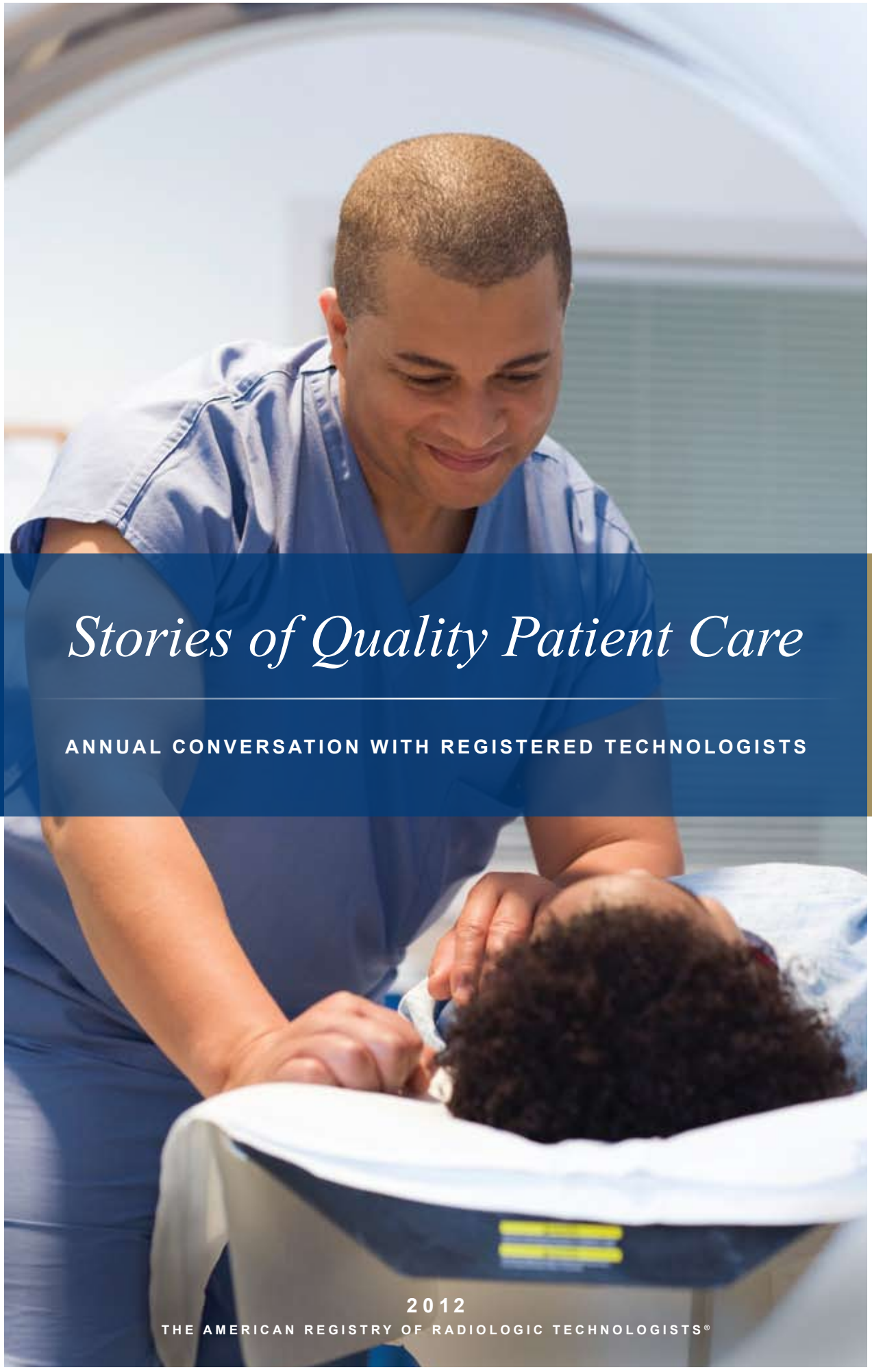


Stories of Quality Patient Care

ANNUAL CONVERSATION WITH REGISTERED TECHNOLOGISTS

2012

THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS®

As a Registered Technologist, you are the gold standard for quality patient care in medical imaging, interventional procedures and radiation therapy. Your work advances the quality, safety and value of the health care industry.

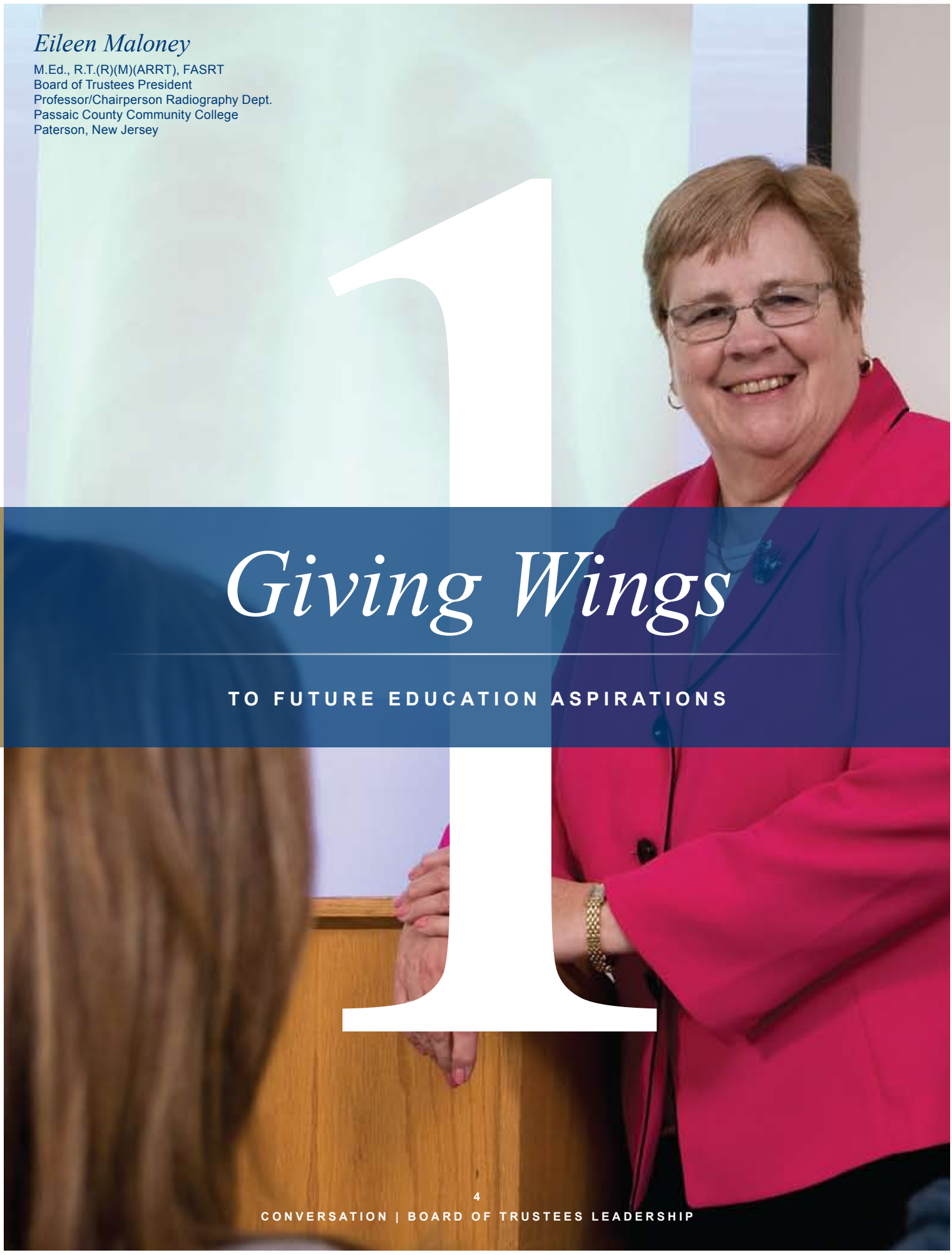
Each patient you encounter benefits from the care you deliver. The American Registry of Radiologic Technologists benefits, too, when we learn from you.

