



The Association of Educators
in Radiologic Technology
of the State of New York

The Blackboard

Newsletter

President's Message



Greetings fellow educators,
What an exciting year we have had! It may represent a bit of hubris on my part, but when have we seen so much change in such a short time frame? On a smaller scale my election to President of our illustrious society has been a great honor as well as extremely overwhelming. With all of the terrific mentoring I am getting from the board, I can do nothing but succeed. Perhaps the biggest change was the transition

in leadership in this country, with a new president and political party coming into power. Since taking office, President Trump has begun to act on his campaign promises to repeal and replace The Affordable Care Act. After spending six years slowly learning the various nuances of this revolutionary legislation and transforming health care delivery, we now get to dig-in and learn what the new health laws will mean for all of us.

A second rather impactful event for us is the new format of the ARRT's registry examination. With an implementation date of January 2017, this year's graduates will be the first cohort subject to the new format. Previously there were five sections: Radiation Protection, Equipment Operation and Quality Control, Image Production and Evaluation, Radiographic Procedures, and Patient Care and Education.



Sunset Cruise at Lake George



Editor

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AERT Mission

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.

2016-2018 AERT Board left to right: Back row: Peter Grumm, Michael Burns, and Charles Drago. Front row: Paulette Peterson, Mary Perry, Barbara Geiger, and Zoya Vinokur.



2016 Conference Highlights Manny Livingston, MEd, RT(R)(CT)

Last year, the Association of Educators in Radiologic Technology of the State of New York celebrated its fiftieth annual conference in Lake George New York. This was a milestone event in demonstrating the dedication and philosophy of the AERTSNY's goals in achieving a collegial approach towards education in our discipline. The affair was held at the Fort William Henry Hotel Conference Center from May 4th through May 6th 2016. The hotel offered distinct amenities in a bucolic and relaxed environment that supported the conference's agenda. Celebrations for the fiftieth anniversary included activities such as a Chinese auction, raffles, and a sunset cruise where members reveled in the spirit of the event.

In addition, a multitude of speakers presented topics from existing concepts in digital imaging to current teaching concepts that can be used in the radiologic technology classroom. Lecturers delivered insightful and thought-provoking presentations on subjects such as utilizing strategies for improving retention in our programs, improving outcome assessments for JRCERT accreditation, global clinical education, and updates in radiation safety and patient care. A treasure trove of relevant information for the radiologic technology educator was abundant in pedagogical theories and contemporary technical aspects in diagnostic imaging.

The AERTSNY also held elections at the conference for viable nominees as officers for the years 2016-2018. Appointed were Mr. Michael Burns BA RT - President, Charles Drago DHed, RT (R)(CT) - President-Elect, Barbara Geiger MA, CHES, RT(R)- Vice President, Paulette Peterson MS, RT(R) - Recording Secretary, Mary Perry MA, RT(R) - Treasurer, Frank Zaleski MA, RT(R) – Nomination Chair and Zoya Vinokur MS,RT(R)(M) - Corresponding Secretary.

President's Message Cont.

The new format has been streamlined to four sections: Patient Care, Safety, Image Production, and Procedures. According to my rudimentary research, this has been the first change in format since 1977; when New York State stopped administering their own test and accepted the Registry exam as the singular academic qualifier for licensure.

Important Registry content changes were implemented as well. Marking the end of an era, there will no longer be any film/screen questions. I, for one, will be happy to finally dispose of film/screen notes and lectures, which had become increasingly difficult to teach in our overwhelmingly digital world. For those of us who teach Radiation Physics, Radiobiology or Radiation Protection, it is important to note that SI (Systeme Internationale) units will become the primary units of radiation measurement used on the examination. So we can bid a fond farewell to film/screens, Roentgens, rads and REMs. They will soon be confined to our colorful history alongside hand-processing, stereoradiography, and so many other practices and technologies of radiography's past.

