



SPECIAL POINTS OF INTEREST

- Homes for Our Troops



INSIDE THIS ISSUE

New Compliance Rules
for Technologists..... 5

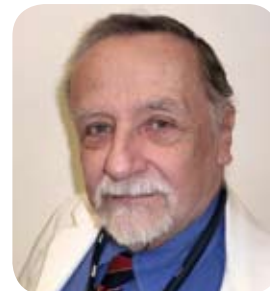
Breast Imaging
and the Task Force..... 7

NRTW 8

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President's Message

I hope you all had a wonderful Thanksgiving and as you read this, we will be heading into the December holiday season. As we reflect on National Radiologic Technologist Week 2010 and this time of thanksgiving, we, the Radiologic Health Professionals of Massachusetts, have much to be thankful for. First, we've been going strong for almost 80 years. This coming spring, we will be celebrating our 80th anniversary at the Annual Conference and I know the Conference Committee has a few surprises in store for those who come. Second, our Society enjoys a reputation with the ASRT as one of the strongest, most professional in the country. Our new on line Exposure is but one example. Third, our profession's technologic growth allows us to serve our patients in ways never dreamt of when I entered it so many years ago. Not only have CT, MRI and PET scanning revolutionized medical imaging, but new developments in Digital Radiography have made possible high quality images at a fraction of the dose needed ten to twenty years ago. Fourth, the emergence of the Radiologist's Assistant as a physician extender position at the master's degree level, further providing evidence of our status as professionals. Last, our state's licensure with its categorized CEU requirements, including Radiation Safety and Protection is being looked at by other states and the ARRT as a model worth emulating.



On behalf of the entire MSRT board, I wish you all a happy and healthy holiday season!

Your President,

James V. Lampka
Jim Lampka
profjimlampka@msn.com

THE LAST OF THE DARKROOM TECHNICIANS

BY DEREK CARVER M. ED, RT (R) MR

There is no doubt that Radiology departments nationwide have seen their share of technological changes over the last decade. No one will argue that the wonders of digital radiography have changed our work habits. Not apparent to the some of the new generation of graduates, is the monumental shift from chemical to dry processing. Gone to the wayside, are the smells of processing chemistry, the rumble of the Xomat Kodak processor, the Sharpie and the wax pencil, to name a few! Also gone but not forgotten

is the significant role of the darkroom technician. Where are they now? The darkroom technician was an ever present and an important team member of every Radiology department. These individuals spent most of their busy day in the darkroom running cassettes, replenishing chemistry, making copies, ordering supplies, silver recovery and training radiography interns. It is with great pleasure that I pay tribute to my colleague of 15 years, Jim Brewer who has worked in Radiology at Children's Hospital Boston Radiology for 41 years and will retire the end of 2010. I consider him to be the last of the darkroom technicians.

Continued on page 2



Jim in front of the now obsolete film pass boxes that still exist on the inpatient side.



Last Remnants:
Jim in the darkroom revolving door on the inpatient side.

To begin, Jim was born in Portland, Maine in 1945 and adopted at 18 months of age. Jim's father, Hubert, was a lobsterman and his mother, June, worked in South Portland at Fairchild Semiconductor. Jim attended South Portland High School and graduated in 1966. Unfortunately, Jim was predisposed with many congenital eye problems in his teens including cataracts and a detached retina in his left eye. After Jim recovered from his surgeries, he made his way to Boston in 1968 by way of Goodwill Industries to a three-month darkroom technician training program at The Faulkner Hospital. Jim took well to his new trade, learned quickly and completed training after three months.

In 1969, Jim went to work at his first assignment for St. Elizabeth's Hospital as a Darkroom Technician. Jim enjoyed the work and fast pace, but unfortunately, only stayed for one year. Why did you leave?, I asked Jim. Jim replied that the ten-gallon fixer drum kept overflowing and resulted in many pairs of ruined shoes and thus "puddling around" used fixer in the darkroom. In 1969, Jim made his way to Children's Hospital Boston where he began his long tenure as Darkroom Technician. Jim Brewer was dedicated and worked hard at his new trade and was open to all challenges thrown at him. One of Jim's biggest darkroom challenges was the annual request by the orthopedic department to make 300 copies of films that helped facilitate the orthopedic fellows' ability to study and pass their board exams! Also, Jim was bombarded with an unprecedented number of film copy requests over the span of his career for numerous court cases, many of which were of a high profile in the media.

