

The Exposure

2012
Conference/
Elections
Edition

MASSACHUSETTS SOCIETY OF RADIOLOGIC TECHNOLOGISTS NEWSLETTER

SPECIAL POINTS OF INTEREST

- President's Message
- Homes For Our Troops Events
- 2012 Annual Conference
- Elections
- Dues Increase Vote



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"Making A Difference"

Hello everyone,

I hope you all had a wonderful holiday season and welcome to 2012! As you are reading this we are entering a very busy time of year for the MSRT. Elections are coming up very soon and we are still looking for volunteers for board positions, as well as individuals to chair the annual conference. Many opportunities exist to serve on various committees during the 2012-13 year and I hope you will seriously consider filling one of these roles.



I want to share a recent healthcare experience my family and I had and the outcome of that experience. The timeliness of it coincides well with current MSRT activities. Over the holiday season, one of our daughters had a minor cough that would not go away and she was generally not feeling well. My wife decided to take her into the pediatrician's office. They were concerned she might have pneumonia and referred her for labs and a chest x-ray. When they returned from the local hospital where she had blood work and imaging studies, I asked my wife and daughter, "How did it go?" I was told the technologist had to find a special shield for our daughter as she was too small for the majority of wraparound shields in their supply. This technologist took the time to find an appropriate lead shield and the exam went well. Our daughter was excited about this part as it was related to 'daddy's work' and she thought it was kind of cool, even though she was running a fever and not feeling well. She then went for labs and told me both the phlebotomist and nurse had a hard time finding a good vein and they had to use the butterfly needle several times on her. I was NOT thrilled about that when I heard there were multiple sticks but, given I worked several years in pediatrics I know it can be hard to have success on the first try with small veins.

They had hardly gotten through the door from this appointment when we received a call from the lab saying they were not able to do the testing they needed because the sample did not have enough blood. To add to the drama, we were trying to take our girls to a Peter Pan show that afternoon which meant we were in a time crunch. The pediatrician said this might be a good way to take her mind off the unpleasant lab experience. This was a Friday and we were given the option of coming back that day or on Saturday for another blood draw. We decided to go back that same day. We ran out the door in hopes we could do this and still make the show to which the girls were looking forward. When I walked through the door, I was candidly very upset and ready to have some words with the person in charge. On the tip of my tongue was, "How could this have happened" and how "extremely disappointed I was in having to bring a little kid back in for a second time and more needle sticks." I never got to utter those words.

As soon as we walked in the door they were waiting for us and immediately brought me and my daughter in with no waiting. They apologized multiple times and asked if she had been able to drink some liquids during the first visit and this one. This follow up question was in response to their earlier suggestion to us. They recommended she drink water in the hopes it would help with vein access. She said, "Yes", she had been drinking as much as she could. They prepared her and had success on the first try. They also collected an extra vial, just in case, to ensure everything would be covered.

This all happened without me saying a word. My daughter was smiling the entire time and kept saying how nice they all were to her and she was also excited to get extra stickers. Ahhh to be eight again... Why am I telling you this story? Here is the reason. My family and I were going through what had the potential to be a very bad experience. I was clearly planning to do some significant and vocal follow-up with our healthcare physician and managers.

President's Message (Continued from Page 1)

Please Support The Society That Supports Your Profession

Everyone, however, was so helpful, kind and apologetic that they immediately took the wind out of my sails and my initial anger turned into a more passive cautious observational mode. They did what I felt was the right thing. They prioritized our daughter as a return and we literally did not even get a chance to sit in the waiting room. They freely admitted there was an error, apologized profusely several times and did it not just to my wife and I, but to our daughter. They kept asking her if she was okay with doing this again. She wasn't thrilled to be stuck but easily agreed to go ahead. There were smiles and interaction the entire time and when we left even I was smiling and impressed. What is the lesson I took away from this experience? To me, this potentially bad situation was immediately diffused by a good attitude, ownership of the problem by the employees, and each of them doing everything in their power to ensure it did not happen again. These folks did what any of us are able to do any time, every day and with any patient—and our professionalism makes a difference. It is incumbent on all of us, no matter what our role in the department is, to do the right thing when problems occur. Be honest and candid about it and do everything in your ability to make it right or work to make changes to improve things. We each have this ability and we owe it to our patients, our institutions/workplace and ourselves to do what we can to make a difference. You do not have to spend weeks or months of work to make a difference. Many aspects are usually simple interactions: a few meetings or a few hours of your time spread out over a period of weeks or months. It does not take an overwhelming amount of time or commitment to make this difference. I urge all of you to consider taking the time to make a difference. It might be at work, it might be at home or during a conversation with friends and family about the profession of Radiologic Technology. You could make a difference by your willingness to step forward and take part in your professional society, the MSRT—be it in a board position, conference planner, or committee chair or member.

