, containing thousands of articles that are constantly updated.

Are you recognised for the work that you do? The ASA Fellowship program and the annual Awards of Excellence

Jodie Long, CEO



Where does your membership money go?

highlight outstanding contributions to the sonography profession.

We are available when you are to answer your questions. Our new office hours will be from 8.00 am to 5.00 pm weekdays once we relocate to the Melbourne CBD.

Unite with 5,500+ sonographers to add your voice to the peak body and leading voice for sonographers.

Radiology Across Borders

Radiology Across Borders train local doctors in ultrasound across developing nations to save lives. Their VITAL project aims to improve patient outcomes by delivering education specifically focused on two streams: O&G ultrasound and breast imaging (mammography and breast ultrasound) in Pacific nations. Last year it was Samoa and this year it will be Fiji. For those who are ordinary members with insurance, consider contributing the difference between this year's and last year's membership (\$10) to help them do more vital work. Simply tick the 'Radiology Across Borders Fund' box on your membership renewal form. You can read two of our members' accounts of their volunteer experience with RAB on pages 18-19. Sign up to volunteer today: www.radiologyacrossborders.org

Renew your membership now to Australasia's peak body for sonographers



Healthcare Imaging Services

We are always seeking passionate Sonographers with varied skill-sets to join our well established radiology practices across all Australia.

Healthcare Imaging Services (HIS) is a leading radiology group operating over 140 diagnostic imaging sites across Metropolitan and Regional Australia. We strive to be the leading provider of medical imaging services in Australia by empowering and supporting our people to deliver outstanding clinical care that embraces best practice and innovation.

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- On-going Education and Clinical Support
- Significant Career Progression Opportunities
- Personal Development and Growth
- Flexibility

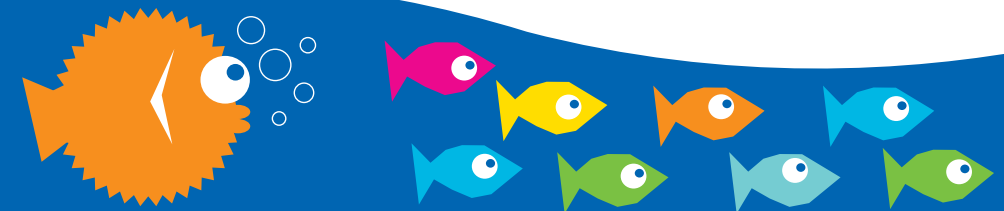
Join us today and together, we will improve the quality of our patients' lives through innovation excellence in medical imaging. For more information please contact our National Recruitment Manager, Marianne Farag, on (02) 94329759 or email careers@healthcareimaging.com.au



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Radiology Across Borders

Tupua Tamasese Meaole Hospital, Apia Samoa, August 2017

Radiology Across Borders (RAB) is a group of radiologists, sonographers and radiographers providing training in our field to developing countries in the Asia-Pacific region since forming in 2010. RAB has successfully run radiology projects in Vietnam, Cambodia, Papua New Guinea, Solomon Islands, Vanuatu and Fiji. The VITAL project is a coordinated program, offering a range of online educational material prior to supporting visits by RAB members.

Last year, in August, Rebecca McDermott and I were the first sonographers to travel to Samoa to provide hands-on support, training and scanning to the local radiologists and sonographers in Tupua Tamasese Meaole Hospital in the capital, Apia. Rebecca and I were unsure what level of experience and equipment we would encounter in Samoa but were surprised to find a recently built hospital with a Siemens S1000 ultrasound machine which had been supplied by the Chinese government (as well as some other equipment of indeterminate age). The staff sonographers were experienced, but lacked formal training, so the challenge was to refine their techniques and update their skills. Having high quality equipment was exciting, and encouraging them to use and optimise colour and Doppler capabilities, and save images of pathology rather than simply calling out measurements for an assistant to write down the report, tested our persuasive skills. Adapting different approaches to work practice is a major part of the negotiation of working in a foreign environment. While we cannot impose our practices upon them, we can observe and appreciate their techniques, then offer our experience to add to their approach, not replace it. The sonographers and radiologists were particularly interested in Doppler techniques, so apart from scanning the wide range of patients presenting to the department, we concentrated on teaching Doppler in obstetrics

Patrick Nielsen and
Catherine Robinson, NSW

and DVT studies. Rebecca gave a lecture on IUGR and obstetric Doppler at a lunchtime meeting. At hospital rounds I spoke to the medical staff about DVT studies at a meeting that seemed to be a magnet for medical students and swelled to over 100 attendees.

While lectures and explanations are important, the greatest value in our time in Samoa was scanning alongside our Samoan colleagues, meeting the patients and sharing skills. While we helped enhance their abilities, with improvement in patient care as a result, I feel sure this experience was as valuable for us as it was for them.

The RAB VITAL program was partnered with ASUM outreach, and a similar collaboration is being organised with the ASA. It is envisaged that there will be many opportunities for sonographers to become involved with further RAB projects that are being planned in several countries in the future, including Mongolia and Sri Lanka. Having strong links with radiology, obstetric and sonography organisations, with the common goal of improving health outcomes around the world, can only be a good thing. Future project opportunities will be notified through ASA channels and the more sonographers who become involved the better.

Patrick Nielsen
St Vincent's Hospital Medical Imaging, NSW



Tupua Tamasese Meaole Hospital, Apia Samoa, October 2017

Last year, in October, Catherine Scott and I were privileged to be given the opportunity to travel to Apia, Samoa to work for a week as volunteer tutor sonographers on behalf of Radiology Across Borders (RAB) and at that time the ASUM Outreach Committee.

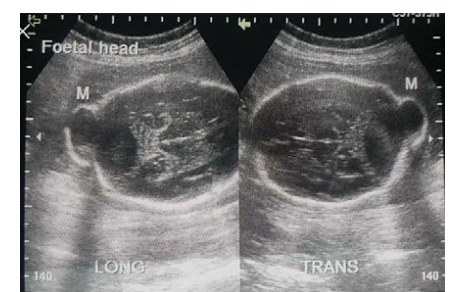
Catherine and I were well aware of the daunting task following the wonderful work of VITAL Project Team 1, made up of Patrick Nielsen and Rebecca Threlfall. The feedback from Team 1 and the hospital staff provided a constructive framework for us to build on the depth of skills and knowledge imparted. Making up Team 2 (or 'Team Cath') of the VITAL Project, Cathy and I were selected by RAB for our expertise in the respective areas of breast and obstetric ultrasound.

In the week of our visit there was a perfectly timed national health campaign about breast cancer awareness. The hospital in Apia was flooded with women who had seen advertisements about the national breast campaign on television and wanted to have their breast lumps checked by ultrasound examination. One elderly lady told us through an interpreter that her breast lump (a highly vascular malignant tumour the size of a tennis ball) was due to being hit by a cricket ball 10 years ago!

During the week we each gave presentations in our respective fields and worked alongside the sonographers and clinicians from the hospital while they were scanning. We soon became fast friends with our Samoan colleagues. We were able to encourage them to make better use of transvaginal imaging where appropriate for the diagnosis of difficult obstetric and gynaecological cases, which proved useful in the case of a young lady suffering with endometriosis.

Since we have returned home we have received occasional emails from the Samoan sonographers seeking collaborative assistance with diagnosing and reporting difficult cases (see image of an encephalocele, for example). It was a very rewarding and worthwhile experience, one which refined our training and communication skills and heightened our sensitivity towards cultural diversity.

Catherine Robinson
Sydney Ultrasound for Women, NSW



Jodie Long, CEO

In 2015 the ASA created the *Strategic Intent 2015–2020* to guide the organisation to 2020. Recently the Board has reviewed the Strategic Intent and refined it to be more relevant and specific to our members' needs.

