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The *BLACKBOARD* NEWSLETTER

Inside this issue

Co-editors
Lisa Tine and Jim Gilmartin

MISSION STATEMENT

The Association of Educators in Radiologic Technology of the State of New York is committed to excellence in education and health care. We stand committed to develop and maintain standards of quality professionalism. We will serve as a leader in the advancement of the profession of Radiological Sciences through the development and implementation of educational methods and policies.

A - Advancement through the implementation and development of educational methods and policies.

E - Educate the membership as ambassadors of knowledge to serve our communities and students.

R- Recognize the need for innovation and development but maintain the qualities of the past

President's Message

Dear Esteemed Members:
As we progress through our academic responsibilities and duties, we must remind ourselves on the purpose of our goals. The philosophy of what we bring into our classrooms will foster the next generation of future technologists and educators. I have much respect for all of you on this journey you have chosen and hope this year's AERTSNY conference will have us all join as one in sharing our ideas and philosophies.

We have a variety of speakers addressing our group this year that we are hoping will instill trends and nuances that are current in our field. A speaker from the JRCERT will discuss the latest standards revision, a presentation on A.I. in medical imaging, and an interactive display on the history of Radiologic Technology. These are just a few of the topics we will be presenting at our 2024 AERTSNY conference.
Our goal is to engage our membership in active discussions and networking on relevant topics and trends in our profession in the State of New York. In particular is proposed NYS Bill #A7753 which will be emphasized in our town meeting discussion. Please bring your ideas and feedbacks. I want to thank Bob Geiser and Karlyn LaBate, President of the NYSSRS, who have been pivotal in representing our profession in opposing this amendment.

I want to thank the AERTSNY Board for their hard work in ensuring a successful conference, and we look forward to your presence, contribution, and time in building bridges amongst educators and healthcare professionals.
Cordially

Manny Livingston M.S.Ed., RT (R)(CT)(ARRT)
AERTSNY President

Patient Shielding

Ken Martinucci

For years (as far back as I can remember, and even longer), the Cardinal Principles of Radiation Protection have been: Time, Distance, and Shielding. All Radiologic Technologists kept their lead nearby, as providing protection to the patient by shielding has always been one of the essential components utilized during a properly performed radiological exam.

As many of you already know, times and positions have changed regarding gonadal shielding. Due to findings over the past years (studies/data), recommendations are now not to shield when performing routine radiologic examinations of the pelvis and/or abdomen. As of 2021, the American Society of Radiologic Technologists (ASRT), as well as the National Council on Radiation Protection and Measurements (NCRP) stands by this. I don't think we, as educators and patient care advocates should be overly surprised that changes are occurring due to findings from data. We do, then we document, then we collect data, then we compare. This will always bring change. Hopefully, always for the better.

There are some specific reasons why this revision has occurred, such as: the improvements in technology since the 1950's, that any lead placed in the imaged field can inadvertently cause an increase in dose to the patient, and that the misplacement of a shield may block an area of the field that should normally be seen. There are other reasons, but these are some of them. So, the recommendations that the ASRT and the NCRP suggest speaks of any protective lead within the exposed field. It seems to be acceptable that we continue to use lead to shield outside the intended exposed area, and place shields where appropriate to reduce patient radiation exposure, such as on the lap of the patient when radiographing extremities, etc. This would protect the patient outside of the body area being radiographed.

Of course, as educators and practicing radiologic technologists we want to keep up with all changes, for the purposes of practice and teach how to properly and safely execute a diagnostic radiologic exam. However, is this really a major adjustment to what we do, and what we need to know about how to do it correctly? And, is this a major change to what we teach students to do? Certainly, we need to recognize any current standards, and correctly communicate any changes happening in our profession. It should be noted that what we need to do in accordance to these recommendations, is take advantage of emphasizing other related areas of radiation protection, and demonstrate how doing other steps helps and works to overall provide radiation protection.