"...SI (Systeme Internationale) units will become the primary units of radiation measurement used on the examination. So we can bid a fond farewell to film/screens, Roentgens, rads and REMs."

The last significant change in our discipline was the adoption of new Standards for Accreditation for programs in radiologic technology by the JRCERT. Those of us who were fortunate enough to attend last year's meeting were able to hear Brian

Leonard from the JRCERT discuss some of the changes made from the previous Standards. Brian was also kind enough to devote a great deal of time answering questions after his lectures (another great reason for attending meetings in person).

Speaking of meetings, I was able to attend the annual NYSSRS meeting this past October in Corning, NY. Our own Anne Verschuuren was installed as President of the Society. She had, not surprisingly, a heartfelt and humorous acceptance speech. The cooperation between our two societies has always been positive, and with Anne's ascension I'm sure it will only get even better. Another one of our longtime members, Hildy Oberstein, was honored as the President's Lecturer and looked stunning in her red suit. Her lecture was on mentoring; something that is obviously near and dear to our hearts. She delivered it with great passion and enthusiasm and I am sure she turned some hearts and minds.

I am looking forward to a great meeting this April and hope to see all of you then.

Mike

2016 Conference Highlights Cont.

Manny Livingston, MEd, RT(R)(CT)

These fine individuals will spearhead the AERTSNY's mission in maintaining and developing the standards of quality in Radiologic Science and look forward to working with all members of the association in creating progressive agendas for future gatherings.

Technology or Human Interaction

Charles Drago, DHed, RT(R)(CT)



Gone are the days of the blackboard, chalk, erasers and note taking. Hello to I-phones, twitter, Facebook, podcasting, synchronous, hybrid and virtual class-

rooms. As instructors, we are constantly looking for new ways to capture our students' attention and increase their participation in our classes. It is no secret that technology continues to transform the way educators teach and the way students learn. According to Buemi (2015) students want to be able to learn on their own terms—that is, they want to be able to study whenever, wherever, and however they choose, and they expect institutions and faculty to be accommodating. The students of today think that for some misguided reason that their instructors are available around the clock to answer questions, provide feedback, and generally just be there if needed. As unrealistic as this belief is, wouldn't it be nice if instructors could be available around the clock?

Discussion boards, Google documents and YouTube videos are just a few of the resources some of us have used in our ever-growing collection of "techie" tools to demonstrate positions, pathology and infection control videos. We as educators want to stay on the cutting edge. The Sloan Consortium (now Online Learning Consortium) predicts this trend toward an increased usage of technol-

ogy will continue into the foreseeable future. Radiologic technology educators must learn to focus their skills, taking advantage of an array of technological options. We attend conferences, exchange ideas with colleagues, read up on the latest innovations—all in the interest of keeping our teaching on the technology edge. I sometimes worry that maybe we have gone over the edge. According to Philips (2017) technology is great, but it is only a means to an end—it is not the end!

I have listened closely to what my students say and they have told me they want more out of their courses and it doesn't seem to be more technology. Instructor contact seems to be a want and need for students. Students wanted to know they could talk to their instructor, get feedback, and perhaps engage in a level of professional connection. Social connection is human nature and the desire to interact is innate in all of us.

According to Buemi (2015) technology to develop a course ended up being more fundamental and the basic premise was social interaction. I have come to realize as an educator I wanted the same thing as Mr. Buemi. I want to see my students progress. I also want to see that spark in their eye and feel their energy when "they get it". Words that are spoken have a more profound effect than words typed in a e-mail or on a discussion board. Somewhere along the line, our excitement over the latest technological tools has started to cloud our focus.

"Words that are spoken have a more profound effect than words typed in a e-mail or on a discussion board."

Technology or Human Interaction

Charles Drago, DHed, RT(R)(CT)

The enthusiasm of learning ought to reside in the praxis of teaching, not the use of technology. I see my colleagues and myself at a fork in the road. Do we invest our time, energy, and resources in technological tools, or do we invest in teaching?