That's why we hosted conversations with Registered Technologists from many walks of the profession. From these conversations, we learned about great works, new perspectives, hopes for certification enhancements, a love for patient care, and pride in the profession. We found that each conversation greatly contributed to the growing value of your certification and registration with The American Registry of Radiologic Technologists. We think you'll agree when you read "Stories of Quality Patient Care."

Conversations can spark, sustain, engage, unite, educate and transform. Perhaps you'll be inspired to start a similar conversation with co-workers, patients, friends or family. Let us know what happens.

OUR STORIES

Eileen Maloney
M.Ed., R.T.(R)(M)(ARRT), FASRT
Board of Trustees President
Professor/Chairperson Radiography Dept.
Passaic County Community College
Paterson, New Jersey



1 *Giving Wings*

TO FUTURE EDUCATION ASPIRATIONS

ASSOCIATE'S DEGREE REQUIREMENT

When Eileen Maloney was certified and registered as an R.T. in 1967, she had graduated from a hospital-based education program without any college credits. Inspired by a strong love for her profession and a desire to teach others in her field, she enrolled in college and has since earned an impressive list of initials behind her name: M.Ed., R.T.(R)(M)(ARRT), FASRT.

Those credentials serve her well as a diagnostic radiographer, as President of the ARRT Board of Trustees, as professor and chairperson of the Radiography Program at Passaic County Community College in Paterson, N.J., and as a member of the Radiologic Technology Board of Examiners of New Jersey.

So when she explains why the ARRT Board of Trustees voted in favor of requiring certification candidates (beginning January 1, 2015) to have earned an associate's or higher degree, it's clear she hopes the new requirement will give wings to R.T.s' dreams of achieving their highest aspirations, whether that is pursuing advanced degrees and post-primary certifications or always staying up to date on continuing education.

"A general education background makes it easier to pursue a baccalaureate degree and master's degree down the road," says Maloney. "Other professions will soon look to ours and see more academic letters behind our names than ever before."

In fact, part of the Board's consideration of this policy advancement was a desire to keep medical imaging on equal footing with other professions in health care. She says, "In our continuous quest to grow respect for and acknowledgement of the fine works of Registered Technologists, the new degree requirement helps put us on par with other allied health care professionals. Of course, the primary reason for the requirement is the ARRT mission. Academic requirements provide a broader base on which to build knowledge and keep up with changes in the profession. This is definitely a step forward for future generations of R.T.s."

It's something the Board considered for a long time as a way to ensure the organization certifies qualified individuals. Part of the decision was acknowledging that general education could help enhance an individual's knowledge base on social issues and diversity, both of which lead to better patient care, says Maloney.

"We saw it as something the profession really needed to do," she says. "In 1967, x ray was the primary imaging modality we had. Now, I sit back and marvel at how quickly things change. Who knows what technology will bring us next? We need to do a whole lot of learning to keep up with it. The patient won't change, but everything else will — and quickly. Education is the key to success."

Andrew Gardner
MBA, R.T.(R)(CT)(ARRT)
Radiologic Science Program Director
Atlanta Technical College
Atlanta, Georgia

Certified & Registered

WHAT DOES IT MEAN TO YOU?

PERSPECTIVE FROM AN R.T. EDUCATOR

“That I’m qualified, valued and committed.

When Andrew Gardner signs the “R.T.(R)(CT)(ARRT)” behind his name, it’s not just his credentials; it’s also a statement.

“For me, certification and registration becomes a statement of ability, knowledge and commitment to my profession and commitment to ongoing education,” he says. “It’s my livelihood.”

Gardner, who has also earned his MBA, is the program director of Radiologic Science at Atlanta Technical College. Along with guiding 20 college students, he also performs clinical work for a rotation of seven health centers.

The personal pride of being certified and registered hit him early on in his career, more than 25 years ago. He says, “I was registered less than three months and an open heart case came up. The surgeon took me in and sat me beside him during the case. That was my ‘Oh, I have arrived’ moment, at the tender age of 20.”

He instills this sense of pride in his students, encouraging them to carry themselves as professionals, practice as professionals and become certified and registered.

“I tell them, a patient won’t go to dentists or surgeons if they haven’t been properly tested and credentialed. It’s the same thing with imaging. You want to be sure the person handling the test is qualified and protecting you from potential danger,” Gardner says.

He also teaches about the R.T. as a valued member of the health care service team.

“Be happy and proud of what you do,” he says. “R.T.s are in the operating room, emergency department, ICU, everywhere. We are the third largest segment of the health care population, outside of doctors and nurses.”

That’s a fact he is proud of and humbled by as he works one-on-one with patients in his clinical work. “Typically, patients are not there because they are feeling great. They were sent to us to get some answers. As with most things, people feel better when they talk about it. I ask them to tell me what’s going on. And you can see them talk themselves right out of their worries and feel more relaxed. Then the test goes better. That’s my favorite part of my work as an R.T.”

“That I must continue to grow in my profession.

Jose Martinez
MPH, R.T.(MR)(CT)(ARRT)
Technical Director
All County Radiology
New York, New York

Jose Martinez, MPH, R.T.(MR)(CT)(ARRT), was intrigued from the moment when, as a young student, he visited a radiology department and saw images of the human body. “It was amazing to see what was hidden,” he remembers. This fascination led Martinez, then on the pre-med track, to become an R.T. It didn’t take him long to realize the importance of earning those initials.

“I remember back in college when my program director gave out a syllabus for a course called Special Procedures. The first thing that struck me was the train of initials behind her name,” he says. “Nine years after completing that course, I had finally comprehended the meaning of those initials by having walked the path needed to achieve them.”

The first step, earning his R.T. credential, was “my foundation and cornerstone,” Martinez says. With those initials, he worked his way from diagnostic x ray to orthopedic imaging to interventional radiology. He then moved into CT and MRI, where he found a strong aptitude. He gained supervision skills, moving from a hospital setting to the private sector.

His academic career, too, grew in scope. After receiving his associate’s degree in 2003, he obtained his bachelor’s degree in health care administration and then a master’s degree in public health and epidemiology. He is now working toward a doctorate, while working full-time as technical director at All County Radiology, LLC, a diagnostic radiology group in New York, N.Y.

For Martinez, the R.T. credential tells a story behind each name — a story of dedication and accomplishment. It’s also a story of commitment. “It’s not like a degree that you earn for life without further commitment. Your certification and registration is continually earned — you keep learning,” he says.

“When I’m speaking with people who don’t know about ARRT or certification and registration, I tell them it’s like nurses with their board exams. Our credential makes us strive to maintain educational requirements and to keep up with the pace of ethics, quality patient care, safety and technology,” says Martinez.

As a father, he takes pride in serving as a good role model for his young children. “They don’t really know much about it, yet. But the older one, he sees the plaque and certificate on the wall, and every now and then I go away to volunteer at ARRT so I can be active in the community of my profession,” he says. “My kids know I’m involved. And that makes me feel good.”

