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

THE BLACKBOARD NEWSLETTER

President's Message

Dear AERT Fellow Educators,

The last year as President has been a busy one, beginning with the structuring of committees and assigning charges. The year started off with me attending the AEIRS conference where I was joined by several colleagues from New York. The state was well represented and the conference, which was held in South Carolina was a great success. In the fall of 2018, we had our midyear meeting hosted by Mike Burns and Barbara Geiger at Mercy Medical Center. We spent countless hours as a board planning the upcoming conference. Kudos to our "new recruit" Angela Eaton for taking on the role as Co-Conference Coordinator with Barbara Geiger. We have a wonderful conference planned and I am excited to have the JRCERT attend the conference to present on the new standards. We have many presentations this year with a myriad of topics. This year we will have an open forum on "Issues Radiologic Technology Programs are Facing". This forum will allow members to exchange ideas and learn from one another.

In October 2018, I attended the NYSSRS conference in Corning, New York. Dave Finaldi was elected as the President and it was nice to see some new members get elected to the board.

This year the AERTSNY is thrilled to present a new scholarship opportunity for program faculty and clinical instructors. The scholarship is for AERT members and its purpose is to promote higher education. The guidelines and application are on the website.

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INSIDE THIS ISSUE

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.

2018-2020 AERT Board left to right: Anthony DeVito, Frank Zaleski, Zoya Vinokur, Mary Perry, Barbara Geiger, Charles Drago, Mike Burns and Manny Livingston

President's Message Cont.

While perusing the website, you may notice the new look; thanks to our webmaster, Jarek Stelmark.

I would like the following year to be dedicated to mentoring technologists and students who are interested in teaching. Please take note of students who have this aspiration. Talk to them, get them involved, follow up with them, encourage them to join the AERT, NYSSRS and ASRT, and stress the importance of keeping abreast of changes in our profession. The Radiologic Technology field needs strong leaders to continue our professional legacy. Program Directors and Coordinators should seize every opportunity to foster, encourage and pass on the passion we all share to future educators.

See you all in Lake George,

Dr. Charles J. Drago

Sixteenth Annual Poster Session at City Tech
Evans Lespinasse, MS, RT(R)(M)

On Thursday, November 15, 2018, The New York City College of Technology of the City University of New York proudly unveiled its Sixteenth Annual Poster Session in the Lobby of the New Academic Complex. A total of seventy two (72) entries from faculty and students were exhibited to the college community and open to the public. Many took the opportunity to showcase their recent research results. As a participant and attendee, I encountered such great excitements as I navigated through such display of research achievements. This year's event was even more successful compared to prior years.

The Radiologic Technology Department was well represented with three contributions. Among the three, the one that I am the most proud of was initiated by one of my Radiation Protection and Biology students. After a lively and interesting discussion in class on background radiation, Tetiana Grygoruk, (a first-year student) approached me and asked if I would be her collaborator/mentor in researching health risks associated with prolonged exposure to Radon Gas. I immediately agreed and thereafter, we met approximately once a week outside of class over a period of 8 weeks to work on the project. We also exchanged long threads of emails throughout the process. We both found the results of the multiple tests were interesting and noteworthy for public display. I also submitted a poster of my own on Radiation dose in Mammography. The third one was a collaboration between Dr. Subhendra Sarkar and Professor Anthony DeVito, on Causes of Treatment Delays in Overcrowded Emergency Departments.

Kudos to all participants in making the 16th Annual Poster Session such a great success!

Urgent Care Centers and Radiologic Technology in the City of New York

Eric Lobel, MA, RT(R)(CT)

I would be surprised at this point if you live in New York City and have never utilized an Urgent Care Center (UCC) or don't know someone who has. They have, at least in 5 boroughs and Long Island New York proliferated like leaves on the sidewalk on a windy fall day. UCC's have functioned in the United States since the 1970's on a much lower scale. Today this healthcare sector is a multi-billion dollar business, with over 14 billion dollars in profits annually representing over 7,000 centers. UCC's are generally open longer hours than a typical doctor's office and are equipped to offer a much broader scope of services for patients in non-life threatening conditions

UCC's offer an alternative to traditional emergency room treatment. Now covered by most healthcare insurance they offer a variety of services, short wait times and flexible operating hours. Services vary as does staff, but the vast majority offer basic laboratory testing, vaccinations, vital sign assessment, consultation with a healthcare professional (in many cases a physician assistant), and of course imaging services.