“The enthusiasm of learning ought to reside in the praxis of teaching, not the use of technology”

Somewhere in this split of choices lies the answer. Perhaps a blend of teaching practices, technology, and basic human contact might be the formula needed. I don't think this should come as a surprise as we are social animals. No matter what new technological challenges become available, I expect that teachers and students will continue to need and cherish those moments of social connection.

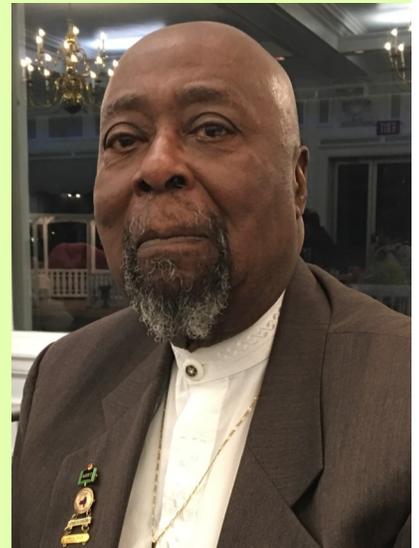
In closing, maybe the Jetsons have arrived but I still prefer to talk to my students, feel their excitement and watch them learn and grow throughout their journey to becoming a radiologic technologist!

Celebrating 50 Years of Educational Excellence

Evans Lespinasse, MS, RT(R)(M)



As part of the 50th Anniversary celebration, the President and Board Members of the AERT, organized an extravagant reception on a steam boat at beautiful Lake George. Dinner followed where the membership took time to reflect, at half a century of great legacy. The theme of the evening reminisced on the extraordinary history of radiologic technology education. Among the many who came out to support the organization was devoted Past-President and life-member, Mr. Melvin Thornhill, (right). He paid tribute with pride and joy in his congratulatory remarks to the Board and members. Very moving!



“We love you, Mel.”

Theory-Practice Gap: Why Does it Exist and How Can We Stop the Madness?

Jennett Ingrassia, MSRS, RT(R)



As an educator who teaches the initial radiographic procedures course, the one thing I find myself saying to students more and more is

something like this: *So, this is how it's supposed to be done, but in practice, at the clinical site, this is what you may see, and more often than not, it's the wrong way to do it...*

I wish, more than anything, that I could change the fact that many of my colleagues out there in the trenches (and by that, I mean the hard working, staff diagnostic radiographers) are just not doing things the way they were taught which is "the right way". Now, please understand, I am not talking about those things that we do differently simply because we can skip a step by virtue of experience. I am referring to blatant disregard for proper procedure---in other words, best practice. This mindset can be seen in the form of not knowing or not remembering the technological aspects of our profession, or apathy or laziness. I am not sure which of the above is the main culprit. However, in the first part of this two part series, let us think about it after we consider a little research on the subject; remembering that those aforementioned items of disregard affect patient care, radiation protection, and positioning.

Researchers have given a term for what I described above. It is called Theory-

Practice Gap. Corlett (2000) investigated the perceptions of student nurses, educators and staff nurses and defined theory-practice gap as "a discrepancy between what student nurses are taught in the classroom setting--the theoretical aspects and what they experience in their clinical placement." Basically, it means that students are not seeing the theory taught in the classroom carried over into the clinical learning environment. We all know this is a vital component of the clinical learning experience as this concept is what prepares students to become competent practitioners. While the vast majority of the research for this topic is globally related to nursing, it can certainly be applied to radiologic technology. Cahill's (1996) research reveals that practitioners fail to *specifically* connect clinical nursing with academic nursing. So, is that what is happening in the medical imaging profession, as well, and if so, why?

In Mao's (2015) literature review of the theory-practice gap in nurse education in China, she defined *theory* as a "...value, or a framework which should be integrated into the nurses' routines." She went on to say that a value should be demonstrated as an embodied mindset and reflected in the behavior of nurses. Well, perhaps that says it all.

