

Stories

OF QUALITY PATIENT CARE



Gold Standard Patient Care

ANNUAL CONVERSATION WITH REGISTERED TECHNOLOGISTS



THE AMERICAN REGISTRY
OF RADIOLOGIC
TECHNOLOGISTS®





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Stories of Quality Patient Care

Annual Conversation with Registered Technologists

When you talk with Registered Technologists, you learn about the curiosity, competency and compassion that drive a profession at the forefront of a rapidly advancing field of healthcare. Their stories inspire and energize.

For that reason, The American Registry of Radiologic Technologists has packaged and presented the following conversations with R.T.s from across the country. Whether you read it from cover to cover, or keep

it on hand to browse in a spare moment here or there, we expect you will be moved to volunteer, to educate, to advocate or even just take an extra moment to bring a warm blanket to your next patient.

The stories represent a stunning pride in a profession, centered around the true meaning of certification and registration. ■

What's next? ARRT communication tools have the answer

The R.T.s interviewed for this publication share a common trait: In their day-to-day duties, their education and their career path, they are always asking, "What's next, and what do I need to know?" When that question is applied to certification and registration requirements that support our mission of promoting high standards of patient care, ARRT has the answer. And it's easier than ever for you to get.

"ARRT has a responsibility to provide clear, accessible information to busy professionals. And R.T.s have a professional obligation to keep up on what matters in their certification," says ARRT Strategic Communications Director Christopher Cook.

Communication tools put important information right into R.T.s' hands, ears and computer screens, including:

- ARRT Update: Online newsletter available at arrtupdate.arrt.org. You can sign up for an e-mail announcing the next issue by visiting your My ARRT Info account and signing up for "News & Information."
- Guiding Today's Certification: A booklet clearly explaining proposed changes to ARRT governing documents and inviting R.T. feedback.

- ARRT website: Comprehensive information regarding certification and registration, including access to a personalized My ARRT Info account. The account can be used to conduct business with ARRT or access Ask ARRT for general inquiries.
- Online videos: An easy way to learn more about your role in gaining and maintaining certification.
- Call us: Help can be as simple as a phone call away.

By spending some time with each communication tool, R.T.s will know exactly what they need to keep pace with ever-increasing advancements and requirements for safety and quality, says Cook.

"Your certification and registration are valuable assets," he adds. "Invest in those assets by understanding changes and new requirements. Get started today by making sure your My ARRT Info account is set up and you check the box to allow news and information to be sent directly to you. ARRT is always here to help if you have any questions." ■

PROMOTING YOUR

Patient satisfaction starts with something as simple as *a great introduction.*

Ellen Collins is absolutely passionate about customer service. She wants you to be, too.

"We need to continuously make people aware of the profession and the important role we play in patient care. We're not promoting our profession as we should. We all need to get more involved," says Collins, M.S., R.T.(R)(M)(ARRT). She is the director of radiologic technology and medical imaging programs at Clarkson College in Omaha, Nebraska.

In the highly competitive marketplace of health care, she says, every provider needs to make customer service a priority so patients will feel good about coming back to that center, if needed, and will tell their friends and family about the kind and professional service they received.

"There are lots of buzz words around this. 'Service excellence' is one. 'Wow moment' or 'Moment in truth' are others," says Collins, who often works with students in the clinical setting. "In my view, it's all patient satisfaction, where you create a service that goes beyond what is expected. The patients may not remember the exact spoken words or what the technologist did to get an image. But they will remember how you made them feel. And patients feel more at ease knowing a qualified person is caring for them."

One great introduction with a patient can decrease anxiety and increase compliance, she says. A relaxed and cooperative patient results not only in greater satisfaction, but also in better clinical outcomes.

When introducing yourself to a patient, she recommends first acknowledging the patient by name, then stating your name, job, professional certification and the number of years you've been in the field. Explain how long the test will take and reassure the patient that you'll be there to help at all times.

If that's not something you normally do, Collins suggests practicing until you feel comfortable saying that introduction with ease. (And the sample script she provides will help, too.) Then encourage your co-workers to follow suit.

"Never underestimate the difference you can make," she says. "These suggestions are proven to make a huge difference."

She also emphasizes the impact of nonverbal communication, which she says accounts for 55 percent of patient communication. For example, she says, make eye contact, share a smile, provide a warm blanket, have a positive attitude and take a few minutes to listen.

"At the end of the test, when a patient turns back and says, 'Thank you. I was so scared when I came in.' Now, that's priceless," Collins says.

Along with understanding patient satisfaction in terms of making a positive impression and creating better clinical outcomes for patients, Collins wants R.T.s to recognize the influence they have in improving the image of their profession.

"Technologists need to step up," she says. "Be the positive role model for others. We as educators and technologists must hold our students and ourselves to higher standards. Lead by example. This is how I believe we can make a difference."

Try this script

How can you raise your profession's status in the minds of patients, while setting a good example for your co-workers, in just minutes? It happens one patient at a time, starting with that very first time you extend your hand and introduce yourself.

This brief script covers some proven points in effective customer service and promoting our profession. Give it a try with your next patient:

Hello, Mr. Smith. My name is Ellen. I'll be taking your x rays today. I've been a certified and registered technologist for 10 years. This means I have special education, passed an exam, maintain high ethical standards and continuously learn to keep abreast of health care advancements. The exam is going to take about 15 minutes, and I'll explain everything in detail as we get started. Do you have any questions for me right now? ■