A common frustration for sonographers is to be asked what you do and when you answer 'I'm a sonographer', you are met with a blank look. To clarify, you must respond with, 'I do ultrasound'. The ASA has a vision, that 'a sonographer is known as the expert in ultrasound across the community', and our purpose is 'to lead the sonography profession in delivering excellence in ultrasound for the community'.

With healthcare costs constantly in focus, ultrasound will play an increasingly vital role as a cost-effective, real time and non-radiation solution and therefore the first diagnostic imaging test for most patients. As such, sonographers with their expert skills in ultrasound, are essential for the future of diagnostic healthcare in Australia.

Over the next three years the ASA will be focusing on the following four goals, to ensure the future of sonography in Australia.

Promote and advance the sonography profession

Our first goal is to *promote and advance the sonography profession*. This is about raising the profile and brand for sonographers, to ensure you have a strong professional identity and recognition within the healthcare industry, as well as governments and the community. A sonographer will be recognised as the expert and principle provider of diagnostic ultrasound. Part of this includes working towards having the profession regulated under the National Registration and Accreditation Scheme (NRAS) and working to address the workforce shortage and associated shortfall in access to clinical training.

Enhance the quality and standards of ultrasound

Our second goal is to *enhance the quality and standards of ultrasound*. It is important that we continue as a profession to work towards enhancing the quality of ultrasound and setting the standards for core, advanced, enhanced scope and point-

of-care ultrasound, to ensure that a sonographer's expertise is recognised. The ASA will continue to support and encourage best practice, and recognise and reward excellence in the ultrasound profession.

Provide and support the highest quality professional development and research

Our third goal is to *provide and support the highest quality professional development and research*. The ASA will continue to assist members to achieve their continuing professional development points as part of their membership, offering a broad range of professional development opportunities such as **asawebinars**, workshops, CPD tests, branch meetings, symposiums and an annual, internationally recognised conference.

For the profession to continue to progress, it is essential that vital evidence-based research is undertaken in the sonography field. The ASA will continue to provide research grants as well as facilitate and promote research with peer reviewed articles in the *Sonography* journal.

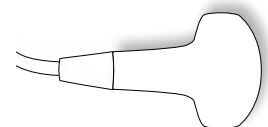
Deliver exceptional member value and organisational excellence

Our fourth goal is to *deliver exceptional member value and organisational excellence*. Members are the heart of the ASA and our devoted, hard-working volunteers are its soul. As such, the ASA recognises the importance of acknowledging and rewarding outstanding achievement and valuable contributions made to sonography via its Fellowship program and Awards of Excellence. We will be constantly seeking new and innovative ways to benefit you, and your feedback is a valuable contribution to this as we create an organisation centred on being excellent.

Over the next four issues of *soundeffects news*, we will be delving deeper into each of these pillars outlining what the ASA is currently doing to achieve these goals for you and the sonography profession.

With over 5,500 voices joined together as the ASA voice, the sonography profession will definitely be heard over the next three years.

the peak body and leading voice
for sonographers



Strategic Intent 2018–2020

PURPOSE
to lead the sonography profession in delivering
excellence in ultrasound for the community

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



PROMOTE AND ADVANCE
THE SONOGRAPHY
PROFESSION

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

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

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

- Influence the quality and availability of student education and support the delivery of clinical training

SERVICE



ENHANCE
THE QUALITY AND
STANDARDS
OF ULTRASOUND

Define industry-accepted career frameworks for sonographers

- Prepare standards and guidelines for quality practice

- Promote advances in best practice sonography

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

MASTERY



PROVIDE AND SUPPORT
THE HIGHEST QUALITY
PROFESSIONAL
DEVELOPMENT AND
RESEARCH

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

- Provide internationally recognised conferences and educational events

- Facilitate and promote research to support evidence-based practice

DIVERSITY



DELIVER EXCEPTIONAL
MEMBER VALUE AND
ORGANISATIONAL
EXCELLENCE

Recognise and reward outstanding achievement in sonography

- Seek new and innovative benefits to maximise member value

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

- Lead the development and achievement of our purpose and strategy

AUTONOMY

BALANCE

asa 25th birthday

The ASA continues reflecting and celebrating its 25th anniversary in this issue. Our member reflections have been submitted by long-standing ASA members Lisa Hackett and Tina Cullen.

The foundation of the ASA – Lisa Hackett

From my earliest recollection in the early 1990s, the names Robyn Tantau and Rob McGregor have been synonymous with the role and worth of the ‘sonographer’.

ASUM was the only organisation that incorporated ultrasound imaging with medicine; however, they only acknowledged doctors and their input with ultrasound. With the help of doctors interested in ultrasound, the value of ultrasound imaging developed. That was the way it was back then ... however, sonographers did the work.

So, as it goes, sonographers decided that we should be acknowledged for our knowledge and work with ultrasound.

Thus the idea of developing our own professional body, to acknowledge and develop ultrasound in medicine with the persons working in the field. The ASA was formed to support sonographers and recognise their contribution to medical imaging.

The ASA fought to extend our role from that of ‘just a tech’, to professionals of intellect and foresight. It was a hard fight, a very hard fight to be recognised for our worth and Robyn, Rob and a few others forged and fought for sonographers’ rights. Without these people we would still be considered an adjunct instead of being an integral part of the process. Without them we would actually not be considered for our skill.

Ultrasound is a PROFESSION, one built on guts and belief in what we do. We have the skill, the intelligence and commitment to forge ahead in our chosen field of imaging. We counsel patients, we diagnose patients, and we advise patients, all without the assistance of doctors who report on our findings.

Thank you to Robyn, Rob and those who believed in our worth and had the courage to break ranks.

Australian Sonographers Association Inaugural Conference, Sydney, 25–26 June, 1994 – Tina Cullen

How it began – A collaborative approach

Tina Cullen (Long-term member, NSW), Annette Fry (Founding member, Vic), Beverley McFarlane (Long-term member, Vic)

The forerunner of the ASA was the Victorian Ultrasonographers Group, but even prior to that it was a Special Interest Group (SIG) of a few ultrasonographers who would meet once a month following the DMU tutorials (post-1970) to discuss case studies. Annette Fry, Margaret Harker, Janet Radford and Dorothy Dunlevie ran the DMU tutorials. The SIG then developed into the Victorian Ultrasonographers Group (VUG).

The VUG continued to have regular meetings, increasing in numbers as time passed. Some larger weekend educational events were held in Melbourne, Ballarat and Geelong.

These meetings were well attended by enthusiastic groups of sonographers suggesting that there was an appetite within the profession for shared experiences and continuing education in the emerging field of sonography.

With the establishment of the ASA in 1992, the decision was made to run a national conference so that sonographers from around Australia would have the opportunity to meet, share and learn amongst their peers.

The Australian Sonographers Association Inaugural Conference was held at the ANA Hotel, Sydney, 25–26 June 1994.

In order to differentiate the conference from pre-established ultrasound meeting formats, it was decided to run live scanning workshops. It was the first national conference to run live scanning workshops in conjunction with scientific papers. This conference set the format for all national ASA conferences since.

Why in Sydney?

Andrew Martin, ASA President, was concerned that the ASA was considered too Melbourne/Victoria centric and wanted to ensure that sonographers Australia-wide had the opportunity to embrace a truly national association and become involved in its development. Hence it was decided to hold the inaugural national conference of the ASA in Sydney. There were over 300 delegates, including trade.



The organising committee chose the ANA Hotel (now Shangri-La Hotel) Sydney as the conference venue. The venue had the required number of break-out rooms available for the live scanning workshops. It is a great location and of course the cost had to be a consideration.

On a very hot January day of 1994 the convening committee, along with one major sponsor, had a meeting with the hotel events personnel, and after a tour, declared that they would like the ANA to be the conference venue.