So, is there a cure for Theory-Practice Gap? deSwart, duToit and Botha (2012) seem to think there is no single solution. Chang and Daily (2008) say the transition is rough, being complicated and unfocused. Mao's (2015) conclusion of her review of the literature on theory-practice gap says yes, however, there are several barriers to overcome.

Theory-Practice Gap: Why Does it Exist and How Can We Stop the Madness? Cont.

Jennett Ingrassia, MSRS, RT(R)

One of the barriers she identified was a lack of understanding of the theory by the practitioners. She suggested that perhaps educators taught theory using different nomenclature or phrasing unfamiliar to the practitioner. Another barrier was that practitioners felt that the theory caused an extra workload and that, compounded by a lack of workforce in a busy clinical learning environment, did not leave time to pay attention to theory during practice. The final barrier that was mentioned included the lack of a cooperative, responsive and receptive clinical learning environment. All of this begs the question: Can we possibly apply any of these barriers to the medical imaging profession? Yes, I believe we can. The first thing that comes to mind is an example concerning a supportive clinical learning environment. Graduates have reported being made fun of for having patients take two inspiratory breaths for a chest radiograph. They are told "you can tell you are a new tech!" Or, in a busy department with a reduced workforce, there may be "no time to mark the image or to collimate". Yet, time is taken when the procedure is finished to annotate the image after the fact and crop instead of collimate. Examples such as these makes one wonder whether new graduates (or even our current students) avoid best practice to "fit in" to the department and with their newly acquired colleagues? Maybe this is how it begins. Therein, may lie the problem.

“Graduates have reported being made fun of for having patients take two inspiratory breaths for a chest radiograph.”

So, let me ask three questions: One, can educators get the practitioners to *recognize* that theory-practice gap is a major concern? Two, is trying to change the mindset of the staff radiographer the *only* method we can use to reduce the gap? Three, do we blame the entire problem on the practitioners? My answers: Not sure just yet, better not be, and can't.

Let's talk about how to answer question one first and then we can tackle questions two and three in part two of this series. Cunningham and Wright (2015) performed a literature review to examine research within the radiologic science clinical education and the practitioners role in the process. They concluded that the development of entry-level skills of our students is a shared responsibility between classroom educators and the staff radiographer--the practitioner. Staff radiologic technologists must realize that employers and the educational institution *expect* them to be an active participant in radiologic technology students' clinical education. At times, this becomes an issue, as we all know that some practitioners are more student-friendly than others. However, Cunningham and Wright's research indicated that students desire a better approach to clinical education. It must begin with the staff radiographer all to acquire increased recognition and awareness of the challenges that the theory-practice gap demonstrates.

Now I can only speak for myself, but although I teach in the classroom, I also am lucky enough to teach in the clinical learning environment. I am not sure how many of us get to do both, but I take great offense when one of my students comes back and tells me that the technologist told her not to listen to anything I say, because I "haven't

Theory-Practice Gap: Why Does it Exist and How Can We Stop the Madness? Cont.

Jennett Ingrassia, MSRS, RT(R)

taken an x-ray in years"... so not true!

Personally, I agree with the findings of the literature review. It is up to the program to get this message across, as a first step in reducing the theory-practice gap. Part of the problem, according to Corlett (2000), is that educators and clinical staff have different values. I believe that this may be true in our profession as earlier, I spoke of apathy and laziness being part of the problem. Another concern in the nursing research is that it is stated throughout that the clinical staffs' view of the classroom educator is one of having very little credibility. This is because they felt that the educators were not in the trenches working as a nurse and had no idea of what was happening there.