“That my hard work results in a satisfying career.

While the ability to “speak the language” is critical to success for ARRT staff member Teri Vatterott, BA, R.T.(R)(CV)(CI)(ARRT), she doesn’t necessarily need her credentials to perform clinical or research work anymore. Will she let the credentials slide? Not a chance. “I worked hard to earn those initials behind my name. I worked hard to do my formal training, get my core curriculum and sit for exams,” she says. “I also work hard to keep them.”

Vatterott first became interested in radiologic technology as a teen-age babysitter, watching the kids of a family friend who was an R.T. “I saw that she got dressed in a uniform, went to work and came home happy,” she remembers. Later in high school, Vatterott was injured running track and thought an x ray of her back was “oh, so cool.”

After she graduated from a hospital-based program in Iowa, she was one of five students who drove together to Des Moines for the ARRT exam, cheered on by her clinical program director, Jim Chesnut. “Jim drilled into us a respect for ARRT. He expected all of us to take the exam and become certified. All five of us took the exam and passed.”

That, she says, was the basis for everything else in her career moving forward.

She moved to the Twin Cities and worked in settings where she could explore all disciplines. Her career eventually focused on work in cath labs, where she served as a staff technologist and research coordinator. She was selected as subject-matter expert for the design and building of the John Nasseff Heart Hospital, part of United Hospital, in St. Paul. As a volunteer with ARRT in the late 90s, she was involved in the decision to separate the CV credential into cardiac and vascular disciplines. Meanwhile, she worked toward a bachelor’s degree in information systems management, which she obtained in 2007.

Vatterott says she still uses her degree, certifications and experiences every day from her desk at ARRT, as she helps R.T.s with the process of tracking their eligibility requirements for post-primary certification.

“I understand where they are coming from and the side issues that they may not talk about directly, but I can read between their words and encourage them,” she says of the calls she fields each day from R.T.s, mostly those in CT, MRI and mammography. “As with many other key ARRT jobs, this position definitely calls for an R.T.”

And, walking in the door, she often thinks of Jim Chesnut: “I’m proud every day when I walk through the door because I get to support R.T.s from across the nation.”

Teri Vatterott

BA, R.T.(R)(CV)(CI)(ARRT)
ARRT Clinical Requirements Coordinator
Initial Certification Department
St. Paul, Minnesota

Kenya Haugen
MS, R.T.(R)(ARRT)
Director, Department of Medical Imaging
School of Health Professions
Baptist Health System
San Antonio, Texas

Clear & Simple

EDUCATOR DRILLS IN THE VALUE OF ARRT CERTIFICATION AND REGISTRATION

As an educator, Kenya Haugen, MS, R.T.(R)(ARRT) understands the fears, passions and perceptions of 68 students across all imaging technology programs at the School of Health Professionals, part of Baptist Health System in San Antonio. As an active reservist with the U.S. Army, Cpt. Haugen is the commander in charge of managing and recruiting drill sergeants. So she has a knack for making things clear, in a friendly way.

These are the top four reasons she gives to students about why they should become certified and registered with ARRT:

1. Because you care

ARRT's standards of care and ethics, and the ongoing education required to maintain certification, are all in promotion of personal and patient safety. If you don't want to be a patient's advocate, you are in the wrong business. If you don't want to prove that you know your stuff by sitting for the ARRT exam, you are in the wrong business. If you don't plan to keep up with your CE requirements, you are in the wrong business. It should be part of your being. It makes me emotional to talk about my patients and keeping them safe. You are their expert. Being certified and registered reinforces how much you care about yourself, your field and, most importantly, your patients.

2. So you get hired

Across all disciplines, hospitals are looking for certified and registered technologists. Potential employers see those ARRT initials behind your name and put you ahead of the rest of the candidates. Employers want people to progress in their careers, cross train and learn other disciplines. Do you want to be picked up right away because you are certified and registered, or do you want to drag your feet and hope something works out? To be certified and registered is to be competitive. To be certified and registered proves you will be personally responsible for learning about the phenomenal things happening in your industry when you keep up with all your CE and ethics requirements.

3. So you can keep working

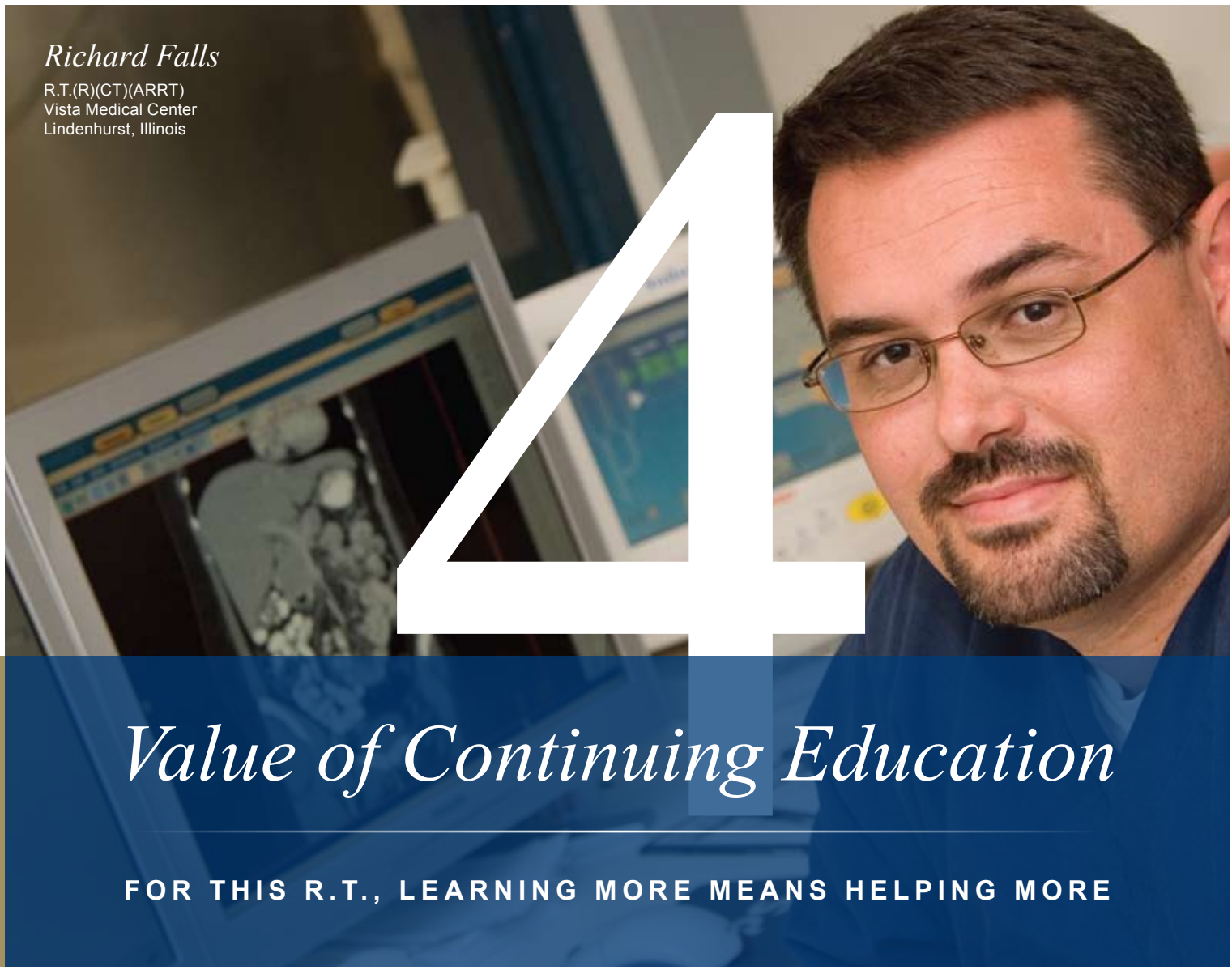
Yes, it's true, some states don't require any licensing at all for medical imaging. In some states, you can graduate from a program and work on a temporary license. You think it would be good to work on the day after graduation. You say: "I'm working. I'm good to go." Not quite. Time goes by and your one year is up. Then your hospital realizes you don't have R.T. initials, and they start questioning you. On the other hand, if you pass the ARRT exam right after graduation, your employers know you are qualified and committed to a career — and committed to a certification and registration process that better ensures quality and safety.