My personal story occurred a few years ago after stepping in a muddy covered hole resulting in a non-displaced distal fibula fracture. After falling, I was certainly in pain, however, I somehow managed to drive home but faced with a choice. I could either head to the nearest Emergency Room or try one of the several UCC's in the neighborhood. I chose the latter, and upon arrival they had me fill out a simple form, took my insurance card and had me sit for a mere 2 minutes before taking AP and Lateral ankle x-rays.

Overall, I was quite pleased with the experience. After all, I knew I needed imaging of my ankle, and whether I went to the ER or UCC, I would receive a referral to an orthopedist for follow up. That said, my actual imaging experience made the educator in me both cringe and take notice. Firstly, the technologist was not a radiographer. Instead of a licensed Radiologic Technologist, a physician took my radiographs. Perfectly legal, but just not typical, at least in New York City. Additionally, the oblique view was left out. Again, legal since the physician ordered, performed, and then interpreted the images. Worst, however and certainly not "best practice" was the missing lead shielding for radiation protection.

In the last few years, many of my former students are finding positions in the UCC setting, sometimes known as "immediate care," "walk-in care," and "convenient care." I am simultaneously concerned and fascinated by this employment trend and ready to do more formal research. I find the specific daily duties required of technologists in these positions atypical when compared to hospital staff technologists. In addition to radiography, UCC technologists are required to have other skills that are often associated with medical technicians and are asked to perform clerical and secretarial tasks. Some UCC technologists may be even be requested (and hopefully trained) to apply casts, remove sutures, perform electrocardiography, assist in minor surgeries and ambulatory procedures to name just a few.

The question that comes to mind is, are we doing enough for our current students to function at a higher level in this new environment? I ask my fellow educators to ask this same question because in my opinion UCC's present us with a new reality that cannot be ignored for long. In fact, it may be coming to a mall near you.

Promoting Professionalism in Radiologic Technology Begins in and out of the Classroom

Karlyn LaBate, MS, RT(R)(M)(CT)(CV)

The American Registry of Radiologic Technologists (ARRT), the credentialing organization's mission statement is:
"To promote high standards of patient care by recognizing qualified individuals in medical imaging, interventional procedures, and radiation therapy" ("MISSION", n.d., para. 1).

In support of this mission, we:

- Adopt and uphold standards for educational preparation for entry into the profession
- Adopt and uphold standards of professional behavior consistent with the level of responsibility required by professional practice
- Develop and administer examinations that assess the knowledge and skills underlying the intelligent performance of the tasks typically required by professional practice in the discipline

In addition, they add the following language when introducing their ethics requirements, "*For R.T.s, patients will always be at the heart of the profession—and protecting their best interests and safety should always be the priority. That's why ARRT emphasizes our ethics requirements for certification and registration. Patients and their families want to know that their medical professionals, including technologists, are qualified, responsible, and trustworthy*" ("ETHICS REQUIREMENTS", n.d., para. 1).

The ARRT Standards of Ethics is a document which articulates the Code of Ethics (a set of guidelines to which R.T.s aspire) and Rules of Ethics (mandatory and enforceable standards). The organization prides itself on the following trademarked phrase: "Education + Ethics + Examination = The ARRT Equation for Excellence" ("EDUCATION ETHICS", n.d., para.1). This is essentially the formula for a qualified radiologic technologist.

The following specific ethical codes particularly reference professionalism:

"The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care."

"The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind."

"The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice."

In healthcare, professionalism is often referred to as the basis for medicine's contract with society. Professionalism has various definitions. Deiuliis provides a definition that describes professionalism as "attitudes, characteristics, or behavior that are not explicitly part of the profession's core of knowledge and technical skill, but that are required for success in the profession" (Deiuliis, 2017, para. 1).