At that time the ASA had very little money and less than 300 financial members.

The committee was hoping to ‘break even’ whilst quietly praying to make a profit. Any conference profits were to fund the next conference!

The inaugural ASA conference was a great success. The live-scanning workshops were to become an integral part of all future ASA conferences.

It is a tribute to the profession of sonography that we are now marking our silver anniversary with the 25th National ASA Conference in Sydney, 2018.

Sincere thanks go to Annette Fry without whom the details of the 1994 conference may have been lost to time.

The sonographers who gave voluntarily of their time to convene the first conference were: Convener: Katherine Devonald (NSW); Committee: Annette Fry (Vic), Maria Leoni (Vic) (retired), Mary Young (Vic) (retired), Ruth Beilby (NSW) (retired), Carolyn Hummerston (NSW).

The conference would not have been possible without the support of the trade. Amongst the major sponsors: Acuson Pty Ltd (Ultrasound), ATL Australia (Ultrasound), Diasonics Pty Ltd (Ultrasound), Medical Applications Pty Ltd (Medical imaging company, including ultrasound), Toshiba (Aust) Pty Ltd, medical division

(Ultrasound); Exhibitors: Biotel Pty Ltd (Imaging camera) and Excelray Australia Pty Ltd

Many of the above ultrasound companies no longer exist as they were purchased by and merged with larger medical imaging companies.

The conference’s opening speaker, Senator Meg Lees, was Deputy Leader of the Australian Democrats. She was Spokesperson on Health and member of the Senate Standing Committee on Community Affairs, then involved in overseeing the 1993/4 *Review of Diagnostic Imaging Services*.

Senator Meg Lees was an excellent choice. During the conference she was able to mix with the sonographers and gain insight into exactly what we did as a profession.

The social events consisted of the Welcoming Cocktail Reception held at the ANA Hotel on the Friday evening in the exhibition area and the Inaugural Gala Dinner, which took place on the Saturday evening at the Museum of Contemporary Art. It is located on George St, Circular Quay facing the Opera House. What a stunning location and a very memorable evening.

The conference program included plenary sessions of scientific presentations and the live scanning workshops. Speakers included: Katherine Devonald (Perinatal Ultrasound, Nepean Hospital NSW), presented *The fetal heart – beyond the four chamber view* (one of the earlier presentations describing views of the fetal right and left ventricular outflow tracts); Trevor Beckwith (Wagga Medical Imaging, NSW), presented *Venous imaging* (Chronic venous insufficiency) and a wonderful presentation titled *The new wave sonographer*.

Other speakers were: Assoc. Professor David A Ellwood (Nepean Hospital, Penrith NSW); Linda Tregaskis-Lye (Epworth Hospital – MDG Radiology); Cheryl Tapanes (Monash Medical Centre, Melbourne); Carolyn Hummerston (Private Practice, Sydney); Roger Gent (Adelaide Children’s Hospital); Bert Thorbecke (Mornington Peninsula Hospital, Frankston, Victoria); David Carpenter (Ultrasonics Lab, CSIRO);

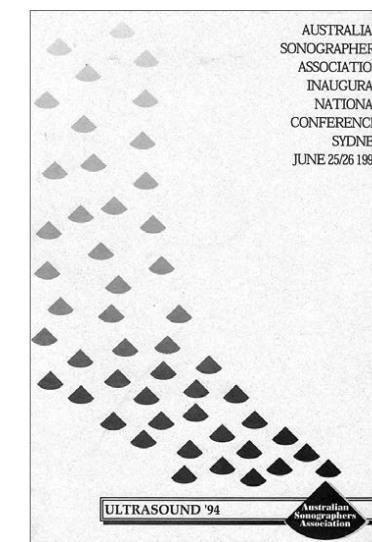


Fig 1. Cover of the conference handbook, designed by Tony Fry (a family affair)

Rob McGregor (Wagga Medical Imaging), *DVT imaging*; Margo Harkness – School of Physics, QUT), *The thinking person's abdominal scan*; Alison Burnett (Vascular Lab, RPA Sydney), *Carotid imaging*; Dr Gary Scholler (NSW Foetal Echocardiography Services).

All speakers gave excellent presentations, which were then followed up with the live scanning, demonstrating the practical application of the techniques.

So why was I asked to put this retrospective together? Good question! There are several sonographers eminently more capable than myself, hence the collaboration.

I was co-opted to the committee by Kath Devonald, Convener, to assist Ruth Beilby. I had the 'back room jobs'. Jennifer Alphonse, (incumbent ASA President, then student sonographer) remembered me trying to find volunteers amongst

our patients and then cajoling student sonographers into driving volunteers to the ANA for us! Hence the connection!

The role included:

1. finding volunteers for any workshop that didn't have one
2. organising transportation for volunteers to the ANA. Thanks Jenny!
3. checking that the audio-visual was running well
4. providing back-up presentations in case of a sick or absent speaker unable to attend at short notice
5. chairing the final session of the conference.

Other assistants included:

- a registered nurse, Nepean Fetal Medicine Unit, Colleen, who cared for the volunteers
- Bronwyn Parslow, applications specialist, ATL assisted in getting the volunteers from the drop off point to the correct scanning room. Bronwyn spent most of her first ASA conference going up and down in the ANA lifts!

After reading Andrew's address (Fig 3), you will gain an appreciation of the foresightedness of the ASA and the ethos that we should strive to perpetuate.

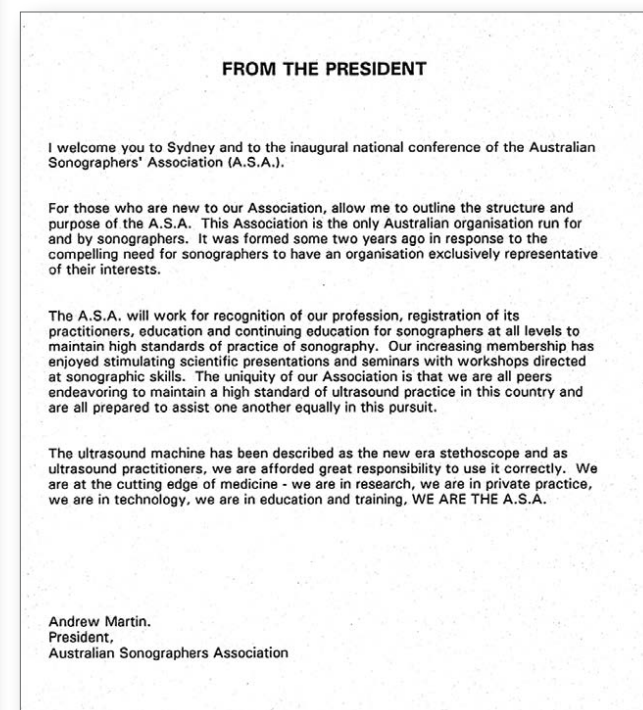


Fig 3. President's address, Andrew Martin.