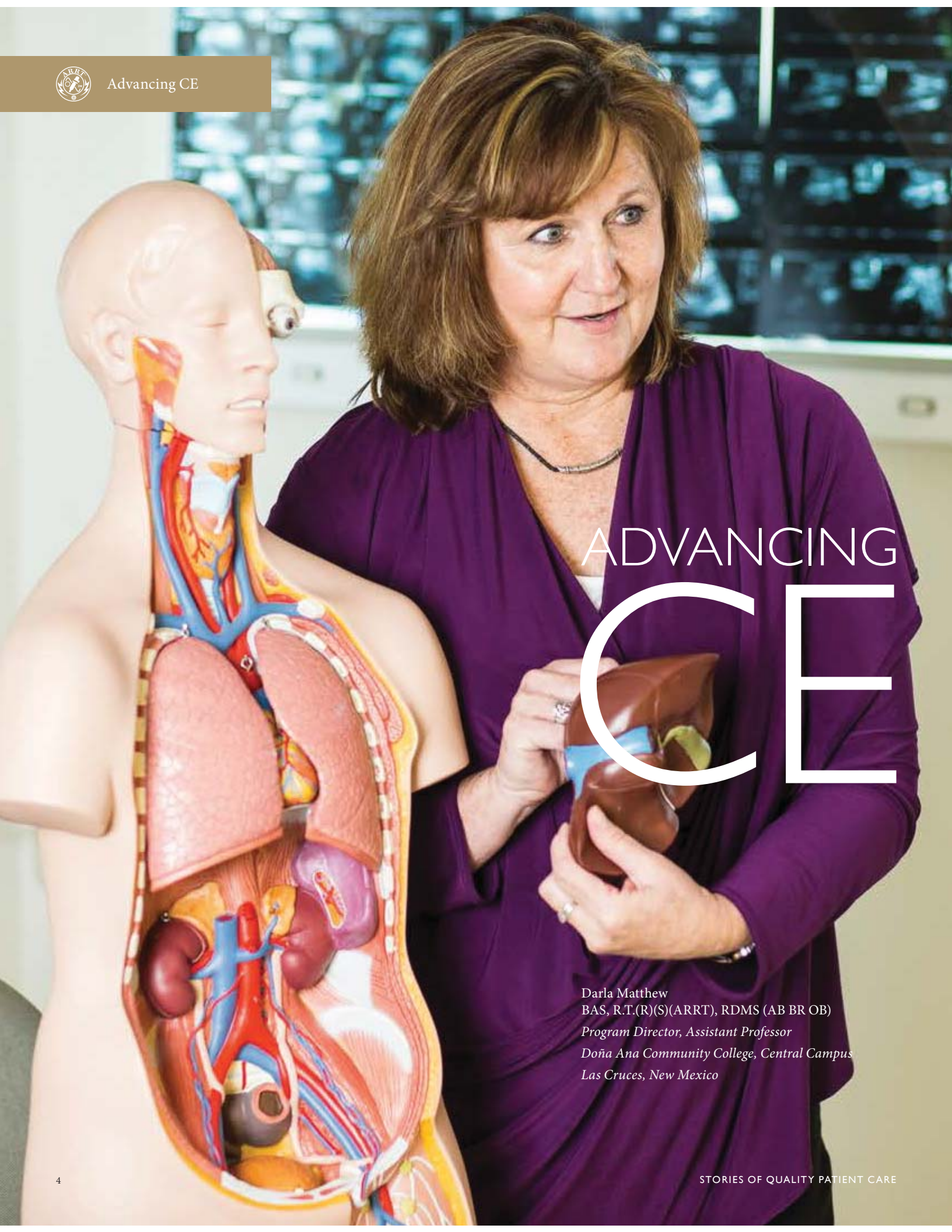
The style and personality of each R.T. is as unique as each patient. So customer service tips aren't "one size fits all." However, it can be helpful to come up with a philosophy that works best for you. Here are some suggestions:

- When I take a patient history, I'll sit eye-to-eye with the patient.
- When I bring a warm blanket, I'll touch the patient's foot and ask: "Are you warm enough?"
- I will wear a smile and have a positive attitude.
- I will give good eye contact while talking with patients.
- When I end a patient conversation, I'll be personally engaged enough to know the color of their eyes.



PROFESSION

Ellen L. Collins
M.S., R.T.(R)(M)(ARRT)
*Program Director,
Radiologic Technology/Medical Imaging
Clarkson College
Omaha, Nebraska*



ADVANCING CE

Darla Matthew
BAS, R.T.(R)(S)(ARRT), RDMS (AB BR OB)
Program Director, Assistant Professor
Doña Ana Community College, Central Campus
Las Cruces, New Mexico

Eager learner embraces new sonography requirement.

The importance of continuing education (CE) is this: "If you are complacent, you are dangerous." That's the mantra of Darla Matthew, BAS, R.T.(R)(S) (ARRT), RDMS (AB BR OB). She is program director and assistant professor at Doña Ana Community College in Las Cruces, New Mexico.

"You should always scan a little scared," she tells her sonography students. "Every body is different — the fat, gas, composition, placement of the organs and effects of the disease process. Sonography is an intellectual challenge all the time. And the last thing you want to do is miss a disease or anomaly. Sonography is an operator-dependent discipline — every day and every patient depend upon the attentiveness and tenacity of the sonographer."

Matthew enthusiastically endorses the new requirement that all sonographers certified by the ARRT in sonography (S) — regardless of date certified — must complete 16 of their 24 biennial CE credits in sonography-specific activities.

The enhancement is the result of collaboration with the American Institute of Ultrasound in Medicine, which decided late in 2012 to recognize ARRT's general sonography certification earned by individuals after Jan. 1, 2013, as an accepted credential for practices seeking AIUM accreditation or reaccreditation in general abdominal ultrasound, obstetric ultrasound and/or gynecologic ultrasound. Sonographers earning ARRT's general sonography certification — R.T.(S)(ARRT) — after that date will satisfy AIUM practice accreditation standards.

"I absolutely agree," she says. "It's irresponsible not to have sonography-specific CEs. A good sonographer is an eager learner."

In fact, "eager learner" defines Matthew's career. She started out in x ray and was asked to cross train in sonography.

"In the beginning, I knew there was a lot I didn't know," she says, recalling that she had to teach herself all the registry level materials. "But the more I learned, the more I applied myself."

"The ever-advancing ability to detect disease and disease process is amazing. When I go to conferences, I get so excited to learn something new. It keeps me fresh and learning."

She stayed in sonography for 17 years, then tried to cut back her hours in 2006.