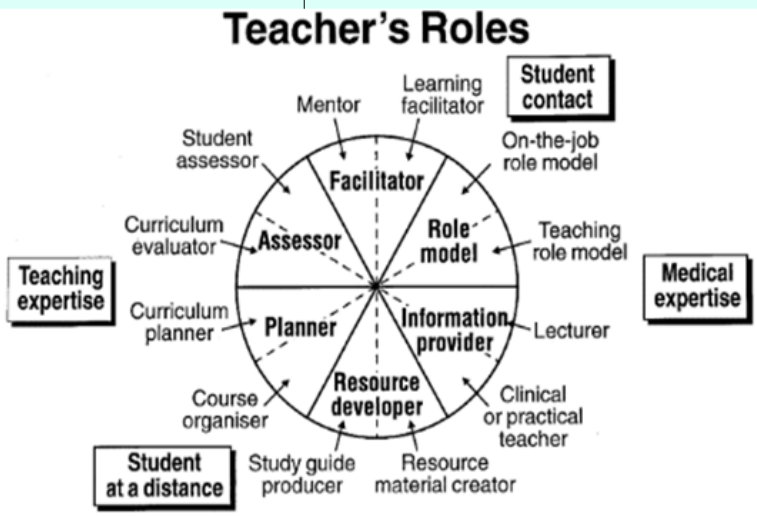
I prefer this definition because it alludes to a professional as someone possessing additional traits in comparison to someone who can perform his/her job satisfactorily. In addition, this definition refers to professionalism as a requirement for success in the profession. How do we promote this value in Imaging?
I believe the answer is by not only exemplifying professionalism but by fostering consistent professional

Promoting Professionalism in Radiologic Technology Begins in and out of the Classroom Cont.

Karlyn LaBate, MS, RT(R)(M)(CT)(CV)

values in students at the beginning of their careers.

As educators we are often the first role models for the students. Educators in Radiologic Technology or any of the Allied Health Professions are special people with many roles to execute in addition to fostering and teaching professionalism. The diagram below is a good representation of what is expected of us.



(Source: Harden, R. M, & Crosby, J. (2000). The good teacher is more than a lecturer: The twelve roles of the teacher. *AMEE Guide No 20, 22*(4), p. 337.) Reprinted with permission.

What do we expect of our students? Generally, with slight variations, we expect students upon graduation to demonstrate clinical competence, communicate effectively, think critically, and illustrate professionalism. Many program directors have professionalism at the core of their curriculum achievements. As educators, how do we cultivate and foster professionalism in our students in addition to the Teacher's Roles we perform in the diagram?

Here are a few initiatives that I feel have demonstrated promising results in strengthening professionalism in students. It is very important to build meaningful relationships with students and role model what we wish for them to aspire to. In our program, we encourage our students to run and become involved with our on-campus imaging club. The name of the club is Medical Imaging Student Association (MISA). The club is affiliated with our campus Student Senate Association (SSA). All students pay an activity fee which goes to the SSA and is distributed to fund clubs and to the student population for various activities. MISA gives students the opportunity to collaborate, run meetings according to Robert's Rules, prepare agendas, compose minutes, elect officers, and delegate committees. MISA members decide and vote on the direction and endeavors of the club. For the past few years, MISA has voted to attend the state conference in the fall and a national conference in the spring. This is a feat for our small classes. As faculty we are advisors to the club. MISA members may be able to bring their own ideas to fruition also. For example, this past year they adopted 50 Salvation Army angels to purchase items for children in need. Students may vote to organize and host a symposium on various topics for continuing education units.

Promoting Professionalism in Radiologic Technology Begins in and out of the Classroom Cont.

Karlyn LaBate, MS, RT(R)(M)(CT)(CV)

As a club, we have attended the ACERT (Association of Collegiate Educators in Radiologic Technology) conference in Las Vegas, Nevada for the past few years. A great deal of planning, organizing, and fund raising goes into achieving this trip to a national conference. First, we investigate conference fees per person, flight prices, and hotel costs. The students prepare a budget. This past year for approximately 17 people, the total budget was approximately $14,000.00. We begin working on funding sources about 14 months out. This means freshmen students are voting to take this trip in their senior year. We vote on five big fundraising events and we break down what monies each fundraiser must bring in. We further break it down to what each student that wants to go must make individually. Next, we check out all possible grants and fund requests that we may be able to find on campus. For example, the Health Professions Opportunity Grant (HPOG) may be able to assist with its enrollee's conference fees. Our most successful fund raisers have been local pie sales, basket raffles, bake sales, candle sales, volleyball tournaments, mum sales, raffle sales, and restaurant dine to donate activities.