Furthermore, Jim has seen many transitions within the Radiology department and probably the biggest transition was in 2003. In 2003, Children's Hospital Boston Radiology made the change from film processing to digital imaging and PACS. Many changes affected the entire

department: The Film Library was renamed The Image Service Center and in 2003, Jim Brewer transitioned from Darkroom Technician to his new role of Imaging Assistant in a matter of months. Shortly thereafter, the darkroom was demolished and the outpatient area was reconstructed to accommodate more staff and PACS equipment. Jim's darkroom days as we knew it, were over. His new duties included but were not limited to inventory management and dispatching patients.

So finally, 2010 will mark seven years since that fateful transition from film processing and close the door on a long and productive darkroom career.

Nonetheless, Jim has decided to retire after 41 years in Radiology. Forty-one years! Wow! I don't think I know anyone who has stayed put for 41 years at any same job? I asked Jim, how he will keep busy after his retirement this year. For starters, Jim plans to keep busy by reading, surfing the Internet, walking, and volunteering at the MSPCA. Jim currently lives in Jamaica Plain, MA. It is with great pleasure that I salute Jim Brewer for 41 long years of service in the Radiology Department at Children's Hospital Boston! Congratulations Jim, enjoy your retirement....you earned it!



Derek Carver is the Clinical Instructor at Children's Hospital Boston and can Be reached at derek.carver@childrens.harvard.edu

44

The number in attendance at the 9/25/2010 Fireside Grille Half-Day Seminar. KUDOS to our President, James Lampka, who donated his speaking honorarium back to the MSRT's Student Scholarship Fund.

53

Attendees at the October 23, 2010 Half-Day Seminar hosted by the Northern Essex Community College Radiography Program. What a great team effort displayed by the NECC student's and faculty. From start to finish they took care of every task. Our special thanks to Associated X-Ray Imaging for sponsoring the Continental Breakfast and donating a Weekend Giveaway.



October 23, 2010 Half-Day Seminar at Northern Essex Community College

Ericka Newcomb, Radiography Student at Massachusetts College of Pharmacy and Health Sciences is the winner of the Weekend Getaway donated by Associated X-Ray Imaging. This weekend getaway is to Attitash Grand Summit Resort & Hotel in Bartlett, New Hampshire – one of New Hampshire's top ten ski resorts.

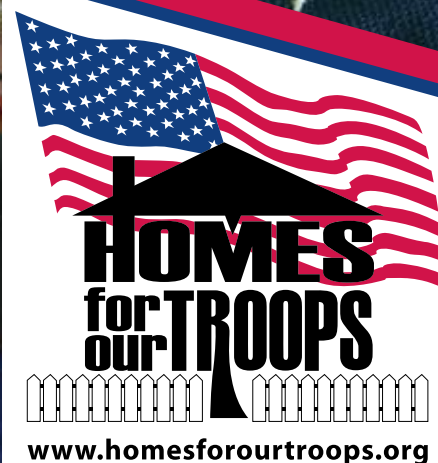


Ericka Nemcomb is pictured above with Associated X-Ray Imaging VP of Sales and Marketing and seminar presenter, Russell Leibe.

Homes For Our Troops is the 2010- 2011 Charitable Organization Supported by the MSRT.

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.

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2010 House of Delegates Report

by Ty Martin, BS RT(R)(CT)(ARRT), Operations Manager, Massachusetts General Hospital

THE 2010 ASRT HOUSE OF DELEGATES was held in Albuquerque, NM on June 25-27. Representing the state of Massachusetts in the 2010 seating of the House were Massachusetts Chapter Delegates Bernadette Ruchwa and Tyler Martin. Alternate Delegate Kevin Reynolds was in attendance in the event one of the Chapter Delegates could not be seated. For the seating of the house, there were 146 credentialed Delegates. Of the 146 credentialed delegates, there were 97 Affiliate Delegates and 49 Chapter Delegates.



dissolved chapters from the ASRT governance system. Proposed Amendment #2, A, B, C, D, E and F were all voted against by the Massachusetts Delegates, which was in line with the House vote, striking down this amendment by a vote of 15 in favor and 128 against. The other major Bylaw changes on the agenda were focused on adding the Radiologist Assistants as a voting Chapter of the ASRT. A new chapter has not been added to the House of Delegates in the last decade. This was a major change for this years seating.

On the agenda this year were a total of 60 proposals, ranging from Bylaw changes, position statements and practice standards editions/edits. Of the 60 proposals, there were 20 bylaw amendments and 40 were main motions. All bylaw amendments were adopted with the exception of an amendment that would have

Of the remaining 40 main motions, please see the chart below for descriptions of action taken. If you would like to see further detail on any of the motions, please contact the MSRT office and further detail will be provided.