The MSRT has a deep and rich history and is one of the premier professional Radiologic Technologist societies in the United States. However, the MSRT is only as strong as its volunteers and membership. We need volunteers to help continue the work and excellence of those who came before us and of those of us who are current volunteers. I am proud to be an MSRT member and honored to be serving as your President. I am touched by the comments and experiences I have had over this past year. It has been challenging, at times, but also more enriching than I could have ever imagined. It is hard to describe unless you experience it for yourself. I urge each of you to consider giving some time and getting involved with the MSRT. Help keep the work and efforts of the Society moving forward. We cannot do this without member involvement. Please consider this and know within each of us, every day, is the ability to *'Make a Difference'*.

Important Notice to all MSRT Members

During the past years the MSRT Executive Board and Committee Members have been diligently volunteering their time to provide the services offered to its members. We are proud to continue offering the membership valuable representation at the state house and in Washington, scholarship opportunities for students and technologists, timely updates through the quarterly newsletter, The Exposure, community outreach, and affordable annual conference and half-day educational opportunities. This year we're facing a particularly difficult challenge in balancing the increasing costs with the responsibility to continue being a valuable resource to our membership.

The MSRT is currently operating with a deficit budget (we're spending more money than we're taking in). We deliberated during several meetings on how to best meet our fiscal and service responsibilities. Cuts have been made where we could find them, while preserving value to our subscribing members. We also did our homework. In 2011 we engaged in a comprehensive analysis of the different State societies, comparing the dues they charge to both Technologists and Students, versus what services they provided.

Finally, at the Board meeting held on 1/25/12 we voted to adjust our pricing to today's realities by recommending a dues increase to \$50.00 for technologists, and \$20.00 for students. We are not alone in this: the Illinois, Kansas and Arkansas Societies also have dues at this level. This would be the first increase in member dues in more than 10 years. If approved, the new rates will take effect for the 2012-2013 membership years.

Our By-Laws mandate that changes to the annual dues must be determined by a vote of the membership. This vote is included on the annual ballot that is distributed to the membership in this issue of the Exposure.

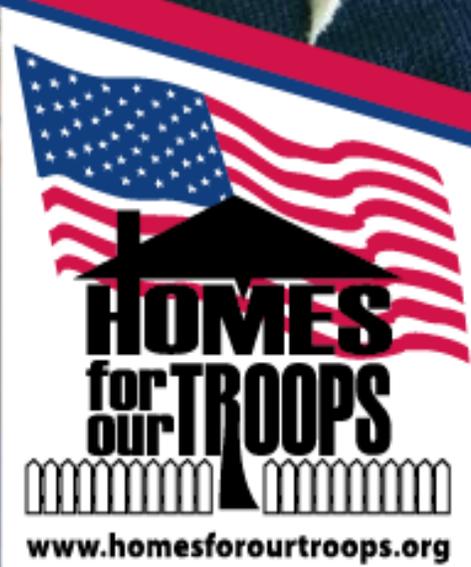
Please understand that we have not made this proposal lightly, but believe we've exhausted all options available to us as your elected leaders. We need your support and ideas so the MSRT continues to be a viable and respected professional organization.

- Thank-you, The MSRT Executive Board

MSRT 2011-2012 CHARITY SELECTION

BUILDING SPECIALLY ADAPTED HOMES FOR SEVERELY INJURED VETERANS

866-7-TROOPS



We are Homes for Our Troops, a national non-profit, non-partisan 501(c)(3) organization founded in 2004. We are strongly committed to helping those who have selflessly given to our country and have returned home with serious disabilities and injuries since September 11, 2001. It is our duty and our honor to assist severely injured veterans and their immediate families by raising donations of money, building materials and professional labor and to coordinate the process of building a specially adapted home that provides maximum freedom of movement and the ability to live more independently. The homes provided by Homes for Our Troops are given at NO COST to the veterans we serve.