4. To open a window of opportunity

If you think becoming an R.T. is the easy route, think again. You quickly learn in radiography, for instance, that it's an art and a science that is complicated and requires a very talented, empathetic, creative professional and patient-safety advocate. The knowledge and tools learned in an educational program provide a foundation for numerous careers and opportunities in medical imaging and beyond. Being an R.T. opens the window of opportunity to everything else you want to do.

FAST FACTS THAT DEBUNK COMMON MYTHS

- There are credentialing agencies like ARRT; and there are professional societies like ASRT, SNM and SDMS. They play very different roles in the profession.
- For instance, ARRT has registrants; ASRT has members. Although those registrants and members may be the same people, the two organizations maintain a firewall between them to prevent even a whiff of conflict of interest. If they didn't, they could be accused of doing things like offering a test, then selling a study guide to pass that test. The organizations take integrity seriously because the stakes – patient safety – are high.
- A college degree is yours for life. But a credential such as R.T. is continually earned through education requirements and ethics compliance.
- ARRT has no direct impact on the profession's job market. Schools have their own processes for determining the number of students accepted into their programs each year.



Richard Falls
R.T.(R)(CT)(ARRT)
Vista Medical Center
Lindenhurst, Illinois

4 *Value of Continuing Education*

FOR THIS R.T., LEARNING MORE MEANS HELPING MORE

Richard Falls, R.T.(R)(CT)(ARRT), is the kind of guy who loves continuing education so much he usually completes 30 to 36 credits instead of the 24 required. But his motivation isn't so much the number of credits; rather, it's the profound results he sees from his extra efforts.

In 2010, he was pursuing free credits available by reading ASRT's bi-monthly magazine. Several articles in the publication described ways to reduce CT exposure to pediatric patients. In particular, he learned about policies and protocols that he believed could be easily implemented at his workplace, a privately owned medical imaging facility.

Over lunch the next day, he talked with the facility's medical director, who was also the owner and a radiologist, about four recommendations:

1. For CT purposes that call for a dual lateral scan, reduce it to one.
2. Increase the kV (kVp and mAs are adjustable controls for managing "penetration," density and contrast on the x ray).
3. Instead of requiring a scan with and without contrast for select diagnosis, require only the scan with contrast — unless otherwise specifically requested by the physician.
4. Require use of the feature called "Smart Ma" that adjusts for patient size.

"We discussed the positives of trying these approaches. There were no negatives," Falls remembers. "We tried it over a month and compared exposure levels. We liked what we saw, so we implemented it, first with pediatrics and then with adults. There were no drawbacks."

With these simple changes, he says, the potential exposure could be reduced by about 20 percent over a patient's lifetime.

"From a professional level, it was great. For me, anything we can do to reduce patient exposure is important. It also affirmed something I've always believed in — education," Falls says.

An R.T. for 20 years, he obtained his bachelor's of science degree in 2010. In fact, it was by reading a CE article that he decided to pursue post-primary certification. Falls now works at the Lindenhurst Freestanding Emergency Center, operated by Vista Health System in Lindenhurst, Ill. By now, he says, the protocols are widely used. He was at the forefront, however, because of his studies.

"The more you know, the better it is," he says. "There is always a way to help by learning more."

He admits this attitude may not be shared universally.

"Some technologists see CE as a requirement just to keep their jobs. They wait until the last minute and take a crash course," says Falls. "As an ASRT member, every two months I get a magazine and you can get three to five credits from each magazine, by reading articles and taking a test. I just keep up that way so I don't have to worry about it. Plus, I get to keep up on the latest information."

5 Anatomy of an Exam

STAKES ARE HIGH, BUT SO IS COMMITMENT TO FAIRNESS AND SUCCESS

When you sit for an ARRT exam, imagine dozens of R.T.s across the nation collectively waiting with bated breath as you consider each question. Because they contributed to developing that exam, they feel personally invested in your answer. In fact, each year volunteers pour more than 1,000 hours of their time into the words that appear before you on the computer screen at the exam site. And they care very much about your success.

"I think there's a misperception that the tests are put together by two people in a dark, smoky room somewhere," says ARRT Psychometrician Ben Babcock, Ph.D. "In fact, the number of R.T.s who touch each question is surprising. And they go to great lengths to make sure there are no 'trick questions.' We want lots of qualified professionals in the field, and we want you to appropriately pass the exam."

In addition to volunteers who are trained by ARRT to write exam questions, the ARRT Board of Trustees appoints volunteers to two types of exam committees: those who determine the content of the exam, and those who develop and evaluate the exam.

In the end, the volunteers and staff members want you to walk away from the exam feeling elevated.

"Successfully completing the exam says 'I have what it takes to be a competent practitioner,'" says Babcock. "It means something. It's solid evidence that you have what it takes."

And evidence is everything to the psychometrics area of ARRT.

Psychometrics, Babcock explains, is the science of mental measurement. With most things in life, you can measure by direct observation. That tree is bigger than that rock. Measuring knowledge, however, is more challenging. You have to ask enough questions, in the right way, to infer what someone knows and to quantify how well he or she knows it. So ARRT exams hit on enough points in a defined area to get an accurate picture of a whole base of knowledge.

To hit on the right content areas in the ever-changing field of imaging, ARRT asks about 1,000 random R.T.s across the nation for input.

"We send out a work task survey and ask 'what are you doing, what are you not doing anymore, how often, what volume,' and so on," Babcock says. "Some 40 to 50 percent of people respond. It's a high response rate demonstrating enthusiasm in the profession. This is just one of many chances to have a say in the certification process."

This feedback is invaluable as ARRT evaluates the content of every exam on an ongoing cycle. Sometimes the result is a comprehensive overhaul; sometimes just fine tuning on specific exam questions. This is a process that lets ARRT be as nimble or as systematic as we need to be to best ensure relevancy of exams, according to Babcock.

People taking the exam, too, have a chance to offer input. "We pride ourselves on a reputation for honesty and transparency," Babcock says. "Every candidate deserves the optimal testing opportunity. If we get a report of a problem, we take it very seriously."

He knows the stakes are high.

"It's always a delicate balance to talk about when, in order to have a job and livelihood, you have to jump over a hurdle — the ARRT exam," he says. "ARRT wants to be fair and have people pass. Also, nobody wants unqualified people to pass. We have to demand excellence."

EXAMS: CONSISTENCY & QUALITY

ARRT builds exams based on a rigorous set of procedures designed to ensure consistent quality. Volunteers from the profession are engaged through three major steps — determining content, writing questions and assembling forms.