MOVED AND PASSED ON CONSENT AGENDA			
MAIN MOTION #	MOTION TITLE - "AMMENDMENT TO..."	MA VOTE	H.O.D. VOTE
C-10.04 - .08, .10-.13	add Radiologist Assistant Practice Standards	2 - Yes	144 - Yes / 0 - No
C-10.14 - .16	edit wording for consistency w/in the Practice Standards, no change to content	2 - Yes	144 - Yes / 0 - No
C-10.25	Medical Imaging and Rad. Therapy Glossary, inserting definition of Medication	2 - Yes	144 - Yes / 0 - No
.29	Medical Imaging and Rad. Therapy Glossary, inserting definition of Delegating Radiologist	2 - Yes	144 - Yes / 0 - No
.30	Rescind position statement - "Definition of Radiologist Assistant"	2 - Yes	144 - Yes / 0 - No
.32	Rescind position statement - "Lifelong Learning in the Radiologic Sciences"	2 - Yes	144 - Yes / 0 - No
.33	Rescind position statement - "Medication Administration by Radiologic Technologists"	2 - Yes	144 - Yes / 0 - No
.34	Rescind position statement - "Venipuncture"	2 - Yes	144 - Yes / 0 - No
.35	retitle position statement - "Personnel Performing Image-guided Procedures"	2 - Yes	144 - Yes / 0 - No
MOTIONS DEBATED AND VOTED ON			
MAIN MOTION #	MOTION TITLE - "AMMENDMENT TO..."	MA VOTE	H.O.D. VOTE
C-10.01	Radiologist Assistant Practice Standards Introduction	2 - Yes	144 - Yes / 1 - No
C-10.02	Radiologist Assistant Practice Standards Scope of Practice	2 - Yes	145 - Yes / 1 - No
C-10.03	Radiologist Assistant Practice Standards, Clinical Performance Standards, Standard 1 - Assessment, Specific Criteria	2 - Yes	144 - Yes / 0 - No
C-10.09	Radiologist Assistant Practice Standards, Quality Performance Standards, Standard 4 - Performance, Specific Criteria	2 - NO	54 - Yes / 91 - No
C-10.17	Scopes of Practice for administering medications	2 - Yes	145 - Yes / 0 - No
C-10.18	Radiologist Assistant Scope of Practice for administering medications	Withdrawn by Motion submitter	
C-10.19	Scopes of Practice for venipuncture	2 - NO	47 - Yes / 97 - No
C-10.20	Radiologist Assistnat Scopes of Practice for Venipuncture	Withdrawn by Motion submitter	
C-10.21	all Practice Standards, Professional Performance Standards, Standards 6, Research and Innovation #6	2 - NO	19 - Yes / 125 - No
C-10.22	all Practice Standards, Professional Performance Standards, Standards 6, Research and Innovation #6	2 - Yes	144 - Yes / 2 - No
C-10.23	Medical Imaging and Radiation Therapy Glossary, definition of ALARA	2 - Yes	125 - Yes / 13 - No
C-10.24	Medical Imaging and Radiation Therapy Glossary, definition of Interventional procedures (to be referred back to Council)	2 - Yes	143 - Yes / 2 - No
C-10.26	Medical Imaging and Radiation Therapy Glossary, definition of Pharmaceutical	2 - NO	26 - NO / 119 - Yes
C-10.27	Medical Imaging and Radiation Therapy Glossary, definition of Pharmaceutical	2 - Yes	142 - Yes / 3 - No
C-10.28	Medical Imaging and Radiation Therapy Glossary, definition of Qualified Supervisor	2 - Yes	125 - Yes / 19 - No
C-10.31	Rescind Position statement "Education of Personnel Performing Digital Radiography"	2 - NO	36 - Yes / 108 - No
C-10.36	retitling of Position Statement "Personnel Qualifications for Image Acquisition W/ hybrid Img Eqpmnt in Fusion Mode	2 - NO	13 - Yes / 131 - No
C-10.37	Ammendment to "Certification of Personnel Practicing in the Radiologic Sciences" (sent back to Commission)	2 - Yes	99 - Yes / 47 - No
C-10.38	Ammendment to "Certification of Personnel Practicing in the Radiologic Sciences"	Withdrawn by Motion submitter	
C-10.39	"Qualifications for Educators Teaching Radiologic Sciences"	Ruled out of Order	
C-10.40	"Composition of the American Registry of Radiologic Technologists Board of Trustees"	Ruled out of Order	
LATE MOTIONS ADDED - VOTED FOR DEBATE			
4 Late motions were added, but all were voted down for debate in the 2010 House of Delegates and will be submitted as Main Motions for the 2011 Seating.			