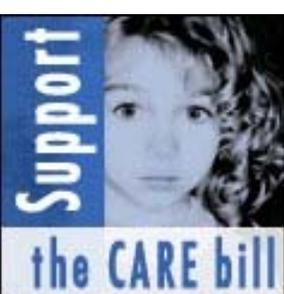
IT'S ABOUT PATRIOTISM, PRIDE & GRATITUDE • HFOT HQ: 6 Main Street, Taunton, MA 02780

Please Support Those Who Honor Us!



Homes For Our Troops has acquired land & a GC for the Josh Bouchard project in Granby, Mass. (www.homesforourtroops.org/bouchard)

HFOT will begin recruiting members for the Marine Corps Marathon. If you are interested in volunteering please visit their website for more details www.homesforourtroops.org



The ASRT has made it easy to Take Action. Simply click the Support The CARE Bill icon on our homepage, enter your zip code, contact information & a form email will be sent to your Congressman.

Tuesday, April 3rd 2012 Evening Mammography Seminar

- 6:30 PM "Breast Imaging in the 21st Century"
with Dr. Audrey Hartman
- 7:30 PM "Mammography Screening Guidelines"
with Dr. Anne Morris

Members Fee \$20/Non-Members \$80 (Includes Membership)

81ST ANNUAL CONFERENCE PROGRAM, APRIL 4-5, 2012

Wednesday, April 4th 2012

- 7:45 AM **Welcome**
- 8:00 AM **New Role of the Technologist**
with David Gilmore, MS RT(R)(N) CNMT NCT
Assistant Professor & Chair, Medical Imaging
Program Director, Nuclear Medicine
Regis College
- 9:00 AM **Radiographer Burnout: How to
Remain Safe by Recognizing Signs,
Symptoms and Solutions**
with Derek Carver, RT(R)(MR)
- 10:00 AM **Fluoroscopy & the Accuracy of
Patient Radiation Dose**
with Chris Martel, CHP
- 11:00 AM **Postmortem CT: Value in Radiation
Reduction** with Maggie Hird, BS RT(R)(CT)
- 12:00 PM **BUSINESS LUNCHEON**
- 1:30 PM **Intro to PET/CT & Radiation Safety**
with Merrill Griff
- 2:30 PM **Overview of Disability Awareness
Training** with Cecilia Gandolfo, M.S.Ed
- 3:30 PM **Today's Sophisticated Mobile C-arm**
with Mark Martone, BS RT(R)

Thursday, April 5th 2012

- 7:45 AM **Welcome**
- 8:00 AM **Be The Key To Safety**
2012 Oliver E. Merrill Lecture
with Karl Ellison, BS RT(R)
- 9:00 AM **Imaging of Pulmonary Embolism**
with Michael Popik, MD
- 10:00 AM **Dose Reduction and Diagnostic Image Quality:
Achieving Both with Computed Radiography's
wide Latitude and Variations in Observer
Perception** with Rocky Thies, BS RT(R)

11:00 AM **Delivering Quality & Safe Care To
Limited English Proficient Patients**
with Anabela Nunes, BA MBA

12:00 PM **BUSINESS LUNCHEON**

1:30 PM **"Essence of Patient Care"**
with Angela Franceschi, M.Ed, CCLS

2:30 PM **Radiation Safety: Risk-Benefit
Analysis**
with Frank Ascoli, MS, FACR

3:30 PM **STAT" Means Now or Does It?**
with Mary-Theresa Shore MSM CIIP RT(R)(MR)(CT)

STUDENT WORKSHOPS

The following Student Workshops will be held on April 4th 2012

9:00—9:30 AM

"I'm Going to Be A RT(R), What Else Is Needed? "
with David Gilmore, MS RT(R)(N)(CNMT)(NCT)

9:30—10:00 AM

"How To Stand Out In A Crowd"
with Ed Brown, MS, RT(R)

BREAKFAST & LUNCHEON

There will be a continental breakfast served each morning which includes: bagels, assorted muffins, breakfast pastries, assorted sliced fruit, fresh brewed coffee, assorted teas and chilled juices. Lunch Menu To Be Determined, please check website for updates.

2012 BUZZ BOWL CHALLENGE

Preliminary games will begin on Tuesday April 3, 2012 at 12:30 PM. Games will resume on Wednesday, April 4th with the semi-finals & finals being held on Thursday, April 5th. The awards will be presented to the 1st, 2nd & 3rd place teams during the Business Luncheon on Thursday.