Determining Content

The first step is practice analysis. ARRT bases exams on data gathered through a systematic study to identify required knowledge and skills for effectively carrying out responsibilities in the discipline. In addition to guiding exam content, practice analyses also inform development of educational and clinical experience requirements.

Based on the practice analysis determination of what the staff technologist at entry level is required to do on the job, the next step is to develop content specifications to outline the knowledge and skills necessary to perform those tasks.

Writing Questions

ARRT exam questions, sometimes called "items," are written by R.T.s working in the discipline who are trained "in the methodology of constructing multiple-choice questions. Each question is critiqued on several factors, including technical accuracy, relevance to entry-level performance, and conformance with the principles of item writing. New questions are continuously added to the pool, called the "item bank," to ensure that exams are up-to-date and that the quality of questions is continuously improving.

Assembling Forms

Exam forms draw questions from those assembled by ARRT to meet the requirements of the content specifications, while keeping new forms as comparable to previous forms as possible. "Comparable" means that the new forms cover the same content and are approximately the same level of difficulty as previous forms.

Each new form is reviewed by a discipline-specific committee selected to represent geography and practice settings. Committee members include practicing staff technologists, supervising technologists, technologists involved in educational programs, physicists and practicing physicians.

Learn more about how ARRT develops exams at www.arrt.org/examination/design.

Kailee Hunt
R.T.(R)(T)(ARRT)
Radiation Therapist
University of Wisconsin Hospital & Clinics
Madison, Wisconsin

Inspired to Succeed

DAUGHTER PERSEVERES THROUGH TO ARRT EXAM, STRENGTHENED BY MOTHER'S SUPPORT

Though it was nine years ago, Kailee Hunt clearly remembers her mother's last day of radiation therapy. Hunt saw how important the daily interaction with friendly radiation therapists had been to her mother, Denise. "She cried and said, 'I'm going to miss seeing those women. They helped me so much,'" Hunt says.

With her mother's breast cancer gone, Hunt, then a sophomore in high school, started to explore career choices and quickly homed in on radiologic technology and radiation therapy in particular. Five years later, she was pursuing that dream as a student at University of Wisconsin-La Crosse, when her mother was again diagnosed with breast cancer. This time, it was a more aggressive inflammatory type.

Hunt and her brother, both away at college, quickly transferred their credits to nearby University of Wisconsin-Stevens Point.

"We moved home to Plover and managed school, work, Mom and her medical appointments," Hunt recalls. "Throughout the summer of 2009, I drove her each day, one hour each way, for radiation therapy."

Within a few months, her mom's PET scans looked good and life returned to normal for awhile. Hunt continued her career path and, the next spring, she started an internship at the University of Wisconsin Hospital and Clinics in Madison. Her mom had recurrences that led to removal of the lumps and more radiation, but she remained strong. "She was so hope-filled, it was unbelievable," says Hunt.

Then, in April 2011, Hunt's mom started getting severe headaches — the cancer had metastasized to her brain, lung and liver. Newly engaged and scheduled to graduate from college in July, Hunt kept her laptop and a binder full of note cards in her backpack and studied bedside as her mom slept.

"Mom was so proud of my career choice. I couldn't let anything hold me back. Next to myself, there was no one more excited about it than my mom," she says.

Her mom passed away on June 29.

Hunt knew she wasn't going to be able to sit for her ARRT exam on August 2, which was also her mother's birthday. She was grateful that switching the date was as simple as making a phone call.

On the new date for her exam, she felt prepared but was nervous to click the button to see her score. She passed. "A wave of elation passed over me. All my hard work and everything I had been through paid off," she says. "I called my brother. My mom would have been the first person I called. But I'm glad I called my brother. I was so proud and relieved."

As a radiation therapist now at University of Wisconsin Hospital and Clinics, Hunt keeps a special eye on her patients and their loved ones.

"I notice things that I might not have otherwise," she says. "If a patient is waiting for a machine and there is a delay, I ask if someone is in the hospital room waiting for them. If there is, I let that person know everything is fine. I know what it's like to be the one there waiting."

Along with an extra dose of compassion, Hunt learned about the power of perseverance when preparing for the ARRT exam and a dream career.

"Even when you think 'I'm not going to make it,' just know that's not true. Looking back now, I can see that I didn't ever look too far into the future. I just took it step by step and pushed through," she says. "My mom was a really strong person and she taught my brother and me that. You keep trying."

Aimee Phillips, MS, R.T.(R)(M)(CV)(QM)(ARRT), created an ethics team for all imaging staff members at her workplace. The team meets regularly to discuss ethical challenges specific to imaging to ensure the best quality in patient care.

Ethics as a Cornerstone

R.T. CREATES ETHICS GROUP FOR IMAGING PROFESSIONALS AT HER HOSPITAL

Aimee Phillips, MS, R.T.(R)(M)(CV)(QM)(ARRT), sees the need for ethics to be top of mind for R.T.s, not just to avoid ethics violations, but also to build professional pride. That's why she has created an ethics team for all imaging staff members at her workplace, Memorial Health System in Ohio. The first meeting was May 1.

"The imaging staff has been very receptive and positive and are eager to learn more about their profession," she says. "I see the group as using the quarterly meeting time to, first, learn more about what professional ethics are and then move into more specific ethics scenarios based on information they may have or information they may receive based on their own knowledge and reading."

As a staff development specialist, she is the only non-nurse in a department that offers continuing education options and other educational opportunities for the system's 2,500 employees. She performs clinical work, as well, for a mobile imaging company.

"I don't think you can educate enough on ethics," she says. "Just as we do with continuing education, we need to keep reviewing ethics and keep it fresh in our minds. I see new professionals so overwhelmed at the start of their career, and I see older staff members who forget or neglect to keep up on ethics issues because they think they know it all. Meanwhile, technology continues to change the way we function in our jobs. Ethics should be at the base of everything we do."

Phillips is a member of the hospital's bioethics committee. From her perspective as an R.T., she finds it interesting to discuss the broader set of ethics that apply to all health care providers. Sometimes the R.T. Code of Ethics is unique or more specific; sometimes it is the same. Her work on that committee got her more interested in helping fellow R.T.s learn more about ethics because, as she says, "I hate to say it, but radiographers need to be more aware of what ethics are."

For example, Phillips believes R.T.s should be aware of all the ethics considerations that come with the use of social media.

All health care professionals who use social media need to be cognizant of protecting patient privacy, so a casual Facebook post doesn't include a revealing comment about a patient. For an R.T., that same concern would apply specifically to posting interesting images and details that could identify the patient to other social media users, says Phillips. On the other hand, social media also presents positive opportunities in an educational and clinical setting. She says it's important for imaging professionals to be aware of the strengths and weaknesses of such a medium, from an ethics perspective.

With issues like this evolving throughout all of health care, the leadership at her hospital has been supportive of Phillips' efforts to bring ethics into the forefront.

"The leaders here have been very supportive of the imaging-focused professional ethics group," she says. "They see this as a great opportunity for staff to learn more about professional ethics in the imaging department."

Aimee Phillips

MS, R.T.(R)(M)(CV)(QM)(ARRT)
Marietta Memorial Hospital
Marietta, Ohio

FROM 'BIG PICTURE' DOWN TO THE DETAILS, A CLEAR UNDERSTANDING OF ETHICS IS VITAL

Adherence to an ethics standard that is exceptionally comprehensive and enforceable is one of three key ways — along with examination and education — ARRT upholds its mission. It's important. Unfortunately, some people may find the topic of ethics daunting and even a little remote.

Offering an inside view into ARRT's ethics activities, Margaret Gehrig, BS, R.T.(R)(M)(ARRT), director of ethics requirements, addresses some common questions.