New Compliance Rules for CT Technologists and other Imaging Professionals

The Rumors and The Facts

EVERY TIME ANY NEW imaging-related rules, regulations, policies or mandates arrive on the scene a flood of questions and often, confusion, quickly follow. It seems that the latest queries are surrounding Computed Tomography. I have heard imaging technologists say, “In 2011 techs are going to have to have a bachelor’s degree to do CT,” or “You have to be ARRT certified in CT to perform CT exams now,” or “My hospital said the ARRT is making us take the CT Registry if we want to keep doing CT procedures.” One of the last comments I heard said, “All these educational requirements have something to do with MIPPA, don’t they?” In this communication I have tried to track down the rumors and get the facts.

Is anything of imaging certification significance happening in 2011 for which radiologic technologists need to be aware?

YES. The ARRT has mandated new Continued Qualification Requirements which will take effect on January 1, 2011, hence the name CQ/2011. ANYONE taking ANY ARRT certification exam on or after January 1, 2011, will be issued a time-limited certificate. It is called time-limited because, unlike the radiologic certification you hold currently which has no time limit, every 10 years the holder of the CQ/2011 certificate, whether it is for the primary or a post-primary category, will have to participate in self-assessments and inventories to demonstrate that they are maintaining competency in the profession. Don’t confuse this with needing to retake the entry-level exams. That is not retaking the entry-level exam; it is above and beyond entry-level mastery. The details of what the self-assessments and inventories will entail have not yet been clearly defined to the public as of yet. This mandate is not specific to CT technologists—it applies to anyone completing a Registry on or after January 1, 2011.

Is CE the same thing as CQ?

NO. Technologists will still need to maintain 24 Continuing Education credits per biennium. Additionally, the technologists who take an ARRT Registry Exam on or

after January 1, 2011, will need to document CQ/2011 compliance every 10 years.

I heard that because of MIPPA, CT technologists will have to have a bachelor’s degree to perform CT exams. Is this true?

NO. First, let me state what MIPPA is and how it is already affecting the imaging community. MIPPA, not to be confused with HIPPA, is the Medicare Improvements for Patients and Providers Act enacted in 2008. It calls for “providers of advanced diagnostic imaging services (e.g., MRI, breast MRI, CT, PET, and nuclear medicine) that bill under Part B of the Medicare Physician Fee Schedule to be accredited in order to receive payment for the technical component of those services by January 2012.” If a facility wants to be reimbursed by Medicare come 2012, they must be accredited. Currently, private outpatient facilities are under this mandate but not hospitals. This will change in 2012.

You still haven’t addressed the bachelor’s degree part of my question. Do I have to get a bachelor’s degree and must I hold an ARRT certification in Computed Tomography for my hospital to be in compliance?

NO. According to Krista Bush, director of diagnostic modality accreditation at the ACR, “The Computed Tomography technologist needs to be able to document six months of supervised training in CT procedures but MIPPA does not require the technologist to hold the credential or a bachelor’s degree.”

So, I can breathe easier. I don’t have to go back to school?

It is a matter of perspective. It is important to note that a portion of the MIPPA legislation says, “Accreditation programs must ensure physicians and staff maintains the proper level of training and education.” Our profession is strengthened when technologists seek formal

training and pass certifications representing the gold standard for the profession. It helps promote high standards of patient care which is consistent with the ARRT's mission. While MIPPA may not require this, many of the hospitals and imaging departments are requiring that a radiographer who performs CT procedures needs to pass the ARRT Registry for Computed Tomography if they wish to continue working in this capacity. Even if holding the CT credential is not a current requirement, you support Core Values of the ASRT-Commitment, Leadership and Accountability when you take the next step in your profession which is advanced certification.

**I've been out of school forever.
I'm concerned that I will fail the
post-primary exam.**

There are ample Computed Tomography education programs and CT Reviews both in the state and across the United States. Contact the MSRT Office for more information on where these opportunities are located (msrt-ma@comcast.net). The only failure is the failure to try and the person who is defeated is the one who thinks they are. You will impress yourself by what you will learn as you study and prepare for the CT Registry. Friends will you help you study and perhaps become motivated to take the exam as well. You will become a better educated and more skilled technologist and you will be proud of your achievement. You will be more valuable to your imaging department. You will also increase the likelihood that you will keep your job over someone who does not gain the credential but wants to continue performing CT procedures.