COCKTAIL HOUR

Please join us Wednesday Evening from 4:30-6:00 PM for cocktails with a cash bar. *Special Thanks to Lahey Clinic for sponsoring the Cocktail Hour*

COME DANCE THE NIGHT AWAY

Wednesday Evening from 8:00-12:00
with DJ Brad & Cash Bar : Admission \$5



Missing The Mark?

By Brian McIntosh, BS RT(R)

A technologist was called to the NICU to perform a stat portable chest x-ray on a newborn in respiratory distress. The cassette was quickly and skillfully placed under the baby, the marker affixed, and the exposure taken.

The physician emphasized the need to see the image right away. The technologist rushed back to Radiology to process the CR cassette. The image popped up on the monitor, and the technologist pushed the image to PACS, and completed the exam in the department RIS. The NICU physician was not disappointed with the speed of delivery, and did not wait for an official interpretation from the Radiologist. She readily identified a pneumothorax, and made a mental note of which lung it was, based upon the lead marker denoting anatomic side. Skillfully, a chest tube was inserted into the baby's lung. Unfortunately, the physician soon learned that the chest tube was inserted into the wrong lung. The image had been mismarked.

It is safe to assume that most, if not all, hospital-based medical imaging departments in the state have made the jump from analog, film-based imaging to digital imaging and PACS. Because non-radiologist physicians and clinicians can and do often review the images in PACS before a radiologist has reviewed the case, it is important to point out the increased level of scrutiny that is necessary by technologists to perform an accurate quality control step before sending the case to PACS.

A mismarked image is one in which the anatomical marking is incorrect. For example, a chest x-ray demonstrates a right marker on the left side of the anatomy, or a right hand is marked as a left hand. This could lead to a misdiagnosis on the correct patient. A mislabeled image is one in which the patient's name or other identifying information is incorrect, leading to a correct diagnosis on an incorrect patient. For example, David Lee Roth's name is on Eddie Van Halen's images. Either scenario is detrimental to patient care, and in the latter case, it could break up the newly 'reformed' greatest rock and roll band America has ever produced.

To be clear, this has always been a risk management issue in radiology departments. However, when digital imaging and PACS were introduced to radiology, the potential for immediate downstream effects were exacerbated because the access to images became instant for the ordering physician. Additionally, it became more difficult to track which physicians were looking at cases and making clinical decisions based upon their review.

Compounding the issue, the workflow and quality control check by technologists changed with the shift to digital imaging. Modality work list made it much easier and quicker for a technologist to perform their work, but it also introduced the very real possibility of accidentally selecting the wrong patient through the misapplication of a screen touch or mouse click. The quality control step moved from the viewbox to the monitor. Monitors do not display images true to size, and often vary in luminescence. Correct exposure selection factors at the modality were less important because of the forgiving nature of digital imaging. Window and leveling became a technologist's "trusty" sidekick. Original lead marker placement on a cassette could easily be fixed on a digital workstation.

Digital markers had a more "official" look when compared to stickers and unfortunately became a standard for some technologists. The detection of blur and overall image resolution can be more difficult on low resolution monitors. Artificial post processed collimation could be added at will.

Demographics could easily be overlooked as images were quickly scrolled. The incident described above could happen to any technologist at any time. Because it is a true occurrence, I began tracking how often mismarked and or mislabeled images were being sent to PACS. I was curious now. To my relief, it does not happen often. Technologists are generally really good about checking their images. But in analyzing data, one must ask...what is the acceptable threshold for error when it comes to mismarking and mislabeling of images AND sending them to PACS -- 90%...95%...99%?

If you answered 99%, I will offer that it's a trick question. That's way too low. An institution performing 100 exams per day at a 99% defect free rate (no mismarked or mislabeled images) is still submitting 1 erroneously marked or mislabeled exam per day, or 365 exams per year. If your department performs 300 exams per day, the number of cases jumps to 1095 per year. No radiologist or PACS manager would stand for that.