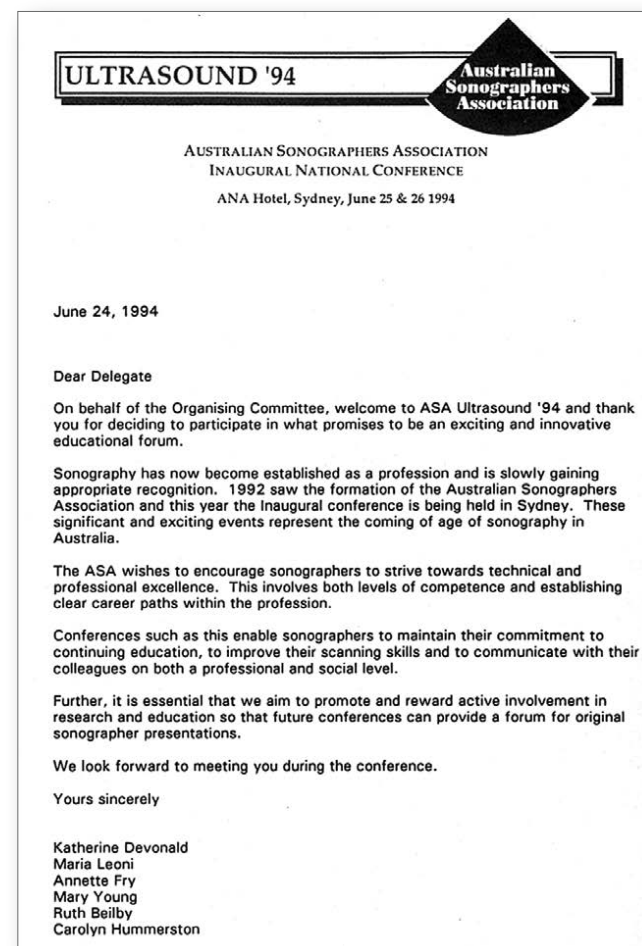


Fig 2. A letter to the delegates, Kath Devonald

PD-asa report



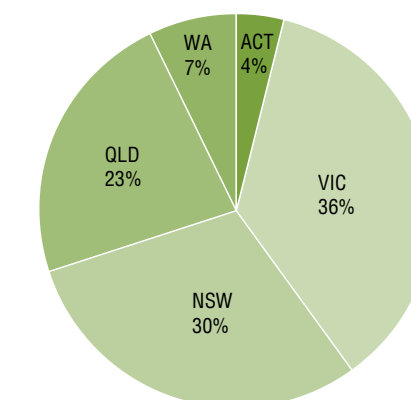
Sonographer CPD audits

Each year, at least 10% of sonographers completing their Australian Sonographer Accreditation Registry (ASAR) triennium are selected for audit. Audits are a vital part of a sonographer's professional development, compliance and accreditation.

If you are randomly selected for audit, the ASA PD-asa Program Coordinator will advise participants within 20 working days of the end of the year via email and post. The PD-asa Program Coordinator will work with sonographers throughout the process in accordance with their triennium. Sonographers will be required to provide evidence of non-ASA CPD activities logged within their triennium period and any other documents as requested. The ASA will evidence sonographers' ASA CPD activities for their triennium, so they do not need to worry about it. The ASA PD-asa Program Coordinator will then notify sonographers of their audit outcome.

The New Zealand Medical Radiation Technologists Board (NZMRTB) will audit New Zealand practitioners directly. The new CPD program will be auditable from 2018. Sonographers are advised to maintain their CPD records and keep them for four years for any one triennium. This is where PD-asa can help as we retain your records for you.

For 2018, the NZMRTB aims to audit up to 20% of its registrants each year,



End-of-triennium 2017 participant location

which means you may be called for audit within a five-year period. Should you be called for audit, and registered with the ASA PD-asa program, contact memberservices@sonographers.org to request a copy of current or past triennium CPD records. The ASA PD-asa program supports the NZMRTB recertification framework. The PD-asa Program Coordinator will assist members registered with the NZMRTB who are selected for audit.

2017 PD-asa audit results

At the ASA, 53 PD-asa participants were selected for the ASAR end-of-triennium audit. All participants audited received 100% compliance. Congratulations to all participants involved in the process.

If you are not yet a member of the ASA CPD program PD-asa, but would like further information about our CPD program, visit the PD-asa webpage at www.sonographers.org or email memberservices@sonographers.org





Fellowship announcements

This year the ASA inducted 13 sonographers as inaugural Fellows at the Gala Dinner at ASA2018 Sydney, each incumbent receiving their Fellowship lapel pin and certificate.

Fellowship is the highest grade of membership for most professional associations. Fellowship status signifies someone who has contributed above and beyond and is operating at the peak of the sonography profession. This is a significant professional achievement and the ASA would like to say thank you to the Fellows for all they have done for our association and profession. It is greatly appreciated.

All members are encouraged to undertake the process to Fellowship, enabling you to develop additional professional skills which will be recognised by your colleagues.

Following on from the Fellowship announcements in our March issue, the ASA congratulates the following applicants who were also awarded Fellowship in 2017. Their generous contribution of time, knowledge and

experience is vital to the success of our association.

It is clear from the description of their recent achievements (2016–2017) that the ASA has a solid foundation of members dedicated to the profession of sonography.



Lisa Hackett

Lisa is a prolific presenter and valued by all who have attended her many musculoskeletal ultrasound presentations for the ASA. In 2016, Lisa presented at New South Wales and Queensland Branch meetings, ASA2016 Melbourne and a Travelling Workshop in Bendigo. In addition to co-convening SIG2016 in Queenstown, Lisa also presented five workshops at the two-day event.



Frauke Lever

Frauke contributes to the Editorial Peer Review Panel for *Sonography*, the Breast Special Interest Group (Chairperson), the ASA's Victorian State Branch Committee and the Education Advisory Committee. She

Jodie Long, CEO

has presented an **asawebinar** on *Breast lesion characterisation (cysts)*, is part of the Convening Committee for ASA2018 and presented at multiple sessions during ASA2016 and ASA2017.



Carolynne Cormack

Carolynne contributes to the Editorial Peer Review Panel for *Sonography*, the ASA Victorian State Branch Committee (Chairperson) and was an invited panellist for the ASA Future Directions Forum in 2017. She has presented an **asawebinar** on *Sonographer educators in point-of-care ultrasound* and presented at both ASA2016 and ASA2017. Carolynne was awarded the ASA Educator of the Year Award in 2016.



Allison Holley

Allison contributes to the Editorial Peer Review Panel for *Sonography* and is a member of the Paediatric Special Interest Group and the Education Advisory Committee. She has recently published an article in *Sonography: Pathologies of the canal of Nuck*; and has presented at Travelling Workshops and at ASA2017.

2018 Fellowship Program process

The ASA has recently updated the process for Associate Fellowship and Fellowship. The application and review process has been simplified and applications are now accepted all year round.

AFASA – Why become an Associate Fellow of the ASA?

Becoming an Associate Fellow of the Australasian Sonographer Association (AFASA) is recognition of a sonographer's achievement and service in the profession of sonography by the Australasian Sonographers Association.

Awarded in recognition of professional excellence, an Associate Fellowship is held for the duration of membership with the ASA and entitles the member to use the post-nominal lettering 'AFASA'.

AFASA also forms the foundation requirement for future candidature as a Fellow of the ASA (FASA).

AFASA criteria

To be conferred as an Associate Fellow of the ASA, Ordinary Members must have a **minimum of 40 Fellowship points, with points achieved from at least one activity within the category 'ASA Service' and with one activity in two of the following categories: 'Education, Publications, Presentations, Awards, Leadership – Other'**.

All points must have been accrued within 3 years of applying for AFASA (i.e. within 3 years of application date). Applications can be submitted at any time once the 40 points have been accumulated (refer to AFASA Table of Professional Achievements on the ASA website).

- Applications are accepted and reviewed all year round.

- New Associate Fellows are formally announced in *soundeffects news*, and are added to the Honour Roll on the ASA website.

FASA – Why become a Fellow of the ASA?

Becoming a Fellow is recognition of your significant contribution to the sonography profession and the ASA. It is a reflection of your dedication and professionalism.

Fellowship of the ASA is an immediately recognised hallmark of a specialist of the highest professional standing. Only Fellows of the ASA can use the post-nominal 'FASA', which is recognised worldwide.

Fellowship is a symbol that the holder has not only met the requirements for admission to Fellowship, but remains a member in good standing with a professional organisation that has the highest aspirations for the sonography profession and high quality patient care.

The establishment of the ASA Fellowship program is an important step towards advanced practice for sonographers.