What is the most important aspect to understand about ethics?

M.G. — As simple as it sounds, the most important aspect is the patient. Ethics is more than just our own set of moral beliefs. It is also a philosophical system of agreed-upon assumptions as to how individuals should behave in society. With professional ethics, it's the rules we agree to follow in our field of work. ARRT's *Standards of Ethics* is the agreement that brings to life professional ethics expectations for R.T.s, in order to protect the patient.

What is unique about ARRT's own set of ethics?

M.G. — It's easy to find a code of ethics for any profession. But when it comes down to the nitty-gritty in determining qualifications and seeing if every individual is qualified to be credentialed, ARRT goes many steps further with in-depth Rules of Ethics. These are enforceable rules unique to R.T.s regardless of other sets of ethics that may vary across state, health system or culture. ARRT brings an important consistency to how R.T.s are expected to behave.

What concerns you most about ethics in the profession right now?

M.G. — R.T.s today are required to do more with less, and the technology they are using is changing at the speed of light. This may create environments where corners are cut. It's very important for R.T.s to be present and focused on the patient at hand, without getting overwhelmed that four other patients are waiting. There is also a concern of patient privacy. In today's age of instant information, there seems to be a lack of reflection on what individuals will do with information they have. If you snap a picture in the O.R. and share it on social media, that's unethical behavior and there are ramifications.

What are the most common ethics cases your team handles?

M.G. — Most of our cases are self-reported. Upon initial certification, R.T.s are expected to report any criminal history, state licensing or other certification violation. Then each year, upon renewal of registration, they must report any new violations. Of criminal violations we see, the most common — about 50 percent — are alcohol-related infractions. There has also been a little uptick in the number of drug diversion cases reported. ARRT trusts that individuals will self-report — in fact, this is part of being ethical. But, if they decide not to and we find out, the ramifications are so much bigger. ARRT gets reports from many sources, including staffing agencies, facilities, co-workers, patients and even state and federal agencies.

Some cases might not be as straightforward as failure to self-report. What's an example of those more complex ethics situations?

M.G. — Scope-of-practice cases tend to be more difficult to interpret. For example, if an R.T. is working in a mobile unit, it will likely travel from facility to facility, sometimes even over state lines. When the rules change from place to place, it can be confusing. Say a patient was given a contrast solution and has an adverse reaction. Can the R.T. inject an antihistamine to stop the reaction? The answer may vary from place to place. The information is available, but the R.T. may not know where to find it and, in that moment, may turn to an uninformed co-worker for advice. That's when it's imperative that the R.T. be very clear about his or her scope of practice. There are many ways to keep this fresh among you and your team. For example, add ethics conversations to your department meetings and work through scenarios about "what would you do" in questionable scope-of-practice situations. People lose state licenses and credentials when they practice outside of scope. The American Society of Radiologic Technologists is a wonderful source for scope-of-practice questions or concerns.

Although you would think not, another gray area for some is completion of directed readings or post-tests for continuing education. Sharing answers for post-tests is clearly unethical, but this fact often eludes individuals who are scrambling to complete CE credits for their biennium. The ramifications for lying are much worse than asking for an extension.

If an R.T. has questions about ethics, where can he or she go for help?

M.G. — Numerous options are available: ARRT website, Ask ARRT and, of course, ethics representatives are always happy to help. We can guide individuals probably more than they think. We aren't punishers; we are partners in maintaining professional ethics.

TRUST A PROFESSIONAL

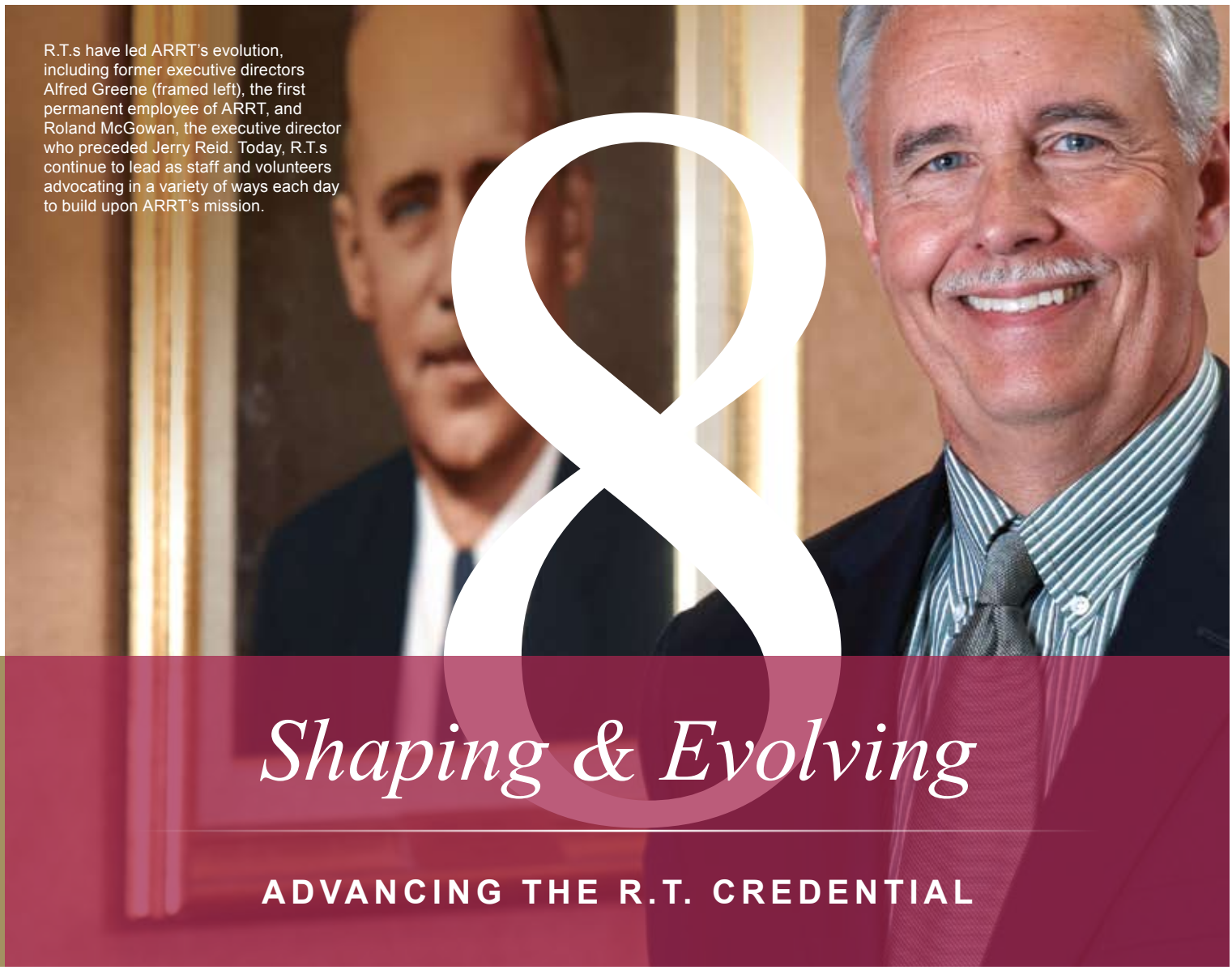
At the core of quality patient care are professionals that can be trusted to do the right thing.