We have regularly attended a physics plant tour, museum exhibits, and our New York State Society of Radiologic Sciences (NYSSRS) annual conference. Each of these activities requires planning, and budgeting. We feel the experiences of group travel, and exposure to a broader view of Imaging including networking with other professionals and students gives our students the opportunity to expand their understanding of the field. During these trips, we organize a specific agenda with the students. For example, while at the NYSSRS conference, we do a glass blowing workshop at the Corning Museum of Glass. We also have the students participate in the poster competition, and the quiz bowl. These experiences outside the classroom support students' development of behaviors, attitudes, and characteristics of a professional. The art of traveling, existing in a group, and sharing new experiences together promotes student confidence, assertiveness, and an increased intellectual curiosity. It is our hope that these attributes gained through these various professional development activities translate over into the clinical environment where these behaviors are needed.

Inside the classroom, we make it mandatory for our students to be members of the ASRT. We encourage participation with the ASRT in the form of writing, or artwork submission. In our Introduction to Radiography class ,we discuss the value of supporting our professional society.

Promoting Professionalism in Radiologic Technology Begins in and out of the Classroom Cont.

Karlyn LaBate, MS, RT(R)(M)(CT)(CV)

We give students notebooks with the ARRT standards of ethics, practice standards, and a copy of the state regulations. We offer students a chance to join Lamda Nu which is a national honor society devoted to the Radiologic and Imaging Sciences. Students are required to watch several documentaries and

movies throughout the program including *The Heart of Nuba*, *Beyond Belief*, *The Green Book*, *Hot Coffee*, and *The Bucket List*. These films are intended to challenge students' current thoughts regarding certain topics. In November, we celebrate National Radiologic Technology Week and we encourage the students to participate in the celebrations at their clinical sites.

We have a united mission of improving the profession one student at a time through education. It is very rewarding to witness the growth and investment of future technologists in Imaging. Developing, modeling, and nurturing professionalism is vital to the continued success of Medical Imaging. "Education is what remains after one has forgotten what one has learned in school"- Albert Einstein.

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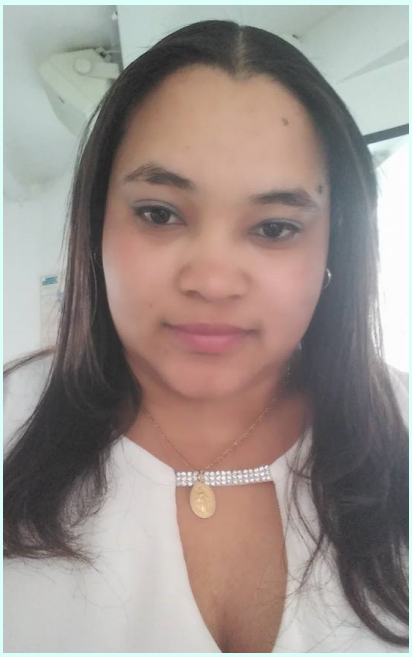
Should I Work in an Urgent Care Center or a Hospital? Which is Better for Me?

Lillian Amann MSRS, RT(R)



Radiologic Technology students often ask this question when they are close to completing their educational journey and graduation is so close that they can almost taste it. When one has a choice between an entry-level position in a hospital and an Urgent Care facility, it comes down to personal preferences and what better suits one's needs. Choosing a new place of employment in an unfamiliar environment is always a tough but very important decision for graduates.

Radiologic Technologists are no longer limited to just hospitals and private imaging centers. There has been a great increase in the number of outpatient facilities and Urgent Care Centers opening throughout the Tristate area. It is important to truly understand and know the differences between these two settings.
Hospitals are very diverse in the equipment used and the various medical conditions that are seen on a regular basis. They comprise of an array of imaging subunits, and some offer cross-training in CT, MR, Mammography and Interventional Procedures, as well as other opportunities for advancement in supervisory or management positions.

Working at either an Urgent Care or a hospital can both have their advantages and disadvantages, but subjectivity is a huge factor on the positive versus negatives attributes.