"I was going to learn how to cook. I had just come to the place in my life when I wanted part-time work," Matthew said. Instead, the community college talked her into joining the staff and she eventually became the full-time program director. "Now I'm working harder than ever."

And the constant change in sonography continues to delight her.

"The ever-advancing ability to detect disease and disease process is amazing. When I go to conferences, I get so excited to learn something new. It keeps me fresh and learning," she says. "I stay excited about my profession."

Matthew explains that part of her love for learning was inspired by several trips she made to Vietnam, where she taught physicians to perform obstetric sonography. "To see the transformational power of learning within individual lives and patient outcomes... It's hard not to get excited about that," she says. ■

Darla Matthew offers the following tips to all R.T.s — regardless of discipline — who are looking for meaningful CE opportunities:

1. If you have access and funds, go to conferences. They offer a plethora of CEs and other valuable advantages, such as networking and shared experiences that create valuable connections.
2. Join a professional organization that understands your needs and can help you achieve CEs when conferences are cost prohibitive.
3. Identify your weaknesses and study areas in which you may not have a lot of experience to enhance your overall skills. For example: baby hip sonography. You may not perform this exam very often. But, when the study is needed, you don't want to be the one who doesn't understand how to do it.
4. Read journals. Scan for hot topics or an unusual presentation of disease or abnormalities. Reading articles can feel burdensome, but it's an opportunity to learn about interesting cases and connect with others in our medical community. In fact, whether CEs are attached or not shouldn't really matter. Our profession requires life-long learning and journal articles help us achieve that objective.
5. Don't wait until you are desperate. CEs help you invest in yourself and your profession. At the end of the day, if you're not advancing your knowledge and skills, you're not serving the patient.



Danielle Bradbury
MIS, R.R.A., R.T.(R)(ARRT)
*Medtronic, Surgical Technologies Division
Boston, Massachusetts*

WHAT HAVE YOU LEARNED?



“That I must promote patient safety at all times.”

Just three days into a new job — and a significant career change — Danielle Bradbury, MIS, R.R.A., R.T.(R)(ARRT), hit the road to Minnesota. As a new member of the ARRT Exam Committee, it was a trip she was determined not to miss.

“I started my job near Boston as a clinical specialist in surgical technology at Medtronic,” she says. “I told my new employers that it was important to keep my commitment to go to Minnesota for the ARRT meeting. On one hand, they were fine with it. Then, when they realized my volunteer work with ARRT was not only helping my profession but also helping my job, they were very impressed.”

For six years prior, Bradbury had worked at Children’s Hospital in Boston, first as a diagnostic radiographer then as a Registered Radiologist Assistant (R.R.A.). Her new job puts her in operating rooms at hospitals across New England, instructing clinicians on Medtronic’s surgical navigation systems.

Her invitation to volunteer on ARRT’s Exam Committee arrived via letter shortly after she completed her master’s degree while at Children’s Hospital. Specifically, she volunteers to review exam items for the R.R.A. exam, making sure the items are appropriate, relevant and not too easy, not too difficult. Together with eight to nine other volunteers, she goes to ARRT offices in Minnesota twice a year.

“Before that, I had no idea actual R.T.s were involved in the exams,” she remembers. “Now I know there are caring people behind exams, and they have a solid purpose in mind — patient safety.”

She says that sense of purpose now infuses her daily work.

“For some R.T.s, they just want to do a good job for the physicians, and that’s their main focus,” Bradbury says. “But I teach patient safety and radiation safety first. I wouldn’t have felt as empowered to say that two years ago before volunteering with ARRT. I now feel much more responsibility for educating.” ■

Volunteering is a way of life for Bradbury. She runs marathons to raise money for charities and, in fact, was at mile 23 of this year’s tragic Boston Marathon, cheering for runners and two of her friends. She recalled that stretch of the race, first packed with people, quickly became starkly deserted in the aftermath of the deadly bomb blasts.

“By the time we walked to our car, no one was in sight,” she says. “Then a runner came up and asked where he could meet his family so they could give him a ride home. We ended up just driving him home, a complete stranger. It was an unreal experience.”



Larry D. (Max) Maxwell
B.S., R.T.(R)(CT)(ARRT), FASRT
Shadyside Hospital
Pittsburgh, Pennsylvania

WHAT HAVE YOU LEARNED?





If, over the years, you've noticed the absence of "all of the above" as an option for multiple-choice questions on ARRT's exams, Larry D. (Max) Maxwell was one to advocate for change. For seven out of the past 13 years, Maxwell, B.S., R.T.(R)(CT)(ARRT), FASRT, has been a persuasive voice in evaluating ARRT exam items.

"That option always irritated me," he says. "On the ARRT Exam Committee, I was vocal about that. I was so adamant for change and am now very pleased to see that they don't use it anymore. It wasn't a good option because, almost every time, the answer really was 'all of the above.' That makes it too easy, and now the value of the exam is even greater."

A senior computed tomography technologist at 500-bed University of Pittsburgh Medical Center Shadyside Hospital, Max first sat for his R.T. exam when he was 20, back in the "dawn of time," he says.

When ARRT initially invited Max to volunteer on the Exam Committee, he was uncertain until he chatted with ARRT Executive Director Jerry Reid at an ASRT meeting. "Jerry talked me into it. I had known him for several years, and he talked with me one-on-one, like a friend," Maxwell remembers. "He told me my experience was a good fit and that I'd do a good job at it. I'm glad he did."

Through his two stints as a volunteer, Max gained a new perspective on how exams were compiled. "I never knew how much work was involved. All I knew was that I had taken the exam — 200 questions — and prayed and hoped I'd pass," he says. "My experience as a volunteer made me realize taking the test is more than just taking a test — it's proving that you are very qualified."

Max traveled to ARRT offices in Minnesota twice a year and worked with others from around the country to review content specifications for the radiography exam and, later, the computed tomography (CT) exam.

Max says if he is ever called to volunteer with the ARRT again, he'll say yes. And he encourages all R.T.s to do the same.