**If MIPPA is not going to be enforced until
2012 at least my institution has some time to
get ready for the changes, correct?**

In a conversation with Massachusetts Radiation Control Program representative, Karen Farris, she said, "Facilities mistakenly believe they can wait until January 2012 to become compliant but according to state regulations facilities need to be accredited by April 2011."

**Well, if ARRT doesn't require it and MIPPA
doesn't require it, is the state requiring I get a
bachelor's degree or be certified in Computed
Tomography before performing procedures?**

NOT YET. While you must be certified and licensed as a Radiographer to perform CT Procedures, you are not required to hold a CT license. Karen Farris did say that, "the Radiation Control Program was looking closely at these regulations with the goal of strengthening them to make CT certification, licensure and licensure maintenance mandatory for performing CT procedures in the Commonwealth in the near future." My recommendation is to not wait until the last minute to comply with the inevitable. The Radiation Control Program is planning to tighten up these requirements in the near future.

**If no one really requires me to hold an ARRT
Certification in Computed Tomography to
perform CT procedures, why should I?**

Because you are a professional. You are a member of a vocation founded upon specialized educational training and you have impressive competence in Computed Tomography best recognized when you earn your certification; because you adhere to strict ethical and moral regulations and you want that to be recognized; because it helps your profession attain the recognition needed to advance economically and politically in our society; because you do not gravitate towards the lowest common denominator, rather, the highest. Finally, Massachusetts will soon have this as a requirement.



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Why the U.S. Preventive Services Task Force is Wrong

BY ALAN SEMINE, MD

Chief of Breast Imaging, Newton-Wellesley Hospital;
President, Massachusetts Radiologic Society; and
Clinical Professor of Radiology, Tufts University School of Medicine

The screening mammography recommendations of the United States Preventive Services Task Force, (USPSTF) published recently in the *Annals of Internal Medicine* and widely reported by the press, were poorly stated and misleading. In addition, the media proceeded to amplify the confusion by reporting the guidelines as if absolute and based on new information. In fact, the USPSTF based its dubious conclusions on existing data that it reinterpreted. The recommendations have been challenged by a chorus of organizations including the American Cancer Society, the American College of Radiology, the American Society of Breast Surgeons, the Society of Breast Imaging, the American Society of Clinical Oncology and many others.

The USPSTF recommended against routine screening for women 40 to 49 years of age. Yet the task force acknowledged that mammography in this age group does save lives. This fact is not disputable based on extensive long term studies. Its recommendation was based on its own conservative risk benefit valuation.

The USPSTF rendered a verdict that screening 1339 women in their 50s to save one life makes screening worthwhile in that age group. But because it is necessary to screen 1904 women in their 40s to save one life, then screening is not worthwhile. Such valuation in the face of relatively comparable numbers is not justified. In fact, there is excellent data demonstrating even better survival with mammography screening. The task force suggested that perhaps only women at high risk should be screened in their 40s. That strategy ignored the fact that 70% of breast cancers develop in women without family history. Also, many women at high risk do not become aware of their risk factors until they are diagnosed. It is cruel to dismiss the tremendous suffering, grief and disfigurement associated with advanced breast cancer as well as its devastating impact on young families. The financial cost of treatment for advanced breast cancer is also far greater than for early stage cancer. In addition, if financial considerations must be the focus, they fail to attribute value to the greater total number of life years saved when a younger woman survives breast cancer.

The next recommendation of the task force was to screen women over fifty every other year rather than annually. They acknowledged the obvious: that the cancers detected, on average, would be more advanced but they emphasized that the total number of cancers detected would be the same with fewer questionable findings. This position represents a serious lack of understanding that the most important objective of screening mammography is to detect breast cancer at the earliest possible stage to get the best chance of cure. Meanwhile, the task force also suggested that screening can be stopped after age 74. Yet, it is well established that the incidence of breast cancer continues to increase with age. It is wiser to continue screening and detect cancer in its earlier stages in order to offer the elderly less aggressive effective treatment. Otherwise we have to struggle with the challenge of treating advanced stage breast cancer in the elderly.

The task force also indicated that physical examination by health care providers is not effective for detection of early breast cancer. Then they proceeded to discourage teaching of self-examination because large clinical trials have demonstrated that teaching self-examination is not helpful and does not result in earlier detection. In fact, teaching self-examination as a formal exercise may not be helpful, but it is very important to encourage women to be familiar with their body as well as their breasts, and to seek medical attention when they notice a change. A significant number of early curable breast cancers are self-detected.