The Decision-Making Process
Most program graduates would have had the opportunity to experience the hospital work environment, as well as exposure to various specialties and diversities. On the other hand, when it comes to Urgent Care

Settings, not many would have had exposure to this environment. Yet, the likelihood of employment in an outpatient facility far outweighs the hospital. Therefore, graduates are urged to consider that whatever path is presented to them for their first position in the field, should be carried out to the best of their ability. When a worker exercise good work ethics and perform favorably, the position can often lead to great opportunities for career growth and professional development. Although the first position may not be the job that you've been dreaming about, do your best to make the most of it. Your current position may be your training ground for the best job that is yet to come. In the meantime, before or while initiating a search, ask yourself the following questions:

1. In which working environment will you feel most content?
Think of your clinical rotations and reflect on the environment you most enjoyed. Was is working with children, taking care of the elderly, or maybe the excitement of a level-1 trauma center or the operating room? Take note of your likes and dislikes.

2. Where will you get the most out of your experience?
Perhaps you want to grow and cross train in different modalities or maybe you prefer a fast paced environment that enables you to experience various patient types and varied procedures. Is your passion to work with patients in a more holistic approach where radiography is just one part of your job function? Be really honest with yourself in recognizing your other talents or skills and how you intend on using them at work.

3. What environment will be most beneficial long term to your family and your personal life?
Question 3 truly depends on your lifestyle. A family-oriented individual with young children may not want to work weekends or holidays, or even overnight shifts. A young and recent graduate full of energy and excitement might want that double shift to make that student loan payment, to travel during their time off, or simply to get all the possible learning experience they can. The answers to these 3 questions can be just the help that you need in order to come to the right decision.

Should I Work in an Urgent Care Center or a Hospital? Which is Better for Me? Cont.

Lillian Amann MSRS, RT(R)

Choosing the right place to start your career can be daunting to some. It can also be an opportunity for you to really examine what is important to you as a professional. Many successful professionals did not start "right off the bat" working in their dream job. In fact, some had very slow start with odd jobs and less than ideal shifts that put a strain on their personal or family lives. Experience is what matters most and "getting your foot in the door". That first paycheck validating your successful completion of a radiography program is what makes the entire process worth it. Whichever path you choose, do your research and choose what is best for you and your lifestyle.

Hospital Pros

- Great variety of exams performed, such as Fluoroscopy, Operating room cases etc.
- Health and Retirement plans offered
- Holiday pay and opportunity for overtime
- Higher pay rates than most outpatient facilities.
- Employment advancement opportunities… room for growth.
- Some are unionized

Urgent Care Facility Pros

- One may encounter exams such as skull, nasal bones, mandible and sacrum/coccyx that aren't often seen in the hospital or that are now done in Computed Tomography
- Health and Retirement plans offered
- Holiday pay and opportunity for overtime
- Set work schedules, usually involving three twelve hour shifts per week
- No mandatory holiday or weekend work required, not all urgent cares are open on weekends
- Typically stress free environment

Hospital Cons

- Inconsistent schedule and involves rotating between floors, day to night shifts or even overnight shifts
- Working bi-weekends and holidays are mandatory in some hospitals
- Hospital jobs not available, technologists not retiring

Urgent Care Cons

- Pay rate offered is usually less than that of the hospital
- Some urgent care facilities may require you to work outside the scope of your practice, you may have to take patient vitals, perform EKG exams and other tests that typically medical assistants do
- The number of exams performed are usually lower than that in a hospital setting
- Some may become bored with a routine of exams that are performed

Artificial Intelligence In Medical Imaging - Improving Diagnoses and Cancer Treatment

Anthony F. DeVito, MA RT(R)

Artificial Intelligence (AI) has taken the world by storm. Its benefits in most cases far out way its faults. So what is artificial intelligence? According to Webster's dictionary, AI *"is the theory and development of computer systems' ability to perform tasks that normally require human intelligence, such as visual perception, speech recognition, decision-making, and translation between languages."* Over the last 20 years AI has been introduced to the field of medical imaging and is now a vital aspect for many imaging departments. Most imaging departments today would not be able to keep up with industry demand without AI.