"Anybody who volunteers for ARRT will find it rewarding. They should do it," he says. "You can't get that experience anywhere else." ■

Larry D. Maxwell is a consummate volunteer in his field. He currently serves as:

- Chairman of the Board of The Pennsylvania Society of Radiologic Technologists
- Treasurer of the organization's local chapter, District 1, in Pittsburgh
- Computed Tomography Chapter Chair for The American Society of Radiologic Technologists (ASRT)

Maxwell applied and was elevated to "Fellow" status this year by the ASRT.

He also volunteers extensively for his church and at the hospital.

"I tell my students that they need to get involved as volunteers because they can network and have an easier time getting a job. It shows that you are interested in your profession," he says.

"That my efforts and insights make a difference."

“That ARRT stands for something important.”

When Cory Neill teaches his students about the value of volunteering, it's not just talk. Here is a list of his current volunteer commitments:

- Item-Writing Committee for the Medical Dosimetrists Certification Board and ARRT
- Associate Editor of the Medical Dosimetry Journal
- Radiologic Technology Program Advisory Board member at Truckee Meadows Community College
- Information Technology Committee member, American Association of Medical Dosimetrists

“When you volunteer, in whatever capacity, you gain so much more depth than just being a spectator,” he says.

As a medical dosimetrist, Cory J. Neill, B.S., R.T.(R)(T)(ARRT), CMD, needs to know that the treatment plans he develops to use radiation to eradicate a tumor, for example, will be carried out precisely. That's why he works with radiation therapists who meet standards for certification and registration, including passing an ARRT exam.

“I take my job very seriously, because the plans for radiation treatments could harm or kill a patient if not administered correctly,” Neill says. “When radiation therapists have passed exams that ARRT has developed, I know they have the knowledge base to keep patients safe.”

His confidence in ARRT's standards has only grown since he started volunteering as a radiation therapy item writer three years ago. He submits ideas — 200 so far — for exam questions. Ideas for questions usually come to him when he's reading journal articles or listening to radiation therapists discuss an issue.

“The item writers propose questions that correlate with content specifications for each exam. ARRT recently updated content specs and needed questions for that area,” Neill explains. “Who knows if a question I've sent would be used? You never know. It wouldn't be recognizable because it goes through a long process. That's the standard the ARRT holds itself to.”

That standard continues to impress him. “There's a certain depth you can't appreciate until you're in the middle of it,” Neill says.

Neill also found himself surprised at the warm culture within ARRT.

“Maybe it's just a Minnesota thing, but they showed direct interest in me on a personal level. It was incredibly friendly,” he remembers of his initial three-day training session at ARRT offices. Prior to that experience, he admits, he envisioned the ARRT as a sort of “Wizard of Oz.”

Along with his career at Carson-Tahoe Cancer Center in Carson City, Nevada, Neill also works as a part-time instructor for the radiologic technology program at Truckee Meadows Community College. He sings the praises of volunteerism to his colleagues, students and his three small children.

“If you're into networking, volunteering with ARRT is huge. But it runs a lot deeper than that,” he says. “You gain an appreciation for ARRT and what it stands for.” ■



Cory J. Neill
B.S., R.T.(R)(T)(ARRT), CMD
Carson-Tahoe Cancer Center
Carson City, Nevada



WHAT HAVE YOU LEARNED?



FIRST CLASS

“I feel so honored to have seen all of this happen in my lifetime and to be a part of it. It’s amazing. It’s a brand new world.”

Lewis D. Schmidt, R.T.(N)(ARRT)
Hutchinson, Kansas



Member of inaugural certification group, Lewis Schmidt's curiosity about nuclear medicine is 50 years strong *and growing*.

In his 1957 Chevrolet two-door sports coupe, Lewis D. Schmidt drives to a building in Los Angeles to join other technologists — at sites across the country — in sitting for the inaugural examination for the ARRT isotope certificate. The date is Nov. 1, 1963. About a month later, he receives a letter in the mail. The letter issues him the number “25.” He had passed.

“I don't remember too much about that day,” Schmidt says. “I just remember there weren't a lot of resource materials to study ahead of time. The exam was with paper and pencil, and it was based on on-the-job training and intuition, you might say.”

Schmidt was 23 years old then, with a wife and baby son. He had already worked in nuclear medicine — as the field was later called — for almost two years. He says he was fortunate enough to be working at White Memorial Hospital, affiliated with nuclear medicine innovator Loma Linda University School of Medicine, where he was supervised by a radiation physicist who had been in practice for 13 years.

To be a member of the first group certified in the discipline felt significant to him then, as it does 50 years later.

“It was pretty exciting for me to think of radioactive materials for peaceful use. The initial radioactive products for medical purposes were extracted chemically from the waste product of nuclear reactors. So it was beneficial for ecology, too. It was unique and quite revolutionary.”

“At that time, unless you were a health physicist or radiation physicist, you weren't credentialed in that field,” says Schmidt, R.T.(N)(ARRT). “I felt it was a real accomplishment.”

Today, he works as needed at a hospital and outpatient clinic near his hometown of Hutchinson, Kansas. His family has grown to four children and 11 grandchildren. And he has earned certifications from a number of nuclear medicine boards, as well as the Kansas State Board of Healing.

Peaceful use

Ironically, when Schmidt was obtaining his bachelor's degree after high school, he never considered a career in nuclear medicine. His major was in social studies and secondary education, with a minor in math and science. Someone told him about a job opening in the field, and it seemed like a good fit. There was no designated schooling or educational pathway, just on-the-job training. Yet the more he learned, the more deeply he was intrigued.

“It was pretty exciting for me to think of radioactive materials for peaceful use — to improve quality of life for humanity,” he says. “The initial radioactive products for medical purposes were extracted chemically from the waste product of nuclear reactors. So it was beneficial for ecology, too. It was unique and quite revolutionary.”

The career has served his curious nature well, he says. When he gets called in these days to perform a nuclear cardiology study, for example, he says his “mind goes into the mode of curiosity and excitement.”