Benefits of ASA Fellowship

ASA Fellows are offered the following benefits (applicable while they are financial members of the ASA):

- New Fellows are formally announced in *soundeffects news* and are added to the Honour Roll on the ASA website
- A Fellowship certificate confirming their professional status
- Entitlement to use the post-nominal lettering 'FASA'
- An ASA Fellow lapel pin
- New Fellows are recognised in a presentation ceremony at the annual conference

- Recognition on name badges at ASA conferences
- Invitation to special events.

FASA criteria

1. Successful application for Associate Fellowship (AFASA)
2. To be conferred a Fellow of the ASA, a minimum of 120 Fellowship points within at least 2 categories is required; supporting evidence for all non-ASA related activities must be included with all applications
3. The 120 points are to be accrued over a 3-year period prior to the date of the application AND after having been awarded an Associate Fellowship of the ASA (AFASA) (refer to *FASA Table of Achievements* on the ASA website). Applications can be submitted all year round
4. Current curriculum vitae
5. Up-to-date CPD records with ASA's CPD program, PD-**asa**.

Should you wish to find out more information on the FASA and AFASA program, visit www.sonographers.org

The ASA would like to extend thanks to the Fellowship Panel for all their hard work and effort in creating a simpler, member-friendly process.

2018 ASA Fellows

Congratulations to the following members who were conferred as inaugural Fellows of the ASA:

Jessie Childs, Peter Coombs, Carolynne Cormack, Lisa Hackett, Allison Holley, Greg Lammers, Sandhya Maranna, Glenda McLean, Frauke Lever, Nayana Parange, Jenny Parkes, Tristan Reddan and Tracey Taylor.



Julie Toop

The ASA is pleased to welcome one of our new external Directors – Julie Toop.

Julie took up her ASA Board position in May, bringing diverse experience having been a lawyer, banker and leader with most of her career in various legal roles, including a long stint at a top tier law firm that included substantial work in the not-for-profit sector. Julie more recently has worked for ANZ Bank in a legal capacity before moving into banking in 2013. In 2014 she set up the specialised Health banking sector in Business Banking, and has spent the last three years running the team of Health Bankers who service ANZ's medical customers. She is currently Head of Emerging Channels, Retail Distribution Network at ANZ, as well as the current Chair for the Ovarian Cancer Research Foundation and she will be a fantastic asset to the ASA.

By way of introduction, Julie was invited to be featured in our *person profile* for this issue.

Short bio

I am a qualified lawyer, having practised for over 30 years across various areas of law. Prior to joining ANZ in 2006, I was a special counsel at Allens Linklaters, where I specialised in property, estate planning, probate, succession, trusts and the provision of general commercial advice to not-for-profit and charitable organisations. I am also a notary public.

Since joining ANZ, I have worked in a variety of legal and business roles. In 2012, I left law and embarked on a new career in banking, facilitated by my selection for the 18-month ANZ Accelerating Banking Experiences for Women Program. On completion of the

program in 2014, I was appointed Head of Health for Business Banking, and set up a specialist banking team to service the business and personal banking needs of medical practitioners. In 2018, I moved into the retail area of ANZ, and am currently the lead for Emerging Channels, which covers the anz@work, retail and commercial specialist sales and the migrant and international banking businesses across Australia, China and the UK.

What does your current job involve?

No two days are alike as my role involves working with the many different parts of the bank involving those who look after all types of customers. The breadth of the role is both a challenge and part of its attraction.

Have you done other volunteer work?

I have done volunteer work for many years including sitting on kindergarten and school committees and the Polyglot Puppet Theatre board, and volunteering at the Homeless Persons' Legal Centre Clinic, and the Refugee and Immigration Legal Centre in Brunswick. I currently chair the Ovarian Cancer Research Foundation, a not-for-profit organisation I have been associated with for several years.

What do you enjoy doing outside work?

Savouring life, centred around spending time with family and friends, theatre, films, concerts, reading, and whenever possible, strapping on skis and facing down a mountain.

What is your greatest achievement?

Personally, raising five wonderful and well-adjusted children in a blended family. Workwise, changing careers and not only making it work but loving it.



Do you have a philosophy for life?

Plagiarised from my children's primary school – 'If you don't have a go, you'll never ever know'.

What are you passionate about?

Seizing the day.

What is the last meal you cooked?

An Indian chicken curry from a Charmaine Solomon book for an ANZAC Day lunch. I am a bit over cooking these days, but there are certain dishes I never tire of making and this is one of them.

Favourite place you have travelled to?

Antarctica – we travelled there on a Russian ice-breaker about 10 years ago. It was magical and humbling at the same time.

Place you would like to travel to?

All the ski fields in the world I have not yet been to.

Your favourite holiday spot?

Hard call – based on a holiday to the NT last year, Edith Falls in the Nitmiluk National Park. I had no idea that there were such beautiful places in Australia – nor that camping could be so much fun.

What talent do you wish you had?

To sing like a bird – as a teenager I dreamt of being a rock and roll star, but realised that the raw material needed to do so was sadly missing. I had to satisfy myself by attending many concerts instead and restrict my singing to the shower.

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How confident is your confidence interval?

In the last issue of *soundeffects news research matters*, Kerry Thoires explained the concept of the p-value in statistical testing. The statistical approach to hypothesis testing is based on the ‘innocent until proven guilty’ philosophy. The hypothesis of innocence is called the null hypothesis and represents the nothing new or nothing different state. Kerry explained this as: no true change, no difference or no relationship. The hypothesis of guilty or the alternative hypothesis states that there will be a change, there is a difference, effect or a relationship or the verdict is *guilty*.

Many researchers adopt the rule that the null hypothesis is rejected if the p-value is less than 0.05. If this rule is used, and the p-value is < 0.05, then the null hypothesis is rejected at 5% level of significance. This can alternatively be described as there is a 95% chance that the null hypothesis is correctly rejected. If the p-value is greater than 0.05, then there is insufficient evidence to reject the null hypothesis at 5% level of significance or there is insufficient evidence for the verdict of guilty. In summary, the p-value is a measure of the amount of evidence in the sample data against the null hypothesis – the smaller the p-value, the greater the evidence [1].

Connection between confidence interval and p-value

In statistics, a confidence interval (CI) is a type of interval estimate (of a population parameter) that is computed from the

observed data. Most commonly, the 95% confidence level is used. However, other confidence levels can be used, for example, 90% or 99%. CI can be defined also as a range of statistical values within which a result is expected to fall with a specific probability.

Researchers always report their confidence intervals in a bracket following their test-measured parameter (mean, odds ratio). The null value for most tests is 0, representing no relationship, no effects or no change. In the case of the odds ratio (OR), the null value is 1 or the null hypothesis is described as $OR = 1$, meaning the odds of occurrence of a condition or a disease is equal amongst the groups. Whether the null hypothesis value of a test is 0 or 1, to prove that the test is significant at 5% level of significance, then the 95% confidence interval should not include the null value of that test.

To explain the relationship between the p-value and confidence intervals, an example study comparing the two means using paired data is described here:

A study involving a random sample of 36 sets of twins is comparing the mean one-month weight gain between the twin pair. One member of the twin pair is given diet A and the other twin diet B. The one-month weight gain is measured for all 72 infants. The mean weight gain for twins receiving diet A (μ_A) is then compared to that of diet B (μ_B). The null hypothesis is that there is no difference between the mean one-month weight gain between diet A and diet B:

Afroz Najafzadeh,
ASA Research Special Interest Group

null hypothesis: $\mu_A = \mu_B$ or $\mu_A - \mu_B = 0$

To construct a confidence interval for the difference $\mu_A - \mu_B$, the difference in weight gain between each pair is measured denoted by D, resulting in 36 values for D (D1 to D36 differences between weights of each member of a set of twins after 1 month exposed to two different diets), the mean of the differences between the weight gain is then expressed as μ_D .