Did you know the word "professional" comes from the Latin word "professio," which means *a public declaration with the force of a promise*? Professions are groups declaring in a public way that their members promise to act or behave in certain ways and that the group and the society may discipline those who fail to do so. Professions are expected to serve an important social need, and health care definitely ranks toward the top of importance.

As with many other professions, our profession has the *Standards of Ethics* stating how we are expected to behave.

In every aspect of your life — and in every room of your institution, hospital, facility or health care system — important choices and decisions are being made. Unfortunately, a small number of so-called "professionals" cannot be trusted to do the right thing. The following behaviors are reported and investigated routinely.

- Sharing answers to continuing education post-tests
- Submitting falsified continuing education certificates
- Working without a valid state license
- Discussing questions or answers from a certification examination
- Not disclosing a criminal charge or conviction
- Altering an ARRT credential card
- Not cooperating with an ARRT investigation
- Conducting exams on family or friends without a licensed provider order
- Revealing privileged patient information (even if it involves a friend!)



R.T.s have led ARRT's evolution, including former executive directors Alfred Greene (framed left), the first permanent employee of ARRT, and Roland McGowan, the executive director who preceded Jerry Reid. Today, R.T.s continue to lead as staff and volunteers advocating in a variety of ways each day to build upon ARRT's mission.

& *Shaping & Evolving*

ADVANCING THE R.T. CREDENTIAL

One good idea from the field can change the course of policy.

The ability to keep pace with the swift march of progress is one of ARRT's defining characteristics. And R.T.s are often the first to signal an approaching change.

"Changes that ARRT makes frequently start with an individual contacting the Registry saying 'You really should consider...,'" says ARRT Executive Director Jerry B. Reid, Ph.D. "This plants the seed and the Board of Trustees and staff start discussing it."

Consider the evolution of ARRT's certification programs. Radiography was the only certification program offered for the first four decades of ARRT's existence. As nuclear medicine and radiation therapy procedures started being performed by radiographers, questions on these disciplines were introduced into the radiography examination. As the roles of nuclear medicine and radiation therapy became differentiated from the role

of radiographers and more individuals began specializing in these areas, individuals in the community requested that ARRT develop separate certification programs. The Board began discussing this as a possibility, and in the early 1960s two new certification programs were introduced. A similar evolution led to separate certification programs for the current collection of post-primary certifications.

"In fact, one simple comment by an R.T. can put the wheels in motion to advance the organization and profession," Reid continued. "Consideration of CE requirements was initiated as a result of an individual's advocating that lifelong learning was required to keep up with changing technology and to demonstrate to patients and other health care professionals that the imaging and radiation therapy professions were committed to maintaining competency throughout the career."

R.T.s should never underestimate the impact that a single voice with a logical, straightforward argument can have.

A new evolution is afoot, with the implementation of the Continuing Qualifications Requirements (CQR) model. It will mean that R.T.s who have gained certifications in 2011 and after will use a structured self-assessment tool to identify areas where they need to concentrate continuing education efforts. The assessment will be regularly updated to address changing technology, practices and expectations.

"It's not a matter of a pass-or-fail decision the way it is with a test. Rather, the CQR structured self-assessment is based on what you will need to know to be qualified moving ahead," says Reid. "With health care's pace of change, individuals need to make decisions about how to keep up. The CQR structured self-assessment will help inform those decisions. Essentially all certification boards are either in the process of considering or implementing a model to promote continued competence across the career, and ARRT has worked with R.T.s to find the best route for this profession."

Reid understands that R.T.s may not immediately embrace the opportunity for additional requirements to maintain certification and registration. But he believes CQR will ultimately save people time and money by pinpointing where best to invest in continuing education on behalf of delivering the highest quality patient care.

"Sometimes ARRT's requirements to obtain certification and maintain registration may seem complex," admits Reid. "But our mission says we recognize qualified individuals, and that is more complex than it used to be. In 1922, what you learned on the job was everything you needed to know for your whole career. Today, change happens quickly. R.T.s now pass the initial certification exam, then maintain their mastery of a changing knowledge base and act in accordance with ethics rules. ARRT's requirements have to change, as well, to make sure individuals meet the evolving definition of 'qualified.'"

To be sure, more change is ahead. And that means the involvement of individual R.T.s in helping shape future policies is more important than ever.

"We rely on R.T.s to give us the view from the front lines, and we incorporate that information with the latest technology on certification theory and practice," says Reid. "We are partners, working together to provide an experience for the patient that is safe and effective. I hope R.T.s recognize how important they are to this partnership. They are essential."

Jerry B. Reid

Ph.D.
ARRT Executive Director
Saint Paul, Minnesota

Nance Cavallin

BA, R.T.(R)(T)(ARRT)
ARRT Senior Exam Development Coordinator
Psychometric Services Department
Saint Paul, Minnesota

Board of Trustees

Pictured left to right: Ann Obergfell, Gary Gustafson, Eileen Maloney, Jeff Crowley, Kevin Rush, Leslie Scoutt, Jay Harolds, Ken Chin
Not pictured: Steven Herrmann

In the Know

NEWS FROM AROUND ARRT

MEET YOUR VOLUNTEER BOARD OF TRUSTEES

They're working full-time, keeping abreast of the profession via involvement at conferences, networking and actively listening to R.T.s' professional passions and concerns. Maybe you've met them at your state meeting or national conference. Each ARRT Trustee volunteers to guide the ARRT and brings vast and varied expertise. One thing in common: commitment to high-quality and safe patient care through recognizing qualified individuals via ARRT certification and registration.

Five Trustees are appointed by ASRT: Eileen Maloney, M.Ed., R.T.(R)(M)(ARRT), FASRT, Passaic County Community College, Paterson, N.J.; Kevin Rush, MHA, R.T.(R)(T)(ARRT), FASRT, Indiana University Health Bloomington, Bloomington, Ind.; Jeff Crowley, BS, R.R.A., R.T.(R)(VI)(ARRT), RPA, Premier Radiology, Tupelo, Miss., (appointed to a second four-year term earlier this spring); Ann Obergfell, J.D., R.T.(R)(ARRT), Indiana University-Purdue University Fort Wayne, Fort Wayne, Ind.; and Steven Herrmann, MS, R.T.(R)(M)(ARRT), CRA, New York Presbyterian Hospital/Weill Cornell, New York, N.Y.

Four Trustees are appointed by ACR: Jay Harolds, M.D., FACR, FACNM, Advanced Radiology Services, PC, Grand Rapids, Mich.; Leslie Scoutt, M.D., Yale University School of Medicine, New Haven, Conn.; Gary Gustafson, M.D., William Beaumont Hospital, Troy, Mich.; and Kenneth Chin, M.D., FACR, San Fernando Valley Interventional Radiology & Imaging Center, Encino, Calif.

Officers for 2012–13 taking their new offices at the conclusion of the July 2012 Board meeting are President, Kevin Rush; Vice President, Leslie Scoutt; and Secretary/Treasurer, Gary Gustafson.

Once certified, forever learning, evolving and developing as a qualified professional.

PLANNING AHEAD FOR CONTINUING QUALIFICATIONS

"For the vast majority of R.T.s, there's nothing you need to be doing now" is part of the reply to questions about Continuing Qualifications Requirements, or CQR. Specifically:

- Primary and post-primary certifications earned on or after January 1, 2011, are time-limited to 10 years. Renewing certification for an additional 10 years requires completion of the CQR process, and the first CQR deadline is not until 2021.
- Registered Radiologist Assistants (R.R.A.s) are unique in that R.R.A. certification has always been time-limited and the CQR process begins in 2013. That is, the CQR process needs to be completed in the final three years of the 10-year period, which is 2013–2015 for those certified as R.R.A.s in 2005. R.R.A.s will be receiving more details about their CQR process beginning in late 2012.