The recommendations of the USPSTF are not based on new data but rather on a reinterpretation of selected studies. They reached a conclusion that differs markedly from the position of national organizations as well as prior recommendations of the USPSTF. The members of the task force do not represent a new standard in medical wisdom. The publicity they have received threatens to undermine decades of effort educating women about the importance of early detection to combat breast cancer.

Mammography does have limitations and it is essential that we pursue every opportunity to improve its effectiveness as well as explore alternative methods of detection and treatment. However, mammography remains the single most effective tool we have to detect breast cancer early. We must continue to urge women to begin screening mammography at age 40 and encourage them to talk with their doctors to ask any questions they have about mammography and self-examination.

What did you do for national rad tech week?

Northern Essex Community College Radiography students created a poster display on campus to celebrate NRTW. The display included CARE bill information and a variety of imaging modalities. 'Bob Skellington' (seen posing with poster) was the basis for an interactive quiz on skeletal anatomy. The students also organized a bake sale with proceeds going to offset their expenses at the 2011 MSRT Annual Conference. All remaining bake sale items were delivered to a local homeless shelter 'Lazarus House' in Lawrence. Submitted by Patricia Willett



NRTW was packed with imaging technologist appreciation events. On Monday we had a Bring-A-Dish Luncheon and a presentation on 'Cultural Understanding of Southeast Asians.' T-shirts, umbrellas and gift cards were given to all staff. Tuesday's lunch, compliments of our fabulous radiologists, came from Lenzi's Lunch Buffet. Two Box Seat tickets to the Celtics game were raffled. Wednesday was a breakfast with CEU's provided by GE. Later that day our caring Radiology Nurses provided a Radiology Tea with Brownie Sundaes to make sure the afternoon techs could get in on the celebration. Thursday morning held a Radiation Protection CEU along with a Panera Bread breakfast sponsored by York X-Ray and a cake to celebrate our Veterans. We ended the week with a Nacho Bar provided by Judy Erbstein.

National Radiologic Technology Week at Quinsigamond Community College

Members of Quinsigamond Community College's class of 2011 hosted the annual "Family Night" for the students of the class of 2012 on November 10th as part of NRTW. The sophomore student provided refreshments for the families of the freshmen students who came to meet the program and clinical faculty and



First year student, Max Kariko, introduces his daughters to "Skelly."

see the Imaging Lab. Family members watched as their “student” manipulated the radiographic equipment to image a phantom or favorite toy brought in by their children or siblings. The images were made on film, so they could take them home for ‘show and tell’. It was an enjoyable evening for all.

First year student, Danielle Morris and her daughter wait their turn to image a favorite doll.



NRTW Children's Hospital Boston celebrated NRTW with a Radiology Department Ice Cream Social. Pictured in this photo from left to right: Derek Carver, Clinical Instructor and radiography students Alison Mayer (MCPHS), Leanne Veary (MCPHS), Anne Mulvihill (BHCC) and Trecia Puopolo (BHCC).

NRTW 2010 at Southcoast Hospitals

The Radiology Department at Southcoast Hospitals planned a fun-filled week of activities for NRTW as is done annually. Weeks in advance, the NRTW Committee members gathered to plan activities which would include all department personnel in the three hospitals and numerous outreach settings.

Games and contests were devised to challenge technologist's knowledge of trivia, current events and clinical information. The annual “Buzz Bowl” competition took place in which teams of four individuals matched wits to win prizes--and bragging rights-- in a ‘Jeopardy-like’ game format.

The ‘Duck Pond QAPI Contest’ teamed individual technologists from several modalities to answer challenging questions related to Quality Assessment Performance Improvement Standards. Making it fun were the little rubber duckies in a blue duck pond that bore the questions to be answered. In addition to the games, there were special food events for department personnel. Sundaes and sub sandwiches were enjoyed by the technologists and a special luncheon was provided by our radiologists and YES we had desserts. What is NRTW without dessert?

Another annual theme of NRTW at Southcoast is Community Service. This year, each hospital and its surrounding outreach offices collected non-perishable food items and clothing for local homeless shelters. We also began our annual collection to provide several Thanksgiving baskets for local families. NRTW 2010 was a busy and fun week at Southcoast Hospitals and we are already looking forward to next year!