The research gives us some ideas to help address this issue. Using reflection is one method suggested by numerous investigators. The real challenge is getting the staff radiographer to 'buy-in' to reflection. Spending a few minutes going over the images with the student is extremely beneficial on several levels. In doing so, perhaps it would enable the practitioner to remember best practices. In addition, it would cultivate a relationship with the student and, when all is said and done, the patient would receive the best possible service. The research also suggests increased communication between the educational institution and the clinical learning environment to include all pertinent individuals who comprise it; most especially the practitioner. This means increased visits to the clinical sites by the clinical coordinators to develop more of a rapport with the technolo-

gists. Taking the time to explain expectations to the staff radiographer and clarifying their role, along with greatly emphasizing how important they are to the students' clinical education, can mean so much.

"Taking the time to explain expectations to the staff radiographer and clarifying their role, along with greatly emphasizing how important they are to the students' clinical education, can mean so much."

So, in conclusion, to address question one, I have given some ideas on how we, as radiography educators, can enable the staff technologist to at least recognize that there is a gap, and close it just a bit. While, as you can see, I have only addressed the first if my three questions, I hope that I have given reason for thought, and perhaps action, to correct this very real problem of the Theory-Practice Gap. In part two, I will address the other questions brought up here relating to changing the mindset of the staff radiographer as the only way to close the gap and whether or not the practitioners are the only individuals responsible for creating the gap.

Stay tuned!

Part II—coming soon in the next issue!

Radiology Fever or is Radiology on Fire! Cont.

Subhendra Sarkar, PhD, RT(R)(MR)(CT)(N)(CNMT) DABMP



Several authors have recently published alarming estimates that thousands of cancers and cancer-related deaths per year in the US population are caused by ionizing radiation from medical imaging procedures. They

have used the small risk factors we know of in radiology procedures and multiplied by the large US population, publishing non-negligible size estimates of “cancer victims.” It is to be noted that our knowledge of low dose medical radiation risk is extrapolated from the high doses in Japanese atomic incidents when there is no agreed model to do such extrapolation. The result of such a sensationalized reporting in public media causes anxiety and fear about medical imaging that often lead to total rejection or detrimental delay in imaging procedures for some patients. If imaging educators, technologists and radiologists had an opportunity to educate the public, they should leap at the chance to counteract any misapprehension regarding the use of radiation in medicine.

In contrast to exaggerated estimates, patients with cancer of the lungs, breast, abdomen, chronic kidney disease or crohn’s disease tend to receive significant radiation dose during disease management. Radiation dose ranging from 10 to 20 CT scans every 2-5

years is far from being negligible. Excessive dose for these patients should be a concern for the whole imaging and therapy teams. After all, 20 CT scans in 5 years will bring a patient to the same risk levels as some of the atomic bomb survivors. Team leaders should draw a concrete plan with great transparency that addresses dose reduction in elective non-ionizing modalities. Options for ultrasound and or MRI should be considered.

Ultrasound is a great modality except that the availability of expert ultrasonographers and interpreting radiologists in certain areas remain scarce. Tissue contrast and tissue reach are also quite limited in many ultrasound sessions; particularly if the patient is large or dehydrated. As educators, we know there are not many ultrasound schools nor many enthusiastic applicants despite this being a high reward modality. Thus, there is a severe shortage of vascular, echo cardio and pediatric sonographers.

MRI on the other hand is going through a market sweep, but not without worries. Image quality is of concern particularly because there is a significant variation in MRI scan quality among equipment types, among cities and even among various patient age groups. Quality of children’s MRI images can be very poor. Perhaps it is due to the fast advancing complexity in scanning equipment. Many MRI technologists are unhappily stranded in the technology revolution. Many older and general radiologists are also experiencing difficulties in interpreting the fancy, new MR sequences.

Radiology Fever or is Radiology on Fire! Cont.