One of AI's earliest developments occurred in 1943 when McCulloch & Pitts developed the Boolean circuit model of the brain. As you may already know, McCulloch's mathematical algorithms were crucial for the development of CT scanners. In 1956 Dartmouth University in Hanover, New Hampshire, proposed that a 2 month, 10-man study of artificial intelligence be carried out during the summer of 1956. Dartmouth's aim was as follows: "*An attempt will be made to find how to make machines use language, form abstractions and concepts, solve all kinds of problems now reserved for humans, and improve themselves.* In 1980 AI became an industry. One of the biggest contribution's occurred in 1995 with the emergence of intelligent agents – "bots".

Enough about history, Boolean circuits of the brain and "bots". The question, is does it work? Is it beneficial and cost effective? Hopefully, I can shed some light on these questions. One of the most famous and popular AI systems is manufactured by IBM and is known as "Watson."

IBM's use of Watson is to solve some of the biggest problems around patient care and using data-driven insights to recommend treatment options for patients. In May 2018, for example, India's largest specialty healthcare systems, Apollo, agreed to adopt Watson for Oncology and Watson for Genomics. The two IBM cognitive computing platforms is helping doctors make decisions for personalized cancer care. Additionally, Watson Healthcare was one of the first industries to which Watson technology was applied. The first commercial implementation of Watson came in 2013 when the Memorial Sloan Kettering Cancer Center began using the system to recommend treatment options for lung cancer patients to ensure they received the right treatment while reducing costs. Since that time, providers such as Cleveland Clinic, Maine Center for Cancer Medicine and Westmed Medical Group have also implemented Watson tools.

AI can significantly increase the efficiency of medical

imaging departments. AI systems can address the concern of the global demand for radiologists and provide better diagnostic accuracy. AI in medical imaging facilities will also lower rates of misdiagnosis and improve patient outcomes. According to an article in Imaging Technology News (ITN), *"Artificial Intelligence helps detect breast cancer and saves time." AI's purpose is not to replace radiologist's;*

Artificial Intelligence In Medical Imaging - Improving Diagnoses and Cancer Treatment

Anthony F. DeVito, MA RT(R)

its goal is to provide a tool allowing radiologists to make accurate diagnostic decisions for their patients. AI will also provide radiologists with up-to-date information processed by millions and millions of deep learning algorithms; especially with advanced imaging equipment like CT and MR. According to Radiology Today Magazine, "We believe that AI is poised to significantly increase the value radiology professionals are able to provide their patients". Allen says, "Adding information acquired from AI algorithms to our reporting and workflow can significantly improve patient care. While AI for imaging will not come all at once, early adopters of AI in their practices will be ready to be future leaders in health care."

Research shows that AI and Watson can be extremely beneficial to health care, doctors, the economy and of course patients, however, are there any pitfall's? In particular, will AI eventually eliminate the need for radiologists? Will these massive health care systems see the cost saving benefits of eliminating not just radiologists, but also physicians and other health care providers? The possible solution to this concern is a combination of using common sense and establishing a common ground. Radiologists as well as all healthcare providers need to understand that AI will make patient care much more efficient and effective. AI gives radiologists and healthcare providers unlimited resources within seconds, saving time cost and of course benefiting patients. Here is where artificial intelligence may provide common ground. "These machines, armed with deep learning (DL) algorithms, promise to make sense of visual patterns and in so doing serve as tools to manage the rising tsunami of medical images — radiological and otherwise."

In conclusion, AI is here to stay. Its development is not to replace radiologists. Its purpose is rather to enhance their skills. AI will not be able to interact with patients, perform interventional imaging operations or perform image-guided medical procedures. Radiologists will continue to have vital functions in imaging departments with the help of AI.
AI will provide more time to radiologists allowing them to redirect their focus on other essential activities. According to Harvard Business Review, *"AI will change Radiology, but it won't replace radiologists."*

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Conference Memories! 2018

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AERT

"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

Announcements

- The 2019 ASRT Symposium and Annual Governance & House of Delegates Meeting will be held June 20-23, at the Rosen Centre Hotel in Orlando, Florida
- The 2019 AEIRS Annual Meeting will be held July 11-12, at the Hilton Hotel & Resort in Waikoloa, Hawaii
- Any member of the AERT who plan to attend any of the national meetings above, please document the highlights of the meetings and email to me for the next issue.
- AERT 2020 Annual Conference Date TBA