If μ_D , for example, is calculated as 65 grams with the 95% confidence intervals (CI) of 54 to 77 grams, the test is 95% confident that $\mu_A - \mu_B$ is somewhere between 54 and 77 grams, presented as (54–77). The lower limit of the CI is 54 grams and the upper limit is 77 grams. Note that the 95% CI does not include the value of 0 (denoting no difference in weight gains or the null value), so since the CI does not include the null value of the test, the p-value must be less than 0.05 and the difference in one-month weight gain between diet A and diet B is statistically significant.

The null hypothesis can, therefore, be rejected as there is a significant change in the one-month weight gain between diet A and diet B, with a mean weight gain difference of 65 grams. The 95% CI in this example is the measure of how confident the test is in predicting the mean weight gain difference of 65 grams. The answer comes from the dispersion of the confidence interval calculated i.e. even if the mean weight gain difference may not be exactly 65 grams, the upper

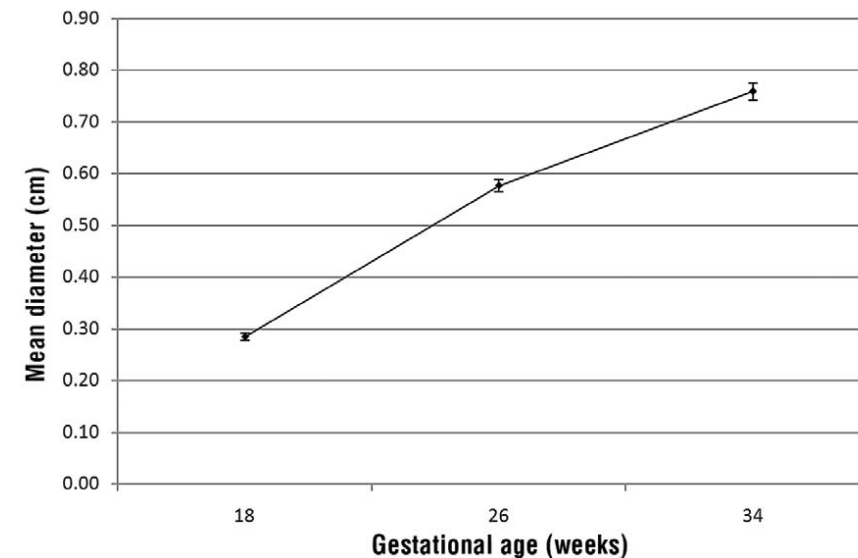


Figure 1: Mean (95% CI) umbilical venous diameter at 3 stages of gestation

limit and the lower limit of the CI indicate that μ_D is somewhere between 54 and 77 grams. The narrower the range, the more confident the CI. In this example, the test not only proved that there is a true difference between the one-month weight gain between diet A and diet B, but the narrow CI confidently predicted that the extremes of the CI are not far from the mean weight gain of (μ_D) of 65 grams. In other words, the test confidently proved that μ_A is bigger than μ_B , somewhere between 54 and 72 grams.

In cases of a wider CI, the upper or the lower limit of the CI may get too close to the null value (in this case 0). Hypothetically, if for the above calculated μ_D the CI was calculated to be (10–77 grams), the dispersion would be wider and the CI would be less certain or less confident.

An example of 95% CI reported in a sonographic study

In a study of the growth pattern of the umbilical vein in the human fetus, the ratios of diameters of the umbilical vein at 26 weeks to that of 18 weeks

were measured for a sample of 136 fetuses [2]. This study hypothesised that the diameter doubles in size between 18 and 26 weeks but grows at a slower rate between 26 and 34 weeks. The ratio of the diameter at 26 weeks to the diameter at 18 weeks (R1) was compared to ratios of diameter at 34 to 26 weeks (R2). The means of R1 and R2 were compared using a paired sample t-test.

Figure 1 is a graphical display of the mean umbilical venous diameter versus gestation at 3 stages of pregnancy. Note the bars show the width of the CI for the mean diameter (cm) at 3 stages of gestation.

The mean R1 or μ_{R1} was 2.06 (95%CI 2.01–2.14) and was significantly different to the mean of R2 or μ_{R2} 1.33 (95%CI 1.29–1.36). The CI of μ_{R1} confidently proved that doubling of the diameter. The CI for μ_{R1} is narrow, with both the upper and lower limits calculated as 2 or greater than 2, meaning that in all 136 fetuses the diameter has doubled in size. For the R2, however, the mean or μ_{R2} was measured as 1.33, with neither of the limits of CI approaching 2.0. This indicates that the ratio of change is somewhere in the

narrow range of 1.29 to 1.36, proving that the vein grows at a slower rate from 26 to 34 weeks compared to 18 to 26 weeks.

The dispersion or width of the confidence interval is affected by the confidence level or the level of significance chosen by the researcher (90%, 95% or 99%), the standard deviation (the greater the variability the wider the CI) and the sample size. In fact, there is an inverse square root relationship between sample size and CI. To cut the margin of error by half, the sample size needs to be quadrupled [3].

In a nutshell:

If the p-value is less than 0.05, and therefore the null hypothesis is correctly rejected at 5% significance. The 95% CI (which should not contain the null value) would indicate how confident the test is in predicting the true change, effect or differences between the test values or the true mean of the measured parameter. The narrower the range of the 95% CI the more confident the test is in truly rejecting the null hypothesis.

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Are we living up to expectations?

Australian sonographers are a group of highly qualified professionals who possess a distinctive skillset, including a high ability in a number of key learning areas. Invariably sonographers possess an elevated aptitude in the areas of spatial awareness and visual pattern recognition, technology trouble-shooting, an ability to communicate effectively, high emotional intelligence and a warm bedside manner, the ability to negotiate and manage work relationships effectively ... the list goes on.

There is a high expectation on Australian sonographers in the workplace. Are these expectations reasonable? Are we, as sonographers, able to better manage the expectations of others? Do we place greater than reasonable expectations on ourselves? After all, along with the possession of such a highly specialised skillset comes awareness of the grave responsibilities associated with our chosen vocation.

It is well documented that the repetitive nature of sonography leads to a high incidence of work-related musculoskeletal disorders. The 'sonographer's shoulder' was a phrase first used to describe the high rate of repetitive strain injuries in the profession as early as 1985 [1]. Injuries to sonographers in Australia and worldwide this decade have a reported incidence rate of over 90% [2,3]. Effectively managing workplace expectations through the implementation of clear policies and procedures might help to reduce the frequency of sonographer injuries [4,5].

Managing expectations within the following key interactions with others in the workplace can help to enhance sonographer health and wellbeing and reduce work-related injuries.

Patient expectations

Patients come to their ultrasound examination with certain expectations based on cultural expectations, their own previous experiences, the experiences of others they know, media coverage and wisdom derived from exploring the internet. Any false expectations may be addressed by an adequate explanation of the examination prior to its commencement. Concerns can be allayed by clear communication and honesty throughout the scan.

Practice policies which might be drafted to help manage unreasonable patient expectations include:

- the number of family members allowed to accompany the patient during the examination. This is particularly relevant during obstetric scans where the scan time might be lengthened due to the distraction of excess noise, unconstrained toddlers or questions from different family members
- a filming and photography policy to address the legal concerns of the employer, reporting clinician and the sonographer performing the ultrasound
- a policy and clear signage regarding the supervision of children in the workplace, so that Australian and New Zealand Working With Children laws are met.

Expectations of management and administrative staff

Unreasonable expectations can be placed on sonographers in terms of the number of scans performed and scanning time for each. Clear, well-



**Catherine Robinson,
ASA Sonographer Health and
Wellbeing Special Interest Group**

timed communication of needs and collaboration with management and administrative staff are needed in the area of timetabling. This may offset any negative tension that can quickly arise when one is over-booked each day, particularly over a period of weeks or months, for example, when a colleague is taking leave of absence with no replacement.