With that to ease your mind, here's an update for you.

CQR has three related components. First, R.T.s will assemble a professional profile that highlights achievements related to education, work, special skills and professional development. This important first step gives a big-picture look at how an R.T. has maintained qualifications since first becoming certified.

Second, ARRT is developing a unique structured self-assessment process. It's not a test — it's different — particularly because it can't be passed or failed. It's a learning tool designed to evaluate strengths and weaknesses in knowledge and skills based on the qualifications expected of those becoming certified in the current year. Assessments will use then-current content specifications based upon the most recent practice analysis.

Then, through the self-assessment findings, participants will receive a report listing any targeted learning opportunities identified by the assessment. Completing continuing education activities in these identified areas is the third component of the CQR process.

The CQR process is complementary to existing components of certification and registration requirements. CQR provides the opportunity to demonstrate that your knowledge and skills are up-to-date, helping you re-energize your passion and enjoyment of work and your connection to patients and health care.

Because of accelerating advancements in technology and growing capabilities in the health care field, the idea of "Once certified, forever qualified" no longer meets the expectations of patients or the profession. Today, this is more accurately described as "Once certified, forever learning, evolving and developing as a qualified professional." Continuous quality improvement is an expectation across all health care facilities, systems and professions.

An R.T.'s compliance phase with CQR will begin seven years into the initial 10-year certification period. For example, for R.T.s earning certification in 2011, the compliance phase can begin in 2018, allowing three years to complete the professional profile, self-assessment and targeted continuing education by 2021. And remember, CQR applies to R.T.s with primary or post-primary certifications earned since January 1, 2011.

ARRT is working with a number of committees made up of volunteers from across the profession to develop a meaningful CQR process — and is committed to helping you stay up-to-date and preparing you to take full advantage of the opportunity when CQR phases begin for the first R.T.s in 2018.

For more information, go to www.arrt.org and view the updated CQR Frequently Asked Questions or check out the new CQR video update.

R.T.S SURVEYED BY ARRT

A foundational element to successful communications and being easy-to-do-business-with is to know your audience and what they think. That's one of many reasons why ARRT worked with a research firm earlier this year to survey 350 educators and 400 R.T.s via a quantitative web-based or telephone survey. Additionally, 60 R.T.s and educators were surveyed via in-depth telephone interviews designed to discover more about their perceptions of ARRT and the value of certification and registration.

Even with highly positive survey results, there remains wide diversity among R.T.s and educators. This diversity spans generations, work environments, levels of professionalism, career commitment and frequency of interaction with the ARRT throughout their careers. With such diversity come challenges to clearly communicate the complexities of the certification and registration process and garner understanding of the value of being certified (for patients and R.T.s).

With appreciation for those R.T.s who participated in the survey, we've only just begun. Watch for more details on the survey's results and how the results will benefit the evolution of operations and communications over time to bring greater value — and build even more meaningful relationships with R.T.s, educators, industry partners and the public.

PRACTICE ANALYSIS ENSURES THAT EXAMS, REQUIREMENTS ADVANCE WITH PROFESSION

As the profession accommodates dramatic technology advancements, a constantly shifting health care environment, and increasing expectations of patients and payers, ARRT's certification programs stay in step.

Through a regularly scheduled series of comprehensive and interim updates, ARRT volunteer committees conduct and evaluate practice analyses and recommend changes to the Board of Trustees.

As a result of that process, four disciplines will adopt updated exam content specifications and clinical requirements in the next several months.

Discipline	Update mechanism	Updated exam content specs	Updated clinical requirements
Mammography	Interim update March–October 2011	July 1, 2012	July 1, 2012
Vascular-Interventional Radiography	Practice analysis July 2011–January 2012	July 1, 2012	July 1, 2012
Sonography	Practice analysis May 2011–March 2012	January 1, 2013	January 1, 2013
Vascular Sonography	Practice analysis May 2011–March 2012	July 1, 2013	July 1, 2013

LIGHTS, CAMERA, ACTION: ARRT LAUNCHES VIDEO SERIES

Interested in developing a better understanding of your role in earning and maintaining ARRT certification and registration? ARRT recently launched a series of engaging and informative videos on a variety of topics, with more planned in the coming weeks and months. Here's a look at what you can currently find on our website at www.arrt.org/videos, as well as what you can look forward to in the future.

Continuing Qualifications Requirements

Wondering about what CQR means for you? Watch this video to learn more about why Continuing Qualifications Requirements are important and what to expect from the three-part process that begins about seven years into the 10-year cycle.

Applying for Certification

Those interested in applying for ARRT certification but not sure what to expect are invited to check out this video for a look at the application process — great information that answers commonly asked questions.

A Guide to Sonography Certification

Did you know you don't need to be certified in Radiography to earn ARRT primary Sonography certification? This video walks you through the benefits of certification, as well as the education, ethics and examination requirements for becoming an R.T.(S).

Exam Security: What's OK and What's Not

Why does exam security matter? What happens if someone shares questions and/or answer options for one of ARRT's exams? This video provides an example of a possible violation and illustrates the impact on patient safety and on a candidate's career.

Coming soon:

- What to expect on exam day
- The ethics process
- Exam development and scoring
- Continuing education
- Certification and registration
- ARRT's mission and history within the profession

POST-PRIMARY HANDBOOKS NOW AVAILABLE ONLY ONLINE

Have you heard? As of June 1, 2012, if you want to apply for most of ARRT's post-primary certifications, you'll be able to access and print your July–December 2012 certification handbook and application form from the ARRT website, rather than having to wait for the materials to come in the mail.

While the handbooks themselves have been online for a while, the application is now accessible, too. Just log into My ARRT Info and print an application for any discipline in which you're eligible — then complete it and submit it via the USPS. Now application materials can be accessed when it's convenient for you, based on your schedule.

Questions? Contact a member of our Initial Certification Department at (651) 687-0048, ext. 8560.

The American Registry of Radiologic Technologists®
1255 Northland Drive
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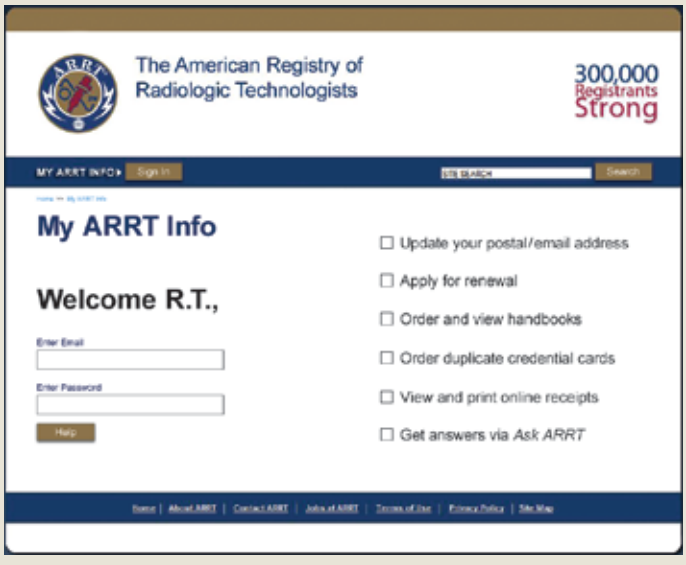
Mission

Promoting high standards of patient care by recognizing qualified individuals in medical imaging, interventional procedures, and radiation therapy



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