I propose a goal of 99.95% acceptable error rate. This is practical, but hard to achieve. It minimizes error, but does not completely eliminate the assumption that even the best of us makes a mistake once in a while. Even at this high level of compliance, 1 study in 2000 exams will be mismarked at the point of interpretation. In an institution performing 100,000 exams per year that is 50 errors. To minimize occurrences of mismarked or mislabeled imaging studies, I suggest a three step approach in Radiology departments. Radiology departments should develop policies and procedures that require quality control checks to be performed by technologists before submitting a case to PACS. Workflow documents should likewise explicitly state the sequence of steps necessary to guarantee the integrity of imaging exams and patient demographics. Additionally, technologists that submit cases erroneously should be required to fill out a hospital incident report. After all, it is a potential patient safety issue. Mismarked and mislabeled cases should be fixed by superusers or PACS managers who can also help to track the number of instances in which defects occur. You cannot manage what you cannot measure, and in order to measure, your technologists must provide the input. Share the data. Managers should meet privately with individuals to point out errors when they occur. Managers should also share aggregate data in staff meetings and on quality dashboards. Mismarked and mislabeled image detection should be a high priority, highly visible and a tracked quality control metric in your department.

An ounce of prevention beats a pound of cure, and spotlighting an issue will often reveal the extent of a problem, or the good work that your staff is already producing. The 99.95% defect free rate is completely achievable with the 3 step process outlined above. When achieved, I suggest putting on some old school Van Halen to celebrate. Good luck!

Brian is Director of Radiology at Faulkner Hospital and can be reached at bmccintosh1@partners.org



Massachusetts Society of Radiologic Technologists

P.O. Box 71 • Weymouth, MA 02188 • Phone: (781)331-3520 • Email: msrt-ma@comcast.net

81ST ANNUAL CONFERENCE

The Westford Inn & Conference Center • 219 Littleton Road • Westford, MA 01886

Wednesday-Thursday, April 4-5, 2012

"Buzz Bowl" begins Tuesday, April 3rd, 2012

REGISTRATION FORM

Lastname: _____ Firstname: _____

Address: _____

City/State/Zip: _____ Phone: _____

Email: _____

Employer or
If Student—College Representing _____

Special Accommodations or dietary needs: _____

Day(s) Attending: _____ Tuesday (Buzz Bowl 2012) _____ Wednesday (4/4/12) _____ Thursday (4/5/12)
 _____ Tuesday (Mammography Seminar—**Additional \$20 Fee Members/\$80 Non-Members**)

Type	1 Day	2 Day	Select
Student	\$60	\$120	
Buzz Bow Coach	\$60	\$120	
Technologist	\$115	\$220	
QCC Member	\$87	\$165	
Non-Member	\$85	\$300	

Non-Members are welcome to apply for membership & take advantage of the reduced conference registration rate. Membership Rates are:
 July 1st - February 29=\$40
 March 1st - June 22nd=\$60

All Students & Buzz Bowl Coaches attending the conference must be current MSRT members

Please be advised—There will be a \$20 On-Site Registration Fee so please mail your form early or register on-line.

Please Donate To "Homes For Our Troops" the MSRT 2011-2012 Charity

Amount: _____ HFOT Donation: _____
 Check #: _____



Massachusetts Society of Radiologic Technologists

2012-2013 Ballot

The following is the Slate of Candidates for the 2012-2013 state offices. Please read each candidate's background information and goals for the MSRT before making your selection on this ballot. Please return to MSRT by [April 1st, 2012](#).

Thank you,
Bernadette Ruchwa, BS RT(R)(ARRT)
Vice-President/Nominations

PRESIDENT-ELECT

The **President-Elect** is an elected official who first serves as President-Elect, then as President, of MSRT. He/she sits on the Board of Directors, the Budget Committee and the Strategic Planning Committee. In general, the President-Elect assists the President in all of the President's duties. Term of Office-One Year.

VICE PRESIDENT

The **Vice-President** is an elected official and a member of the Board of Directors. The Vice President shall be responsible for any duties assigned to him/her by the president. Term of Office- One Year.

_____ Patricia Willett, RT(R)(ARRT)

SECRETARY

The **Secretary** is an elected official and a member of the Board of Directors. The Secretary shall be responsible for the annual review of the Policy and Procedures Manual, and be a member of the Strategic Planning Committee. Term of Office-One Year.

MEMBER-AT-LARGE

The **Member-at-Large** is an elected official who sits on the Board of Directors. He/she serves as a liaison between the general membership and executive board. Term of Office-One Year.