Consider the following areas for drafting policies in these common areas of sonographer concern:

- Number of examinations expected to be performed per day
- Length of time allowed per scan
- Catch-up time allowed daily for unexpected delays in scanning, such as a patient who is ill or immobile, a difficult scan, an obese patient or an emergency scan
- Inclusion of sufficient tea and lunch breaks, as well as time allocated daily to stretching.

Expectations of self

Due to the particular skillset described above, most sonographers are naturally caring and thoughtful professionals who 'walk the extra mile' to perform a perfect scan and apply their best effort to each examination. While this is a very honourable principle, boundaries on self must be put in place so that our work does not put at risk our own health and safety. This can be achieved by maintaining a healthy and active lifestyle and adherence to a practical work-life balance.

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Guidelines we can apply to ourselves within working hours include:

- Be sure to take adequate breaks and allow time for daily stretching (a set stretching routine is best).
- Address tensions in the workplace as soon as possible, if not daily, so that the out of working hours can be as stress-free as possible.
- Consider an adequate professional insurance cover to alleviate concerns about possible mishaps due to various reasons.
- Stick to realistic timeframes for each examination. For example, when scanning a difficult patient, realise that your best work is enough and that it will be difficult to obtain the same imaging quality as a patient without pathology or one of lower BMI.

Be aware of scanning posture and change positions for each different examination type where possible.

Some guidelines we can apply to ourselves out of work times include:

- adopting work-free and technology-free times for family interaction and relaxation time
- taking time for the pursuit of our favourite recreational activities.

Finally, the Sonographer Health and Wellbeing Committee are available for guidance and discussion of all issues regarding Workplace Health and Safety (WHS). They are a group of sonographers with a particular interest in sonographer WHS and can be contacted through the discussion portal under the 'Our community' tab on the ASA home page, or by directly contacting the ASA Office.

Sonographers wanted



Pacific Radiology is the largest radiologist-owned practice in Australasia. We offer ultrasound scans from 45 locations across New Zealand and the Sunshine Coast.

We're looking for sonographers - Kiwis returning home and Aussies wanting a gratifying career and an awesome lifestyle - to join our NZ team.

Go to pacificradiology.com/careers to begin the process of furthering your sonography career with us.

Pacific Radiology

interesting cases

This child presented for ultrasound following a poor fundoscopic examination.

What is the pathology demonstrated?

What are the diagnostic features of this pathology?

What are the similar pathologies that this must be differentiated from and what features enable differentiation?

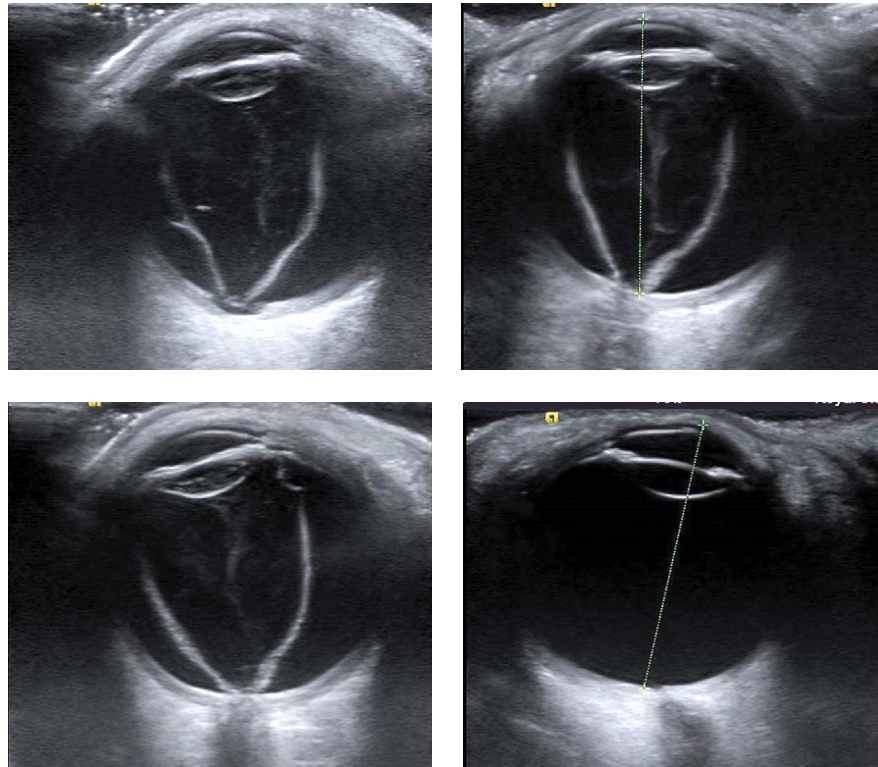
Images provided by Cain Brockley.

Answers can be found on page 39.

Reader competition 2017

The overall winner of our Reader competitions in 2017 was Sue Drinic.

Congratulations, Sue, on your enthusiasm and accuracy. We hope you enjoy your Coles/Myer voucher.



branch workshop



Sue Drinic and Margot Power,
Newcastle Branch Committee

2017 O&G workshop in Newcastle

The final ASA Newcastle workshop meeting for 2017 was obstetrics and gynaecology on 4 November. We broke our attendance record with 95 sonographers registering and 85 attending. Sue Drinic arranged the speakers, Sonya Simpson liaised with GE Healthcare who sponsored the meeting, Jill Willcock did the paperwork. Many thanks to Jill, Sonya and Sue for their tireless work and dedication to the ASA. Thanks to GE Healthcare for their generosity and for showcasing their latest amazing and innovative obstetrics technology.

The day began with *Fetal heart basics and beyond, including feedback to the sonographer community*, presented by Dr Garry Warner, Adult and Paediatric Cardiologist, Newcastle Adult and Paediatric Heart Centre. In the Hunter, the majority of obstetric patients that have a fetal heart abnormality detected during routine pregnancy are referred to Dr Warner for review. Most fetal hearts are scanned at his centre at 22–24 weeks. Depending on the abnormality detected, earlier scans can be performed. Many patients with a baby that has a heart problem will often require a third trimester and/or serial scans.

Dr Warner's fantastic presentation was extremely well received, with many interesting cases of normal and abnormal fetal echo sonograms. Various case studies demonstrated detailed heart anatomy and physiology. His video footage enabled real time visualisation of various pathologies, including Tetralogy of Fallot, arrhythmias and heart blocks. Dr Warner discussed the importance of a detailed heart study by all sonographers, including the aortic and ductal arch view. Dr Warner commended the sonographers of Newcastle for their part in fetal medicine. He was pleased to say that very rarely is he woken in the middle of the night to attend the birth of a baby with serious undiagnosed congenital heart disease. Our general sonographer detection rate of second trimester heart pathology was very good in the Hunter. However, heart abnormalities that remain challenging include: aortic stenosis, Epstein's anomaly and atresia.

Sue Drinic then presented a fantastic and informative talk on how the first trimester screen has changed in the last 20 years. This included a detailed overview of the non-invasive prenatal test, NIPT. The NIPT is a maternal blood test that can be performed


from 10 weeks and then right through to third trimester if needed. Its detection rate for trisomy 21 is 99%. Sue had multiple case studies of patients that had NIPT and the indications for the test. This includes the patients who wanted to by choice, patients who had non chromosomal abnormalities detected, and those that had a high-risk nuchal translucency scan. Sue discussed the different types of Down syndrome, the physical features and ultrasound findings, as well as some basic genetics.