Subhendra Sarkar, PhD, RT(R)(MR)(CT)(N)(CNMT)
DABMP

Manufacturer's representative or Vendors are not always helpful in this regard. In an effort to maintain a competitive edge in business, they often change the names of certain techniques without necessarily adding much to its applications, resulting in mass confusion. On top of it all, in this decade came the high-field equipment, with its heating and the many contraindication potentials. These high-field machines do not follow the conventional MRI physics too well. Users often do not know or agree if the low field techniques can be easily translated to high-field MRI for all body parts. Usually it is the head MRI that is superior at high-fields while the body MR quality is often easier to manage at low-fields. The heating and burning risk is also high for the body imaging at high fields.

In conclusion, radiology is no doubt handling complex diseases combined with a growing demand for quality and quantity. On the rise for imaging technologists, radiologists and administrators are unrealistic perceptions, expectations and safety concerns escalating at an uncomfortable pace. Perhaps it is time for educators to set some alarms, prepare the students for market confusion, imaging complexity and the lack of imaging safety. Lastly, radiologists should be called upon to come together and provide support to their junior partners (technologists) once again as they did 20 years ago. Only then will the radiology team have a chance to live and work happily thereafter.

AEIRS 2016 Conference Highlights

Ann T. Verschuuren, Med RT(R)(M)



My first visit to Portland Oregon had started out with me asking myself, "Why Portland?" I pictured the grunge of Seattle shuffling

around a rainy Pacific coast town. But from the moment I arrived at the beautiful X Hotel, with its mahogany carved walls and plush rugs, I thought I had better give this town another chance. The AEIRS conference ran from July 13 to 15, 2016 to offer 12 continuing education credits to educators in Radiologic Technology. If you have never attended a national educators conference, this may be the one you should try out first. The membership is energetic and very enthusiastic about all things teaching and learning. They are of the mind-set, "work hard / play hard", and the conference is set up as a balance of educational presentations and fun ideas.

Since I did not expect Portland to offer me much, I had decided to do some research on the place before I went. The only thing that piqued my interest was "Voodoo Doughnuts" which was featured on Diners,

AEIRS 2016 Conference Highlights Cont.

Ann T. Verschuuren, Med, RT(R)(M)

on the show Diners, Drive-ins, and Dives. Their reputation for unusual combinations of doughnut flavors was sensational to say the least. Their small corner store had a long line and a very organized way of moving their potential customers through it. The aroma from the shop was so good, it made you want each and every doughnut (and I am not even a doughnut person). The shapes as well as tastes were entertaining as well as mouthwatering. I expected it to be pricy considering their fame and all, but it was very reasonable. How good were the treats we purchased? well! let me say that each day after we had the doughnuts, we woke saying we wished we had another one for breakfast. To me it is always a sign of a great meal when you want it again the next day. Imagine our surprise when at one of the conference breaks, they served boxes and boxes of Voodoo Doughnuts. Just heavenly! Kudos to the conference committee for always injecting a little local flavor into the meeting.

The lectures varied from sharing of three research studies; one on retention strategies, one on factors affecting job satisfaction in Radiologic Sciences, and the last on engaging scholarship in the classroom. There were some great new topics such as counseling strategies for corrective action, teaching positioning in the laboratory setting and the art of game-based learning. I really liked the games they introduced and this seems like an easy way to do a review of material before a test, or as part of a registry review course. There are a great deal of free downloadable programs and plugging in questions and answers is very easy. Personally, I am a fan of jeopardy and wheel of fortune – so those were the ones I

downloaded. It is a great tool to use and once created, you have it forever - until the next technology comes along.

They presented the Anatomage virtual dissection table and educators were able to give it a test drive. There was always a crowd around the vendor table. The presentation/lecture demonstrated its uses and identified programs who already had the table, and how they were using it in their institutions for courses in anatomy and radiography. The presenter pointed out that dual utilization helps to spread out the cost over several cost centers making it feasible for many programs.