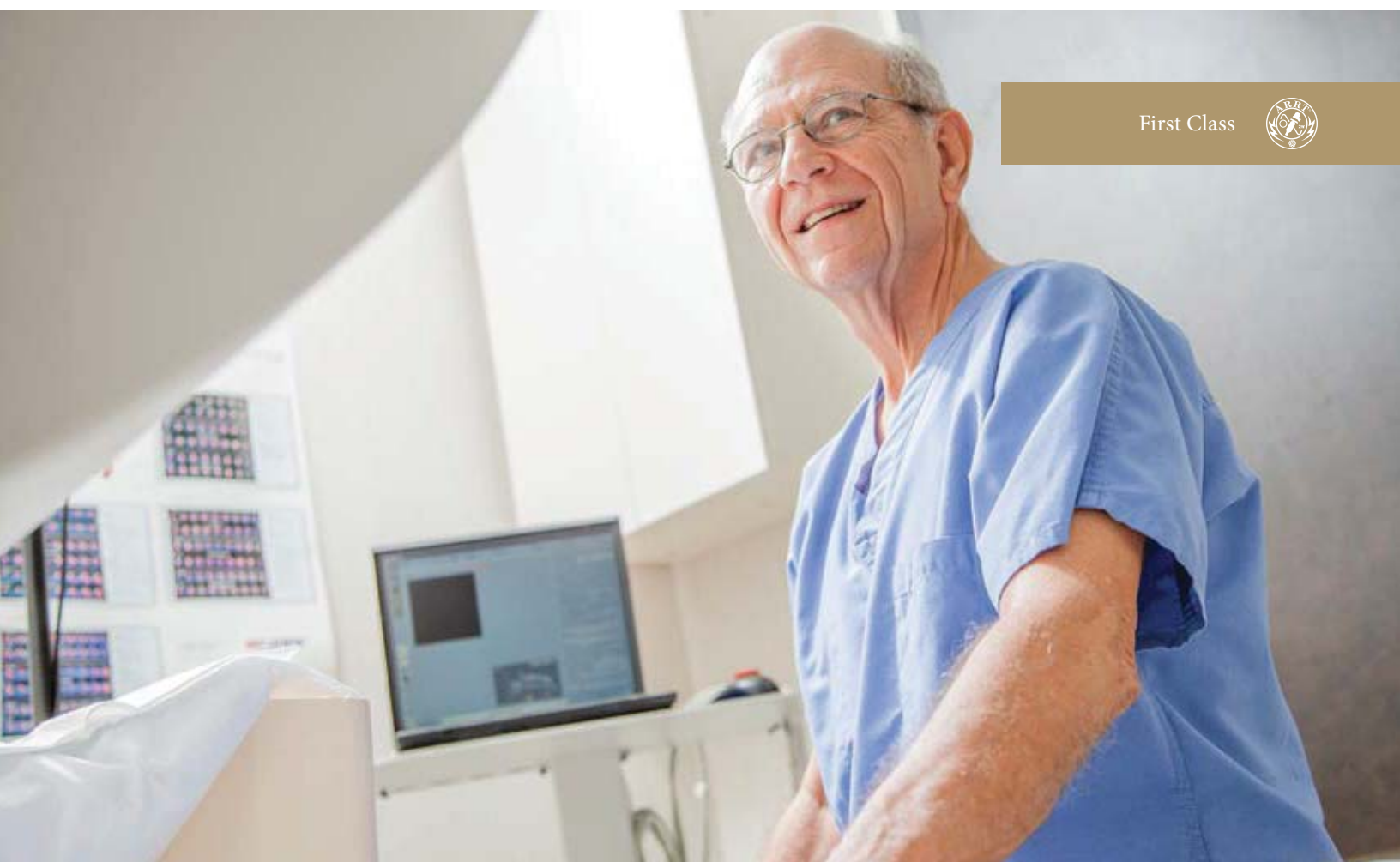
His education degree did come into play in the '60s, Schmidt says, when he started an accredited school in nuclear medicine at a Kansas hospital.

Continuing education has always been critical in his race to keep pace with rapid advancements in nuclear medicine. The first liver scans he performed used gold 198. Resisters didn't exist. Everything was vacuum tube operated, and that seemed like the “latest and greatest stuff,” he remembers. Solid state electronics didn't come into play until much later.

Top 3 revolutions in nuclear medicine

Schmidt points to the following three top revolutions in the practice of nuclear medicine during his career:

- Mo99-Tc99m Generator. This advancement resulted in non-particle radiation, or pure gamma-ray emissions. “Patient safety improved dramatically. It reduced internal radiation,” Schmidt says.



- Gamma camera, also known as the Anger camera. "That permitted us to perform imaging much more quickly and with lower doses," he says.
- Digital methods using computer technology. "This resulted in what is now called molecular imaging. Subsequently, hybrid imaging using multiple disciplines to measure both functional changes and anatomy gets us to today's technology," he explains.

"I feel so honored to have seen all of that happen in my lifetime and to be a part of it. It's amazing," he says.

Exam in subspecialty

Schmidt says he has always thrived on new ideas in technology. And continuing education feeds that enthusiasm. "I'd attend a workshop and think, 'Oh, man, I can't wait to go back and try that,'" he says.

In fact, in August 2010, he needed continuing education credits to keep up his credentials. Instead of reading articles or doing an online course, he sat for an exam in the subspecialty of nuclear cardiology, a route that also met the CE requirements for his credential. He passed.

"Actually, I felt pretty good that, at age 72, I could do it," he says. "I didn't study much for it. I figured I'm either going to pass it or not."

As for retirement, he is easing himself into it. He is credentialed through 2013, but if he doesn't get called in to work much in the next year, he may call it quits.

"My wife and I have no wild dreams of traveling the world," he says. "If we make it to Alaska, that may be as far as we want to go. We have a pretty large family nearby and like to be with our grandkids."

Brand new world

As he looks into the future of nuclear medicine, he is as curious as ever.