_____ Susan Blanchard, RT(R)(ARRT)

STATE DELEGATE (5 Positions Available)

The **State Delegate** is an elected official who sits on the Board of Directors. He/she organizes ½ day seminars for the membership. Term of Office-One Year.

- _____ David LeClair, BSRT(R)(ARRT)
- _____ Eric McAdam, BS RT(R)(ARRT)
- _____ Amy Vietro, BS RT(R)(ARRT)
- _____ Nancy Sutcliffe, M.Ed RT(R)(QM)(ARRT)
- _____

Dues Increase Vote

A "Yes" vote will allow the MSRT to raise member dues to \$50 for Technologists/ \$20 for Students. A "No" vote will keep the current membership dues. Please see notice on Page 2 of the newsletter.

Yes No

Make Your Selection By Placing An "X" on the line preceding the candidates name. Please Detach & Mail to the MSRT office. Write In Votes Welcome & Encouraged.

VICE PRESIDENT

Patricia Willett, BS RT(R)(CT)(ARRT)

Current Position: State Delegate
Previous Positions: State Delegate/District Officer
Current Employment: Northern Essex Comm College

Goals for the Office: I have actively served the MSRT as State Delegate for the past 2 years as well as in both the Merrimack District and Boston District. I look forward to working with members of the MSRT Executive Board in the upcoming year. I hope that by again being an active member of the MSRT board I will be able represent the membership and encourage others to share their talents and a little bit of their time in making a contribution to our profession.

MEMBER-AT-LARGE

Susan Blanchard, BA RT(R)(ARRT)

Current Position: Has Not Previously Served
Current Employment: Pediatric Healthcare, Peabody Radiologic/Lab Technologist

Goals for the Office: I am a fairly new addition to the Radiology Technology profession. In 2010, I graduated Phi Theta Kappa from Middlesex Community College RT program and am currently employed as a Radiologic/Lab Technologist at Pediatric Healthcare Associates in Peabody. I have been a member of the MSRT-MA since 2009. I also hold a BA (Hons) degree in History from Newcastle University, England and previously enjoyed a career working in administration for biopharm and environmental industries. I am an enthusiastic proponent of the MSRT-MA and if elected to be Member-At-Large am excited about furthering a complementary win/win goal: Reaching out to help new graduates in this challenging job market as well as fostering their membership and participation with the MSRT-MA.

STATE DELEGATE

David LeClair, BS RT(R)(ARRT)

Current Position: Current Incumbent/
Governance Chairman
Historian
ASRT Committee on RT Advocacy

Previous Positions: President, President-Elect,
Chairman of the Board, Treasurer,
Member-At-Large, District Officer,
Conference Chair

Goals for the Office: As a Past President of the MSRT and member of the Board of Directors for many years, I continue to take pride in representing the Radiologic Technologists of Massachusetts. I am dedicated to supporting the Radiology Profession on a State and National level and continue to promote safe quality patient care by advocating for minimal standards of education for anyone using ionizing radiation for medical imaging. With your vote, I'll know you trust that I will continue my efforts to support the membership of this society and all Technologists to ensure proper credentialing. I look forward to serving the membership as a Regional Delegate for another year.

STATE DELEGATE

Nancy Sutcliffe, M. Ed RT(R)(QM)(ARRT)

Current Position: Current Incumbent
Previous Positions: State Delegate
Current Employment: Massasoit Community College
Program Director/Radiology Program

Goals for the Office: I have been a member of the MSRT for many years but only recently have been a member of the MSRT Executive Board. I have co-hosted a half day seminar in November at the Fireside Restaurant and was responsible for procuring speakers for this event. I have actively served on the Executive Board of the Northeast Association of Allied Educators in various board positions and have been responsible for running its half day seminars and its annual conferences. I believe these experiences and my role as President of the NAAHE have given me the skills and leadership necessary to provide quality half day seminars to the MSRT membership. I look forward to working with the Board for another year and hope to expand my role as a Board member.

STATE DELEGATE

Eric McAdam, RT(R)(T)(ARRT)

Current Position: Not Currently Serving
Previous Positions: Has Not Previously Served
Current Employment: Lawrence General Hospital

Goals for the Office: I have been an MSRT member for many years and attend the annual MSRT Conference regularly. I have been a Registered Technologist for 20 years and I am excited to be part of an organization that cares about the advancement of our profession. I currently work as a Clinical Educator at Lawrence General Hospital and enjoy the education aspect and the challenges that go along with teaching. I look forward to serving the MSRT as a State Delegate and am confident that I will be able to fulfill all the duties and requirements of this position.