Job Openings

Title: Radiology PACS Trainer **Division:** Radiology **Location:** Needham, MA **Job Type:** Full Time **Schedule:** This position will work with the radiology/imaging departments to assist in the training and development of all the Information Technology Components associated with the various imaging modalities. Specifically these system components are : PACS, Voice Recognition, and Computed/Digital Radiology. As new imaging technologies are developed, this individual will be involved in implementation and training processes. Will train new radiologists, technologists and business support staff on PACS, Voice Recognition, CD/DR systems and other Radiology systems as deemed appropriate. Will train referring clinicians on key support tools associated with our current PACS including but not limited to the Clinical Display stations. Will work with the Radiology IT Team to test system upgrades to various radiology IT systems. Will work with the Radiology management team to resolve various workflow issues that arise with the radiology IT systems. Will provide recommendations on new emerging technologies that may benefit the imaging departments. Will troubleshoot various operational issues that the frontline staff may encounter. At least 3 years of recent PACS/RIS/CR/DR

Title: Business Operations Supervisor II - Diagnostic Imaging **Division:** Radiology **Location:** Kenmore Square - Boston, MA **Job Type:** Full Time **Schedule:** 9:00AM-5:30PM - Under the direction of the Regional Radiology Coordinator, supervises the daily operations of the scheduling departments of the 3 Harvard Vanguard Diagnostic Imaging Centers located at Kenmore Square - Boston, Weymouth, and Braintree. This position has 23 direct reports. Must have knowledge of Advanced Imaging billing, denial and pre-authorization processes. Ensures that adequate staffing coverage is maintained, exams are scheduled correctly, monitors denials and pre-certification processes. Responsible for a variety of monthly reports. This position includes direct "hands on" patient care, including covering for staff's scheduled and unscheduled time off at the 3 sites. **Education:** Bachelor's Degree in an appropriate discipline (or equivalent) preferred. Requires the ability to effectively supervise a group of 23 non-exempt staff. A minimum

of 3 years of direct supervisory experience is required. Demonstrated strong organizational, leadership, teamwork, and problem resolution skills are required

Title: Diagnostic Imaging Representative (SEIU) Per Diem **Division:** Radiology **Location:** Kenmore Square - Boston, MA **Job Type:** Per Diem **Schedule:** Per Diem - Responsible for ensuring that diagnostic imaging patients are accurately scheduled for their tests and registered into the practice management system. The scheduling responsibilities include: conducting patient safety assessments, determining appropriate appointment length, and providing patient testing instructions. The registration responsibilities include: posting payments, co-payments and adjustments; providing coding and billing information to staff members; and providing financial counsel to patients who have outstanding balances. Also responsible for coordinating and facilitating the processing of patients with job related injuries or illnesses, including the financial compensation tracking program. Serves as the contact person for the patient, employer, insurer, utilization review agents, and practice staff members. **Education:** Minimum High School graduate or equivalent. Related Associate's degree in Business or related field preferred. **Skills and Experience:** Knowledge of medical office and medical terminology required. Experience with third party billing and collections preferred. Excellent customer service, verbal and written communication, computer and telephone skills. Knowledge and understanding of various health insurance plans required. Previous health care business office experience, exposure to workers' compensation cases and procedures, and experience with CPT and ICD coding preferred.

Title: Diagnostic Imaging Representative -TEMPORARY POSITION - Diagnostic Imaging **Division:** Radiology **Location:** Kenmore Square - Boston, MA **Job Type:** Full Time **Schedule:** 8:30AM-5:00PM - **This is a Temporary Position which will last less than six months.** Responsible for ensuring that diagnostic imaging patients are accurately scheduled for their tests and registered into the practice management system. The scheduling responsibilities includes conducting patient safety assessments, determining appropriate appointment length, and

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.

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Medical Associates**
Atrius Health

providing patient testing instructions. The registration responsibilities include: posting payments, co-payments and adjustments; providing coding and billing information to staff members; and providing financial counsel to patients who have outstanding balances. Also responsible for coordinating and facilitating the processing of patients with job related injuries or illnesses, including the financial compensation tracking program. Serves as the contact person for the patient, employer, insurer, utilization review agents, and practice staff members. Education: Minimum High School graduate or equivalent. Related Associate's degree in Business or related field preferred. Knowledge of medical office and medical terminology required. Experience with third party billing and collections preferred. Excellent customer service, verbal and written communication, computer and telephone skills. Knowledge and understanding of various health insurance plans required. Previous health care business office experience, exposure to workers' compensation cases and procedures, and experience with CPT and ICD coding preferred.