"There has been controversy about nuclear medicine over the years," Schmidt says. "I remember when CT scanning was introduced, they said we wouldn't need nuclear medicine anymore. Same thing when ultrasound came along. Same thing with MRI. Nuclear medicine still hasn't died. But it is changing. And I think the trend is in the right direction, when nuclear medicine is combined with other imaging disciplines simultaneously. You can do a 3D nuclear medicine study with a CT and MRI simultaneously to assess the formation of an organ or system. I see that trend continuing and, in that sense, it's a brand new world." ■



Courage
of Credentials

Tina Hawkes
R.T.(R)(ARRT)
*Desert View Hospital
Pahrump, Nevada*

COURAGE OF CREDENTIALS

Former Air Force technologist *overcomes crippling fear* to achieve R.T.

Clenching her fist as tightly as possible, Tina Hawkes, R.T.(R)(ARRT) explains her battle over the anxiety that nearly kept her from a career she loves.

"I was literally clenched up, terrified," she says, remembering back to 2005, when she sat for her ARRT exam and failed. "I would get heart palpitations whenever I'd think about the exam. I couldn't explain it to anyone, how failing the test made me feel like I had failed my supervisors, my students I taught and myself."

While on active duty, Hawkes was a military x-ray technologist and had passed the Air Force equivalency to the ARRT exam. However, by the time she left active duty in 2008, she still didn't have the R.T. credential. And, with each attempt at the ARRT exam, her anxiety intensified.

"I would send in my money to take the exam," she says. "But then I would not show up or I'd drive to the exam site and just sit in the car, not able to walk in."

In time, she lost her job as an unlicensed x-ray technologist in Nevada. Her employer explained that, without certification and registration, Hawkes couldn't be trained in other disciplines. She wasn't needed anymore.

"I threw my hands up in defeat," Hawkes says.

She worked in retail for a few years and focused on family life together with her husband, Cameron, and son, Taylor.

However, the lost career haunted her. "It was always in the back of my head," she remembers. "I really loved x ray. I missed it. I missed teaching the students. I missed being part of helping a patient get well. You just can't replace that if you have it in your heart. I tried, but nothing gave me the same satisfaction."

Eventually, she made a plan to complete Pima Medical Institute's online program (advanced-placement track) for technologists with prior experience. Cameron was fully supportive. But she still hadn't made up her mind. Then a former Air Force instructor and coworker, Erica Hammond, called her on the phone, out of the blue. "Erica nudged me in the right direction. She said, 'Definitely, yes!'" Hawkes says.

She jumped back into her studies and graduated in November 2011. She waited four months before sitting for the ARRT exam.

"I took the last possible date and rescheduled it three times," she says. "I kept creating excuses."

Ultimately, the motivation she needed was her two-year-old son.

"You look at your kids and see all the possibilities they have, and you know they will fail in life before they succeed. I didn't know how I could tell my son to keep on after he fails if I didn't," Hawkes says.

"I really loved x ray. I missed it. I missed teaching the students. I missed being part of helping a patient get well. You just can't replace that if you have it in your heart. I tried, but nothing gave me the same satisfaction."

In March 2012, Hawkes left early to get to the exam facility. She wore her studying clothes — sweats — "not prim and proper like everyone else," she remembers. In the parking lot, she sat in her car and tried to quiet her heart and calm her mind.

She finally got up her nerve to walk in and begin the exam. As she progressed through the items, the thought occurred to her: "This isn't as hard as I thought it would be," she says.

She completed the exam, reviewed a few items one last time, then hit the "submit" button. She was completely amazed when the screen informed her that she had passed.

"I went out to the car and screamed and screamed and screamed," she says. "I texted my husband and my in-laws, then everyone else. Then I posted it on Facebook®. All the people who had been really supportive — way back to my Air Force days — cheered me on."

Since that day, her certification and registration have opened doors. Hawkes works at Desert View Hospital in Pahrump, Nevada, about an hour southwest of Las Vegas. She is cross training in mammography and starting work toward a bachelor's degree in health care management.

In addition to allowing her to get back to — and thrive in — a career she loves, her credential, she says, also tells her patients she cares. "It tells patients I care enough to get extra education, pass a really hard test and constantly read more articles and learn new techniques. It shows them I care about them," Hawkes says. ■

Road to *career he loves* begins in violence.

More than a decade ago, when Miguel A. Roman, M.A.S., R.T.(R)(CT)(ARRT), was working as a labor foreman for a bricklaying company in New York, he didn't know he was laying a foundation for a much different career in his future.

"I always thought I would be in the business of building major components of New York City's famous skyline," he says.

His long road to becoming a radiologic technologist started violently. While Christmas shopping in December 2004, a masked man shot and robbed Roman in a parking lot, nearly severing his arm with the spray of shotgun pellets.

It was his experience, recovering in a medical trauma center in the Bronx, that inspired him to pursue a career in health care. He remembers transport staff treating him roughly. "I was literally thrown from the operating table onto the stretcher," he says. Conversely, during his frequent trips to the diagnostic imaging department, he met a caring radiologic technologist who took time to explain the studies he was performing and talked in depth about his profession.

"Words can't describe how much I love my job. I wake up with a passion to get to work. Sometimes people say 'slow down.' But I can't slow down. I have patients waiting. I like to reduce patient wait time, and I do."

"He would point out the passion he possessed for the delivery of quality care and how this passion contributed to the reward of seeing his patients smile," Roman says.

Those encounters — good and bad — inspired Roman to dream of a career where he could deliver compassionate health care. However, with the responsibility of supporting a young family, the dream didn't start to take shape until years later.

Fast forward to 2009. Roman's now ex-wife and children had moved to Florida, and Roman had moved to Houston. With the support of his mom, sister and fiancée, he enrolled at Houston Community College Coleman College for Health Sciences. He earned his certification and registration early in 2012.

You could say he's found his niche in life as an R.T. performing x ray, CT and imaging support in the operating room at TOPS Surgical Specialty Hospital in Houston. He is earning his Bachelors of Science in health management at the University of Texas MD Anderson Cancer Center.

"Words can't describe how much I love my job," he says. "I wake up with a passion to get to work. Sometimes people say 'slow down.' But I can't slow down. I have patients waiting. I like to reduce patient wait time, and I do."