For example, precisely collimating the radiographic field to include only the anatomic area of interest, and shielding the lower abdomen and pelvis (outside of the area of interest) is combining other good practices. In addition, being more precise to the area of interest, such as proper placement of the central ray helps us to limit our field size (again, collimation) very specific to the area of interest. If we follow these steps, and maybe also measure the thickness of the patient (using a caliper), contributes to using an adequate amount of radiation to still attain a diagnostic image without any unnecessary exposure.

So, if we pull together all of the proper steps we have learned, practiced, know, and pass on in the clinic and classroom to students, any accurate recommendations and revisions will only help us to improve the process of contributing to the health and safety of our patients. These are also great talking points for educator/student conversations.

What do you think. I would like to know.

Kenneth Martinucci

Board Picture

Assembly Bill Limited License

On June 6, 2023 a bill was proposed before the New York State Senate to amend the state Public Health Law to create a registration and licensing process for "Limited-scope radiographers." Assembly Bill A07753 was introduced by Assembly member Yudelka Tapia of the 86th Assembly District which is located in the Bronx.

If this bill were to become law it could undo many if the gains in salary, benefits and working condition that were long overdue in our profession. This bill seeks to allow Limited-scope radiographers ***"to practice as a limited-scope radiographer shall authorize a holder of such license to practice radiography at urgent care centers under direct supervision of a licensed practitioner."***
This Bill puts no limitation on what exams could be performed by limited operators except that the exam be performed in in Urgent Care center. The law states that "a limited-scope radiographer shall not be authorized

The law states that "a limited-scope radiographer shall not be authorized to inject contrast". It does not, however say that they cannot perform a contrast exam. If an urgent care facility had Fluoroscopy or even a CT scanner, could all those studies be done by minimally trained individuals?
While the damage that could be done to our occupation is obvious, I think the real danger here is the danger to the public due to over exposure to radiation as well possibly missed pathology due to incorrect positioning. As members of the AERTSNY we are all aware of the intense training that Radiologic Technologist to be licensed in New York State.

This is quite simply an attempt by the owners of some urgent care facilities to put patient safety at risk in order to increase their bottom line. In the current job market, urgent cares, like other businesses are having a difficult time hiring techs. The current shortage of techs will be temporary, but if this goes through the danger to the public.

As a society the AERTSNY as well as the NYSSRS must be at the forefront of fighting to prevent this dangerous piece of legislation to become law.
We must encourage all of our colleges to write their assembly members and ask that they vote against this short-sighted Bill.

-Jim Gilmartin

AERT Position Statement:

The Association of Educators in Radiologic Technology of the State of New York (AERTSNY) opposes the proposal of New Yor Assembly Bill #7753 which proposes the licensing and registration of limited-scope x-ray machine operators (LXMO) in the State of New York. The field of radiography emphasizes a deep understanding in diagnostic medical radiation exposure and safety to the public. AERTSNY is concerned that the quality of imaging exams, patient care, and safety parameters will be affected by the restricted knowledge base of limited-scope x-ray machine operators.

AERT

2023 asrt AWARD FOR ADVOCACY

ASRT has selected the New York State Society for Radiologic Sciences to receive The Award for Advocacy, presented as part of the 2023 ASRT Annual Governace and House of Delegates meeting in Reno,Nevada. Its given to an ASRT affiliate society that has demonstrated outstanding legislative or regulatory advocacy efforts on behalf of the radiologic sciences community."

Congratulations to Karlyn LaBate President of NYSSRS and the Board for your continued hard work and dedication to the profession.

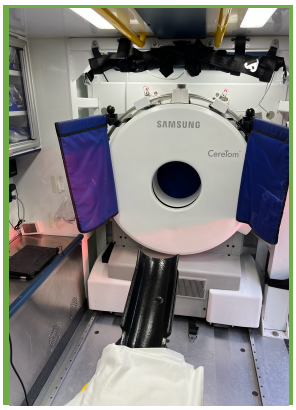

Photo Courtesy of Frank Tine, RT, (R) (CT)

As of 2022, There are about 20 mobile stroke units in the U.S.