STATE DELEGATE

Amy Vietro, BS RT(R)(ARRT)

Current Position: Not Currently Serving
Previous Positions: Has Not Currently Served
Current Employment: Whidden Hospital/Cambridge Alliance

Goals for the Office: I am a Networking Radiologic Technologist for Cambridge Health Alliance mainly working at Whidden and Cambridge Hospitals. I am a member of the MCPHS Boston Radiography class of 2011. I have been a member of the MSRT since 2009 as a student and would love to contribute my love of the field through the State Delegate position. I have recently begun to teach radiography procedure lab at MCPHS and it feels great to spread my enthusiasm and knowledge of our profession. I would love to become more involved in the MSRT as a new technologist and get more new faces involved and active.

Thank You To Our Conference Supporters

CONFERENCE EXHIBITORS



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2012

QUARTER CENTURY INDUCTEES

Each year the Quarter Century Club of the MSRT, lead by Mary Frangiosa-Cresy, awards it's newest members with a golden MSRT membership card. To qualify, one must be a MSRT member for twenty-five consecutive years. Some of the benefits of QCC membership include waived society dues and discounted rates to the Annual Conference. The QCC also has an annual scholarship donation drive where members are given the opportunity to make donations to support student scholarships that are awarded at the Annual Conference. We would like to welcome the newly inducted QCC members to this years membership; Francine Catalano, Susan Comparone, Michael Foley, Gretchen Graziano, Edward Kilcoyne, Debra Nathanson & Nancy Spaulding.



Job Openings



**Harvard Vanguard
Medical Associates**
Atrius Health

PACS Systems Analyst III

Division: Information Technology

Location: Needham 2, MA

Job Type: Full Time

Schedule: Monday - Friday @ 8:30 - 5:00

The PACS Analysts primary responsibilities are to provide project management assistance, technical support and operational services in the implementation and maintenance of the Picture Archiving and Communication System. The PACS Analyst will provide day-to-day work-flow analysis and design as well as take a lead role in identifying opportunities for the improvement and maximization of existing functionality of current system(s) and operational workflows. Working in conjunction with the PACS Administrator, the PACS Analyst will perform the following functions and activities:

- Day-to-Day operations of PACS equipment
- Daily system monitoring
- Systems analysis and project related tasks
- Storage media management
- User management
- Network management
- Quality control and performance monitoring
- Study and patient information management
- Training and consulting new & ongoing users
- Security
- Providing technical administration, planning, consulting, coordination and documentation

At least 5+ years of progressively more responsible experience in complex system administration and analysis. Have had experience in system configuration, upgrades, designing business processes, testing methodologies, and user training.

Knowledge and understanding of systems operations within the Radiology discipline, information flows, and sound practices to ensure credibility of the system. Excellent interpersonal skills to interact effectively with all levels of personnel in discussions and explanations of complex systems. Strong communications skills, including effective oral presentation skills and excellent writing skills. Able to effectively work in a team environment. Proficiency with other business related software applications (i.e., MS Word, MS Project, Access, Excel, etc.)

If you are interested in these or other positions we have open, please apply online to www.harvardvanguard.org/jobs or you can email Brenda_Thompson@vmed.org with your inquiry.

PACS Systems Analyst III link <http://sh.webhire.com/servlet/av/jd?ai=655&ji=2602521&sn=1>



2012 Oliver E. Merrill Lecturer

Every other year we celebrate the Oliver E. Merrill Lecturer by selecting a member from our profession that exemplifies the dedication shown by OEM in support of the Radiologic Technologists in the Commonwealth of Massachusetts. This year's lecturer equally includes support of all technologists and the society as an active part of his life as Treasurer of the MSRT.

We look forward to hearing Karl's "Be A Key To Safety" lecture at our 2012 Annual Conference on April 5th.

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Our Mission

The Massachusetts Society of Radiologic Technologists (MSRT) is a not for profit organization dedicated to the professional growth and development in the Radiologic Sciences. The Society is committed to the advancement of radiologic technology by promoting high ethical standards, improving the quality of patient care, maintaining the standards of education, and providing quality continuing professional development opportunities for all medical imaging and therapy professionals. Our mission shall not be restricted by any consideration of nationality, race, color, sex or creed.

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