Once he's with patients, he's all theirs.

"Patients are usually cold, so I cover their feet and get them an extra pillow and a warm blanket," Roman says. "I listen. I talk with them. I get them something to drink. These are things some wouldn't expect from an imaging technologist. But I'm at their disposal. I've been subjected to good care and bad care myself. I want to be part of making sure the patient experiences good care."

For Roman, his certification and registration mean giving "110 percent every time," he says. "It's about physics, ethics, safety. It's guaranteeing that the person performing the test has an obligation to uphold the profession. I look at what I've just done and think, 'How can I do better?' That requires a hunger for knowledge and making room for improvement."

Looking back to his days in construction, Roman sees the pieces fitting together.

"In construction, the more you know, the more you work," he says. "In imaging, the more you know, the more you help your patient." ■



Miguel A. Roman
A.S., R.T.(R)(CT)(ARRT)
*United Surgical Partners, Inc.
Tops Surgical Specialty Hospital
Houston, Texas*



A Profession
with Expectations

Kevin L. Rush
MHA, R.T.(R)(T)(ARRT), FASRT
Administrator, Imaging Services
TriHealth
Cincinnati, Ohio

A portrait of Olivia Baugh, a woman with shoulder-length brown hair, wearing a dark blue top and a necklace with a pearl pendant. She is smiling and looking slightly to the right. Her hands are visible, with a ring on her left hand.

A PROFESSION WITH EXPECTATIONS

Olivia Baugh
A.A., R.T.(T)(ARRT)
*Santa Clara Homestead Medical Center
Los Altos, California*

ASRT's white paper outlines *best practices* that can apply across the radiation therapy profession.

White papers aren't exactly known for inspiring expressions of affection. But something about The American Society of Radiologic Technologists' (ASRT) recent "Radiation Therapy Safety: The Critical Role of the Radiation Therapist" strikes a chord with Olivia Baugh, A.A., R.T.(T)(ARRT) of Los Altos, California.

"I love this white paper!" says Baugh, who is a part-time staff radiation therapist at Santa Clara Homestead Medical Center in California. "Radiation therapy errors are uncommon, but dangerous. Patient safety is so important, because you can't change what you've done."

The document, released last spring by the ASRT Education and Research Foundation and Health Care Industry Advisory Council (HCIAC), gives an overview of challenges facing radiation therapists and recommendations for individuals, workplaces and the industry as a whole.

"In the beginning of the paper, it talks about the minimum requirements," Baugh says. "I think that is one of the most important recommendations. If you are not ARRT registered, you may not have knowledge that is crucial to radiation therapy. On the outside, it may look like you are just running a computer and positioning a patient. But the therapist needs to understand internal anatomy, beam quality, physics, biology, radiation biology, some nursing skills, social skills and so on. We need all of that so we can have a comprehensive view of what's going on."

The white paper states that, as of February 2012, 15 states did not regulate radiation therapists.

ARRT Board President Kevin L. Rush, MHA, R.T.(R)(T) (ARRT), FASRT, was involved with the development of the white paper. He says that many of the recommendations apply across the industry.

"The R.T. is the last set of eyes and ears before the beam is turned on," Rush says. "In terms of technological advancements, while our cell phones and personal computers can do much more now than ever before and have also become much simpler to use, the machines we use in imaging and radiation therapy can do much more than before but have not gotten easier to use. This white paper reminds us to step back. We have to be on our game every day."

Rush is imaging services administrator at TriHealth in Cincinnati, Ohio. He says that as the complexity of the equipment continues to advance, the importance of applications training with the vendor becomes even more critical. As the white paper points out, "Too often, however, applications training is viewed not only as an 'event,' but as an interruption to staff schedules and a drain on productivity and revenue."

The paper recommends that applications training at radiation oncology sites installing or updating equipment should be required, not optional, for staff.

Rush agrees: "You have to commit to the training with the vendor and even shut down for a day to run through everything. You lose more time and money if something goes wrong."

He also appreciates the paper's emphasis on creating a workplace culture where errors or near misses are openly, honestly discussed.

"When an error happens, people are quick to say, 'What the heck were you thinking?'" he says. "But I say, 'What were you thinking, at the moment, to make that choice?' Then we can work backwards and figure out how to eliminate that choice. We factor in the team, physician, time of day, the procedure. We can piece things together and can see any trends. Then we can go to everyone — in a non-punitive way — and say, 'This is what the data are showing us.'"

Baugh sees the reporting of errors or near misses as part of her ethical obligation as an ARRT-registered radiation therapist.

"I feel like the ethical standards aren't there to police us, as much as they are there to support us. The standards remind us to be our best — that means admitting mistakes or near mistakes and viewing them as an opportunity to learn," Baugh says.

Rush says, as he travels and discusses the findings and recommendations of the white paper, R.T.s ask him, "When do we get a white paper on the entire radiologic science?"

"The white paper is a reminder that our role as R.T.s, regardless of discipline, is a profession with expectations — from the patients [and vendors]. We are responsible for the safe delivery of radiation," he says. "The white paper is a starting point, presented by a small group of people, dedicated and passionate about having a foundation for safety. But it's just a foundation. You build on it. Each R.T. should read it, deconstruct it and get your ideas to your ASRT delegate and ARRT. Our safety standards have to be continually updated."