The role of Imaging professional in acute stroke diagnosis and treatment

Every year roughly 795,000 people in the United States suffer a stroke. Leading to 160,00 deaths.[1]. Still most Americans do not know that they are one of the leading causes of death in the country. Strokes, also known as Cerebral Vascular Accidents (CVA), are also the number one cause of long-term disability in the U.S.

A stroke occurs when blood flow is interrupted to part of the brain. This can be caused by a clot (ischemic stroke) or by a ruptured blood vessel (hemorrhagic stroke). Although hemorrhagic strokes are less common, making up only 13% of cases, they account for over 50% of stroke deaths.

In the acute treatment of strokes the role of imaging professionals is indispensable for proper diagnosis and treatment. In 2003 many hospitals began forming "Stroke Teams" and were granted status as "Designated stroke centers", by JHACO. The goal is to be able to not only diagnose a stroke, but also determine what type of stroke and provide lifesaving treatment as quickly as possible.

Tissue plasminogen activator (TPA) is a medication used to dissolve blood clots that cause strokes. The benefits of TPA for strokes include potentially restoring blood flow to the affected area of the brain, reducing disability, and improving recovery outcomes. However there also risk associated with TPA administration, such as the potential for bleeding in the brain, which can lead to serious complications or even death. TPA will not be given until certain criteria are met including a non-contrast brain CT showing that it is not a hemorrhagic stroke. In most cases an acute stroke CT protocol will also include a CTA of the brain as a CT Perfusion study. These can show, not only the size and location of the CVA but also the size of the core infarct and the penumbra. Although the tissue in the core infarct is not able to be saved, the penumbra is the area of brain tissue that can be saved with prompt intervention with either TPA or mechanical clot retrieval. Mechanical clot retrieval in the neuro interventional suite is becoming more common to treat large strokes. During a CVA as many as 1.9 million neurons can be lost per minute.[2]

One of the newest developments is acute stroke care are Mobile stroke units. These specially equipped ambulances that have a CT Scanner on board, that can perform a non-contrast brain as well as a CTA prior to the patient arriving at the hospital. Although TPA can be given up to 4 hours after the onset of stroke symptoms, studies have shown that the faster it is administered the better the outcomes. Blood work that is also necessary before giving TPA is also performed in the field. The results are transmitted to the stroke center and the images are read by the radiologist. If all criteria are met the TPA will be given in route and in many cases the clot may be dissolved before the patient arrives at the hospital. If the team determines that clot retrieval is called for, the patient can bypass the Emergency Department and be taken directly to the Neuro IR suite.

I have found that when teaching students about stroke, it is a great opportunity to remind them of the valuable role they can play in the healthcare field. Strokes are just one area that imaging professionals can make a in a patient's life. Working on ambulance as a CT tech is a career path that many had not considered as a possibility. This has also led to a wider discussion with my students about various opportunities that they might not have considered, such as education, research, application specialist or sales.

[1] Centers for Disease Control and Prevention. (2022, October 14). *Stroke facts*. Centers for Disease Control and Prevention. Retrieved January 17, 2023, from https://www.cdc.gov/stroke/facts.htm

[2] *Time is brain—quantified | stroke*. (n.d.). Retrieved February 6, 2023, from https://www.ahajournals.org/doi/10.1161/01.STR.0000196957.55928.ab

Rad-Aid

Sanjay Arya
M.S. R.T. (R) (MR) ARRT, MRSO

Expanding Horizons

Sanjay Arya, center, helps distribute donated textbooks.

Sanjay Arya gives a hands-on demonstration.

Love of Travel, Love of Profession

Before becoming a technologist, Sanjay Arya, M.S., R.T.(R)(MR), MRSO, worked in fashion. He had to find the right vendor for the right customer, which required him to travel all over the world.

Even then, he was struck by the disparity in the availability of health care in developing countries compared to the U.S. After he changed careers to become an R.T. and eventually an educator, Sanjay wanted to take the knowledge he'd gained to the developing world.