Title: Imaging Services Assistant (SEIU) - Diagnostic Imaging **Division:** Radiology **Location:** Kenmore Square - Boston, MA **Job Type:** Part Time **Schedule:** Monday - Friday, 6:00PM - 10:00PM - Under general supervision, professionally greets all patients entering the department for Imaging appointments. Checks-in patients and ensures all forms have been completed and signed. Notifies technologist of patient's arrival. Performs clerical support functions for the department. Typically reports to Business Operations Supervisor. **Education:** Minimum High school graduate or equivalent. Related Associate's degree in Business or related field preferred. **Skills and Experience:** One to three years related experience. Excellent customer service, communication and telephone skills acquired through at least one year of customer service-related experience. Business experience including cash collection and handling and computer skills required. Knowledge and understanding of coverage provided and policies of various health insurance plans required. Previous health care business office experience with CPT and ICD coding preferred.

Title: MRI Technologist **Division:** Radiology **Location:** Braintree, MA **Job Type:** Full Time **Schedule:** Monday - Friday @ 6:30am-3:00pm - Performs magnetic resonance imaging procedures to aid physicians in the diagnosis of disease. Processes exposed films via laser printer, critiques images, transports patients, cleans equipment and performs related clerical duties as required. Performs duties of radiologic technologists as required. Demonstrates excellent patient/staff communication skills. Education: Certification as a CT/MRI Technologist. Registration with the American Registry of Radiologic Technologists and a CPR certification required by the State. Two years of MRI scanning experience preferred. Work requires the ability to analyze and solve complex technical problems requiring the use of basic technical principles plus in-depth,

experienced-based knowledge. Requires good communication skills in order to explain instructions and procedures to patients, visitors and employees, to comfort patients and their families and to conduct formal classroom training programs.

Title: Radiology Assistant **Division:** Radiology **Location:** Cambridge, MA **Job Type:** Part Time **Schedule:** Mon-Fri 2:00pm-6:00pm - Under supervision, works in all non-technical radiological and administrative support functions within the Department of Radiology Demonstrates a high level of competence in all support roles and the ability to work independently. Provides excellent customer service and support to patients, clinicians, and technologists. Performs file room functions including but not limited to: assuring availability of radiographs for medical appointments, daily filing of master jackets, coordinating warehouse film storage delivery. Utilizes the Radiology Information System to record/verify tracking of radiology exams. Answers telephones and assists patients with appointments. Assists with data collection activities for statistical reports. High school graduate or equivalent. Strong interpersonal, customer service, computer and organizational skills required. Ability to prioritize and multi-task. Experience in a clinical setting and familiar with Medical terminology preferred.

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The Boston Globe Names Harvard Vanguard Medical Associates "Top Place to Work 2010"



(L to R) Michael Warshaw, Editor, Top Places To Work, Kirk Hager, HR Director HVMA, Nick Mirabile, Sr HR Consultant, HVMA and Brenda Thompson Stuckey, Sr. HR Consultant, HVMA

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2011-2012 President Elect

Our Mission

The Massachusetts Society of Radiologic Technologists (MSRT) is a non-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 high 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.



Call for Nominations

We Need YOU,
Our Society operates on the dedication of volunteers. Volunteers help organize seminars, manage committees, work at our Annual Conference and serve as members of the Executive Board.

Annually, we reach out our membership to ask you to become a volunteer. Specifically, we are looking for volunteers to serve as Executive Board Members. Nominations are being accepted for all of the following Executive Board positions:

President
President-Elect
Vice President
Secretary
Member-At-Large
Regional Delegates (5 Positions)

If you would like to serve as a board member or on a committee or if you have held an office previously and wish to serve again, please contact the MSRT office (MSRT-MA@comcast.net) to indicate your interest and to find out more information.

**Deadline for Nominations
is February 15, 2011**

THE NEXT Half-Day Seminar

has been scheduled for
January 22, 1011
Winchester Hospital (Mammography
Focused)

All seminars provide four CEU's and
are from 8:00am – 12 noon including 1
Radiation Protection lecture.

Fee for members is \$40.
Fee for non-members is \$80,
which includes membership.
On-site registration is available
for an additional \$10.

Visit www.msrt-ma.org and click on
calendar to register for the Half-Day
Seminars or email the MSRT office at
msrt-ma@comcast.net.

2011
Annual MSRT
Conference
SAVE THE
DATE
APRIL 6-8, 2011

Holiday Inn
Mansfield/Foxborough
Mansfield, MA

**Very best wishes to all our members
for the New Year!**