For Baugh, it's personal: "I get to cure cancer, and not a lot of people get to say that's what they do for a living. I'm honored to take part in someone's journey to either cure their cancer or help them have better quality of life for the time they have left. That person puts complete trust in me that I'm doing what I'm supposed to do," she says. "If I'm going to come home and tell my kids that I cured cancer today, I need to know that I did the best job possible." ■



The following best practices were presented in the white paper “Radiation Therapy Safety: The Critical Role of the Radiation Therapist,” commissioned by the ASRT Education and Research Foundation and the Health Care Industry Advisory Council (HCIAC) Subcommittee on Patient Safety and Quality in Radiation Therapy:

- All radiation therapy is delivered only by ARRT-registered radiation therapists.
- All sites providing radiation therapy staff at the level of two therapists per machine at all times.
- Administrators, radiation oncologists, radiation therapists and all oncology staff members embrace a culture that supports radiation therapist professionalism.
- Reporting of errors is expected and encouraged.
- Radiation therapists and other radiation oncology professionals adhere to professional ethics and standards of practice established by their professions.
- Employers conduct pre-assessments of radiation therapists' skill before beginning applications training and post-competency assessments following training.
- Radiation oncology providers conduct ongoing peer-to-peer assessment.
- Radiation therapy managers, radiation therapists and vendor representatives work together to help ensure successful implementation and training for sites purchasing new radiation therapy equipment.
- Vendors cooperate to improve multivendor implementation, training and support for radiation therapy sites.

Look for ASRT’s white papers on the News and Research pages of their website.

IN THE KNOW

News from around ARRT

Watch for new ARRT governing documents

R.T.s are the heart of the profession and, as such, were invited earlier this spring to speak their minds on certification's future as spelled out in ARRT's governing documents. The deadline for comments was May 31, by which time more than 2,000 had shared their thoughts.

The feedback will be considered by the Board of Trustees at their July meeting. Any resulting changes will be announced in August at www.arrt.org. Changes generally will become effective September 1.

Practice analyses lead to program updates

For eight of ARRT's certification programs, new versions of the discipline-specific content specifications and clinical requirements will go into effect as the result of recent practice analyses.

ARRT strives to produce comprehensive, accurate and fair examinations that cover the knowledge and cognitive skills required to practice in the fields of medical imaging, interventional procedures and radiation therapy. Therefore, task inventories, content specifications and clinical requirements are reviewed and updated on a regular basis, with the next rounds of changes noted below.

Visit www.arrt.org to access the new versions, along with files that note the individual changes that have been made.

EFFECTIVE JULY 2013

- Quality Management
- Vascular Sonography
- Breast Sonography

EFFECTIVE JANUARY 2014

- Radiography
- Nuclear Medicine Technology
- Radiation Therapy
- Magnetic Resonance Imaging

EFFECTIVE JULY 2014

- Registered Radiologist Assistant

ASRT awards Royce Osborn Scholarships, supported by ARRT

Five minority students have earned \$4,000 scholarships to support their studies in educational programs for entry-level disciplines where ARRT awards primary certification. This scholarship was created in honor of Royce Osborn, the first African-American president of the American Society of Radiologic Technologists.

With financial support from ARRT, the scholarships are awarded each year by ASRT to minority students in an entry-level radiography, nuclear medicine technology, radiation therapy, magnetic resonance imaging or sonography program.

This year's scholarships go to:

ROSALBA CRIVELLI-MEDINA California

Associate degree diagnostic imaging program at Long Beach City College

JOLEEN EVANS Oregon

Associate degree radiography program at Portland Community College

KAWSAR KHAN New Jersey

Certificate radiography program at Shore Medical Center School of Radiologic Technology

AMANDA MULLEN Oklahoma

Associate degree radiography program at Indian Capital Technology Center-Muskogee

GIDEON TAMERU California

Bachelor's degree sonography program at Kaiser School of Allied Health Sciences

ARRT leads, guides, contributes to research

Whether conducting its own or facilitating that of others, research runs through the very veins of ARRT.

Practice analysis studies inform the updating of certification programs. A joint venture with the University of Minnesota and National Cancer Institute over the past 30 years has generated valuable information on radiation exposure's cancer impact. And several presentations at professional psychometric meetings and in peer-reviewed journals have contributed substantially to the body of knowledge.

Do you know of or have a research study that could benefit from an alliance with ARRT? Submit a formal research proposal to ARRT Executive Director, 1255 Northland Drive, St. Paul, MN 55120. Call 651.687.0048, ext. 3122, for more information.

R.T.s by discipline and state available at www.arrt.org

Ever wonder how many Registered Technologists in Texas hold a currently registered CT certificate? As of May 31, that number was 3,842. Or how many MRI certificates are registered across the country? That was 29,702 on the same date.

Whenever you're wondering about how R.T.s shake out by discipline and by state, just visit www.arrt.org, search for "Census," and revel in the statistical slicing and dicing of the total number of currently registered ARRT certificates which, by the way, was 475,687 as of May 31.

Check out digital 'ARRT Update' and 'Educator Update' newsletters



New videos on exams, ethics, CE

Check out these new titles at www.arrt.org/videos...

What to Expect on Exam Day



Nervous about exam day? Knowing what to expect at the test center can greatly reduce any anxiety and provide piece of mind as you approach exam day, enabling you to focus on the exam content, rather than the process. This video will take you through the process, beginning with scheduling your exam, and answer some of the most commonly asked questions heard from candidates.

Exam Development



Ever wondered how ARRT puts together the exams for each certification? Interested in being a part of the process? "Examine" ARRT's proven process by exploring how exams are generated and scored — and find out how you can help.

Ethics and the ARRT



ARRT is committed to fostering a culture of ethical behavior across all medical imaging disciplines, recognizing those who act ethically will be likely to provide the highest quality and safest patient care. Find out more about what ethics means to you, the patients you serve and employers, as well as how it fits into ARRT's model for certification and overall excellence in the profession.

Understanding Continuing Education Requirements



Efforts to deliver high quality patient care, in step with advancements in medicine and rapidly evolving technologies, require diligence in education and skills training to maintain certification. This video provides an overview of how ARRT's continuing education (CE) requirements help R.T.s keep their knowledge and skills up-to-date and answers some of the most common questions about CE requirements and reporting.

Board of Trustees

Leading an organization as large and complex as ARRT demands a wide range and depth of expertise — and must be done by volunteers. Who are these extraordinary people?

Five Trustees are appointed by the American Society of Radiologic Technologists:

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TriHealth, Cincinnati, Ohio

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for Imaging Center, Encino, California

Officers for 2013–14 taking their new offices at the conclusion of the July 2013 Board meeting are:

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