"All communities in all countries deserve the assistance that radiology provides," he said.

He said he found RAD-AID through a web search and applied to serve at the Georgetown Public Hospital Corporation in Guyana. The hospital — which provides medicine, imaging and other medical services for free — recently upgraded its radiography department with three new radiography systems from Siemens Healthineers. The equipment cost $1.13 million and included a MOBILETT Elara Max mobile radiography system and two Multix Fusion Max systems.

To complete its transition to digital radiography, the hospital needed help with training, which is where Sanjay came in. He said he was excited about the opportunity to empower technologists to serve disadvantaged communities in the country.

"The technologists I met in Guyana were very kindhearted, passionate about the profession and receptive to learning about their new technology," Sanjay said. "I met with heads of management, the radiologic technology team and the employees who are directly responsible for patient interactions and care."

Together, they mapped the workflow of the department, presented refresher workshops and made suggestions on process improvements. Sanjay conducted hands-on sessions with technologists as they worked with patients. In addition, he provided presentations about safety in fluoroscopy — one of the new equipment's capabilities — and patient care while working with pediatric, geriatric and special needs patients. He also delivered textbooks on physics and positioning, which RAD-AID had received from donors, such as the American Association of Physicists in Medicine.

"I'm proud to work with RAD-AID, which helps underserved countries around the world improve people's health and quality of life," Sanjay said.

Sanjay Arya, third from the right, with the staff at Georgetown Public Hospital Corporation in Guyana.

Apply Yourself

Are you willing to travel to help underserved countries? Are you also a certified technologist and an active ASRT member with three or more years of clinical experience? Then the ASRT Foundation might have an opportunity for you. Go to **foundation.asrt.org/Outreach** to learn how technologists like you are using their education and training to improve the world.

24 ASRT SCANNER | FEBRUARY/MARCH 2023 | ASRT.ORG

In 2020, I was awarded a RAD-AID ASRT Foundation Outreach Fellowship for International Radiology. RAD-AID was founded at John Hopkins University in 2008 with the goal of bringing medical treatment through radiologic technology to international underserved populations, while ASRT is a society representing Radiologic Technologists in the United States.

Pursuant to this fellowship, I volunteered in the radiology department of the Georgetown Public Health Corporation in Guyana. The facility recently acquired new digital radiography x-ray equipment units and I trained the radiologic technologists, student radiographers, and radiology residents on redesigning imaging procedure protocols, and developing exposure factor charts. In addition, I worked very closely with the chief technologist (department manager) and the team to improve workflow and departmental efficiency by creating Standard Operating Procedures. I also submitted a detailed report along with my recommendations to RAD-AID and ASRT Foundation leadership which will allow their partnership to continue to build, enable, and to move forward in Radiology Readiness goals for the facility. I was very fortunate that this achievement was noticed and given the Spotlight in the campus-wide weekly bulletin 'El Semanario Hostosiano.'

To share my experience during this fellowship I gave a presentation at the 56th Annual Conference of Association of Educators in Radiologic Technology of the State of New York on April 27, 2023, along with my colleague Prof. Randy Rampersaud

The objective of this presentation 'Teaching Radiological Sciences without Borders' was to share our personal experience of working closely with the management team, radiology residents, radiologic technology team, and employees who are directly responsible for patient interactions and care and the success of the project in a nation with dire need of healthcare facilities, access, and trained professionals. We also tried to explain the work we all can do as educators to bridge the gap by helping overseas healthcare facilities by mapping their department, giving refresher workshops, and make suggestions on process improvements in various functions of the radiology departments. I understand the critical assistance radiology provides in helping diagnose and treat illnesses and diseases. The medical needs of humans do not vary, so people in underdeveloped nations need healthcare as equally as those living in wealthier nations. Another objective was to encourage radiologic technologists to share generously their time and expertise as volunteers in a way that can provide invaluable benefits to underserved countries around the world where we can see the disparity in healthcare availability. This would improve the health and quality of life of people by sharing resources, advances in technology, and improving professionalism in the field of radiologic technology.