Our very own Joseph Whitton, program director at Stony Brook on Long Island, shared a global outreach experience that he had with some of his students. For those of you who are familiar with his last trip, this one did not disappoint either. They worked with local staff in the delivery of medical care in a remote setting with very limited resources. A discussion of the benefits of learning outside the classroom as citizens of the world gave educators new insight to service learning. Radiography educators generally achieve great success delivering the curriculum to students. However, we are all too familiar with the responsibility to help create a well rounded professional. Soft science courses like psychology, sociology and philosophy contribute to this mission. However, nothing beats the experiential learning, combined with great lectures on fascinating topics, that a conference like this can provide your students. I so look forward to attending again, next year.

AEIRS 2016 Conference Highlights Cont.

Ann T. Verschuuren, Med, RT(R)(M)

One lecture was particularly engaging, “Getting out of the box” because it had a high level of audience participation which made it “real”. The topic covered addressing apathy in radiologic technology. Real solutions were developed and as an experienced educator, I can say that I enjoyed this just as much as the new instructors did. Getting a fresh look at issues that I am familiar with, was energizing and I will share some of the information with my students so they in turn can become RT professionals who will make a difference in our field, rather than just collect a pay check.

There were also some lectures on use of multimedia to enhance courses, improvement of student learning and communication. While these topics are rather routinely encountered at such a conference, the speakers presenting styles offered some new pep into them and I really enjoyed them. Lastly, the Fellow Elevation luncheon lecture was given by Rick Carlton, the co-author of a popular Radiography Textbook. I have seen Rick present before and he always speaks in an informal manner that is very engaging. This year was no different. He spoke of how electronic communication has affected the skills of our students and how to disengage from our electronics so that we can improve communication. Using electronic communication should enhance, not replace face-to-face interactions. It was an eye-opener lecture that really was thought provoking.

Again, the hotel was great and within walking distance were some of the best meals I have EVER eaten. Each Sunday, they have a street fair that would rival the feast of San Gennaro in the city. The food was unusual, the vendors varied. For example they had jewelry, clothes, furniture and stained glass to name a

few. I opted to get a temporary skeleton tattoo (what did you expect?). There were shops and places to sight see. In fact, Mount St. Helen’s was a car ride away. I decided to stay longer and took a sightseeing trip to all the waterfalls of the Portland area. We even stopped at a ski resort with snow on the peaks despite it being July. On the way back, we had enough time to stop at a Lilac nursery – that was awesome! My suitcase smelled wonderful when I got home.

Going to a conference is always a great experience for me. I get to see “my peeps”, learn a new thing or two, enjoy a local flavor and culture, and get to see America. Although, as I get older, I realize that I may have need for a handler to avoid all the stories I can’t tell you here!



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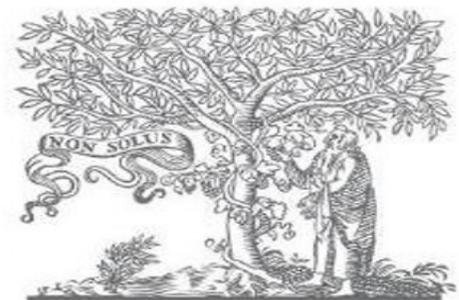


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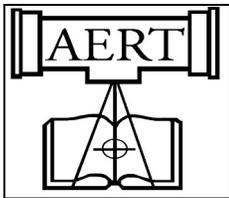
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“Excellence is an art won by training and habituation. We do not act rightly because we have virtue of excellence, but we rather have those because we have acted rightly. We are what we repeatedly do. Excellence, then, is not an act but a habit.”

Aristotle

AERT Board of Directors

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Announcements

- AERT 2018 Annual Conference Date TBA
- The ASRT meeting will be in Orlando, Florida on June 22-25 and the AIERS meeting will be in St. Louis, Missouri on July 13-14. Time and schedule permitting, I would like to attend one of these meetings. In knowing that I can't attend both, I would greatly appreciate if any of you are planning to attend one or both of these meetings, you could please let me know. I am interested in receiving a report on the activities of these national organizations, and so far I do not have a board member committing to either