Sue had an impressive collection of different T21 cases studies, ranging from the baby with all hard markers for Down syndrome through to the 'one in'. This was an interesting case where the patient was young and had a 1:7600 NT screening assessment. The morphology was perfectly normal; the baby was born at term with trisomy 21. Sue's take-home message was that despite the NIPT being a wonderful test, the 12-week ultrasound is still crucial in modern maternal fetal medicine. And despite all the information that we can have at our fingertips when the news is bad, a family stands to make some very tough decisions.

Following a short break for morning tea (thanks to GE for the beautiful food) our last speaker was Dr Bronwyn Andrews from the John Hunter Maternal Fetal Medicine (FM) unit. This unit services a vast area, including many rural communities with hundreds of patients seen each year. Bronwyn's informative talk centred on *Third trimester anomalies and maternal health*. The FM unit cases included gastric atresia, diaphragmatic hernia, duplication cyst and renal tract anomalies. Dr Andrews highlighted the need for continuity of care in obstetrics, especially women at high risk of complications. We all know that obesity is a problem for all health professionals. Technically challenging patients are technically challenging for everyone. Specialist or tertiary centres find these patients just as difficult to scan as any other sonographer or physician in general practice. Community sonographers need to gather as much information as possible before referring these patients on to MFM units.


Many thanks to our sponsor GE, to the speakers and the ultrasound community support of Newcastle and the Hunter. In 2017 there has been a total of 236 attendees for the 4 meetings.



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

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

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

Wednesday 14 Nov | 7.30–8.30 pm AEST
 **Shearwave: An introduction**
 Presented by Sandra O'Hara

Wednesday 12 Sept | 7.30–8.30 pm AEST
 **Breast**
 Presented by Manish Jain

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

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



Far North Queensland

On Friday 1 December 2017 the Far North Queensland Branch held its annual presentation of interesting cases at Rydges Esplanade Resort.

As a regional hub, Cairns has a broad range of ultrasound pathology and the local sonographers are always keen to share their clinical experiences.

The evening was a great end-of-year catch-up, with around 18 attendees and 7 presenters.

Lisa Wellby, Cairns Women's Imaging, presented *Congenital diaphragmatic hernia*.

Antonio Martinez, Mount Sheridan X-ray, presented *Cervical length assessment*.

Neil Thomas, Cairns Hospital, presented *Paediatric cases*.

Lee Williams, Cairns Hospital, presented *Pyosalpinx and tubo-ovarian abscess*.

James Hilton, Mossman Hospital, presented *Incarcerated uterus*.

Kath Deed, North Queensland X-ray, presented *Truncus arteriosus*.

Siang Joo Yeo, Cairns & Hinterland Medical Imaging, presented *Practice education*.

Presenting a short case study in a supportive environment is a great way to earn CPD points and educate each other.

We encourage and support all our FNQ Branch ASA members to have a go at presenting.

Kath Deed
Far North Queensland Branch Committee

Goulburn Valley

The Goulburn Valley Branch recently held a meeting on 17 March with topics ranging from 'neck to knee'. We started the day with a very pregnant Jo McCready talking on *Third trimester Doppler pathways*, followed by Gavin Curley doing a live scanning



Interesting cases evening at Rydges Esplanade Resort, Carns, FNQ Branch

demonstration of the *Ductus venosus and MCA*. We are excited to announce that Jo managed to hold her baby in for the meeting and delivered a healthy baby girl in the following weeks. Congratulations, Jo and Matt. Brendan Goode from CQ University talked on *Elastographic physics and liver elastography*. Jane Keating from Royal Melbourne Hospital then followed up with *Targeted liver ultrasound and Portal hypertension*. Michelle Fenech, from CQ University, presented on *Ligamentous anatomy of the posterior knee via Zoom*, as she was unable to attend in person. This was a great way to have a presentation without the speaker having to travel.

Kathleen Steigenberger
Goulburn Valley Branch Committee

Illawarra

The Illawarra Branch held our first meeting of the year on 22 February 2018.

Paul Pareneta presented an interesting update on the latest Philips technology and the EQIP platform. Thanks to Paul and Philips for their sponsorship of the meeting.

Laurent Dwight presented a vascular case study on *An unusual AV fistula following a GSV reversal*.

Karen Fitzgerald presented a case study on *A very ruptured testis*.

Tracey Taylor's presentation on *PCOS or PCOM* highlighted the latest data for classification of each and resulted in some interesting discussion around the latest Department of Health statement.

Sharon Lowe gave the last case study presentation of the evening on *Stress fractures*.

Thanks to Wollongong Hospital for supplying the venue and catering and Philips once again for sponsoring the evening.

Lauren Dwight
Illawarra Branch Committee

Newcastle

2018 started with a bang with our usual MSK workshop meeting held on 17 February at John Hunter Hospital. The local MSK meetings are always well supported and we had 75 attendees on the day. Canon Medical Systems ANZ Pty Ltd generously sponsored the workshop, which was greatly appreciated by all, and Jeff Tolmie spoke about their recent corporate changes.

Sue Drinic was first up with a presentation on the *Post-operative shoulder*. As sonographers, we are often presented with some pretty tough post-operative cases. The patients expect great results but sadly this isn't always the case. The anatomical landscape is different and no rotator cuff ever looks the same after surgery. And this can be extremely difficult to navigate. Sue talked about the incidence of re-tears, integrity of tendons and muscles prior to surgery and what constitutes a re-tear. Sue had some great images and with her great tips this ultrasound will be a little easier to perform.



February 2018 MSK workshop, Newcastle



Newcastle Branch MSK workshop presenters and Canon Medical Systems new machine with Jeff and Brent

Victoria Bauman showed some interesting cases of *When a lump is simply not a simple lump*. Victoria's take-home message was the need and dedication to extend the examination and delve a little deeper. Often these lumps with low resistant flow were malignant and those with high resistant flow noted were often benign. One was a rare infiltrating sebaceous carcinoma.

Stephen Page presented on *Unusual findings in the head and neck ultrasound*. He then followed that with an interesting video of surgery to remove a thyroglossal cyst, which was identified on ultrasound scanning as positive as it moved when swallowing.

After some light refreshments, Margot Power presented on *Ankle ultrasound and pathology*. Margot presented some fantastic cases and highlighted the importance of moving the affected parts and stressing joints. She also

commented on the need to compare with the unaffected side if tendon pathology is ambiguous. This was followed by some live scanning of the ankle on the new Canon Aplio i-series machine with application specialist Brent Jenkins assisting with the new console functions. Thanks to Sue Drinic for being the patient. The live workshop enabled conversation around scanning techniques, various department protocols, and an opportunity for some hands-on for other attendees. Sonya Simpson then hopped in the driver's seat with an impromptu knee ultrasound demonstration.

Danny Pavan finished the meeting with chocolates flying through the theatre for the correct answers during his talk on *Ganglions*, which finished our workshop off with light-heartedness. We are happy to see many sonographers and other medical professionals travel a long way to our workshop meetings on Saturday mornings, and hope you get to treat yourselves to our amazing beach café and vineyard experiences while you are here. See you soon.

Margot Power and Sue Drinic
Newcastle Branch Committee



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Special Interest Group Committees

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.

Answers to Interesting cases (page 34)

Retinal detachment • Features: mobile membranes that form a V shape. The membranes remain attached at the optic nerve and in complete detachment at the ora serata near the ciliary bodies • The common differentials are vitreous detachment and choroid detachment. Vitreous membrane is very fine, extremely mobile and does not remain attached at the optic nerve head. Choroid detachment has a wider attachment point at the back of the vitreous outside the macula. The membranes are thicker and less mobile. Often called kissing choroids.

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Alphonse, Samantha Brinsmead, Julie-Ann Craig, Ramya Gunjur, Toni Halligan, Allison Holley, Jane Keating, Jodie Long, Bernadette Mason, Afroz Najafzadeh, Jacqui Robinson, Tracey Taylor

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

Our goals are to:

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

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