The American Society of Radiologic Technologists (ASRT) learned about my contribution and the success achieved during my outreach fellowship in Guyana. The ASRT acknowledged my international services in radiologic technology and published a featured cover story on my experience titled 'Expanding Horizons' in the national professional magazine 'Scanner' published by the ASRT in February-March Vol. 55 No. 3 pp.22-26.

EMPLOYMENT TRENDS IN RADIOLOGY

Employment opportunities are on the rise for Licensed Radiologic Technologists in all modalities. Since COVID-19 many facilities have been experiencing a shortage of technologists. Since Radiologic Technologists are in high demand, many facilities have increased their salary to be competitive in today's market. This gives technologists, whether new or experienced, an ability to choose the best fit for them. While speaking to many hospital directors, it seems that many individuals are seeking employment in a less stressful environment and some are not willing to work weekends, evenings or overnights. Those seeking employment are negotiating for higher wages and choosing opportunities in outpatient facilities, leaving the hospitals in great need. Since the shortage there has been more opportunities in Travel Technologists positions. These positions offer higher wages as well as paid travel and living expenses. Many Technologists are leaving their fulltime positions at home for on opportunity to work in a new location of their choice, as well as choosing the best hours and times that work for them.

Many students have multiple employment opportunities before they graduate, which often causes them to stress over choosing the right fit. Recent graduates are offered fulltime positions in advanced modalities and some are being offered a sign on bonus.

Hospital systems are creating new initiatives with Radiology Programs to have more students rotate through their organization in anticipation that they will increase their applicant pool. Although this trend is on the rise, we have to be ready and question what will happen once all the positions are filled.

-Lisa Tine

Letter ftom the President of the NYSSRS

NEWS from the NYSSRS BOD:

NYSSRS has had an exciting 18 months. Our two partnerships with the AERT and RTANYS-radiation therapy association of NYS have been sources of tremendous collaboration and learning. RTANYS nominated us and we were awarded the ASRT 2023 Award for Advocacy! We attended the ASRT annual symposium and house of delegates meeting in June of 2023 and have two delegates attending this June. Our past November 2023 conference was a great success due to the synergy of the speakers, members, and partnering groups! We hosted over 16 vendors and 170 attendees! Lisa Tine and James Gilmartin did an outstanding job with student competitions including the poster, essay, and quiz bowl. For the first time in NYSSRS history, we had student presenters who were excellent; their presentations gave conference attendees, .25 continuing education credits. Frank Zaleski ran a registry review for student participants. The conference feedback was overwhelmingly positive. Thank you to all who attended, participated, and continue to support the state society in so many ways!

We are monitoring and opposing Assembly Bill A7753 regarding creating a registration and licensing process for limited-scope radiographers in NY. The AERT and NYSSRS have been in regular communication regarding this bill. NYSSRS sent out a survey to all members and asked them to share will all students, and technologists, asking questions about the proposed legislation. Currently we have collected over 300 responses. The New York State Radiological Society is the NY chapter of the American College of Radiology and has partnered with us in opposition to this bill.

2024 will be the 75th annual conference for the NYSSRS! We will be rolling out a new initiative to show appreciation and recognition to deserving imaging professionals, called NY's Super Dozen. We will be sending more information soon on how to nominate for this award. We have appointed a student engagement committee chaired by Robert O'brien. The purpose of the committee is to:

- bring awareness to students across NYS about the benefits of professional societies (ASRT, NYSSRS)
- provide students a resource for valuable information (SLDP, student bowl, ARRT exam prep, conference information, how to become a member)
- engage students to get involved in the profession/advocacy efforts
- afford networking opportunities to students to communicate with professionals within our field
- We look forward to group efforts with the NYS educators and this committee. Please plan to join us at the 75th NYSSRS dual conference with RTANYS, November 7-9th, 2024, again this year in Schenectady, NY.

Sincerely,

Karlyn M. LaBate

AERTSNY 56TH

Conference 2023