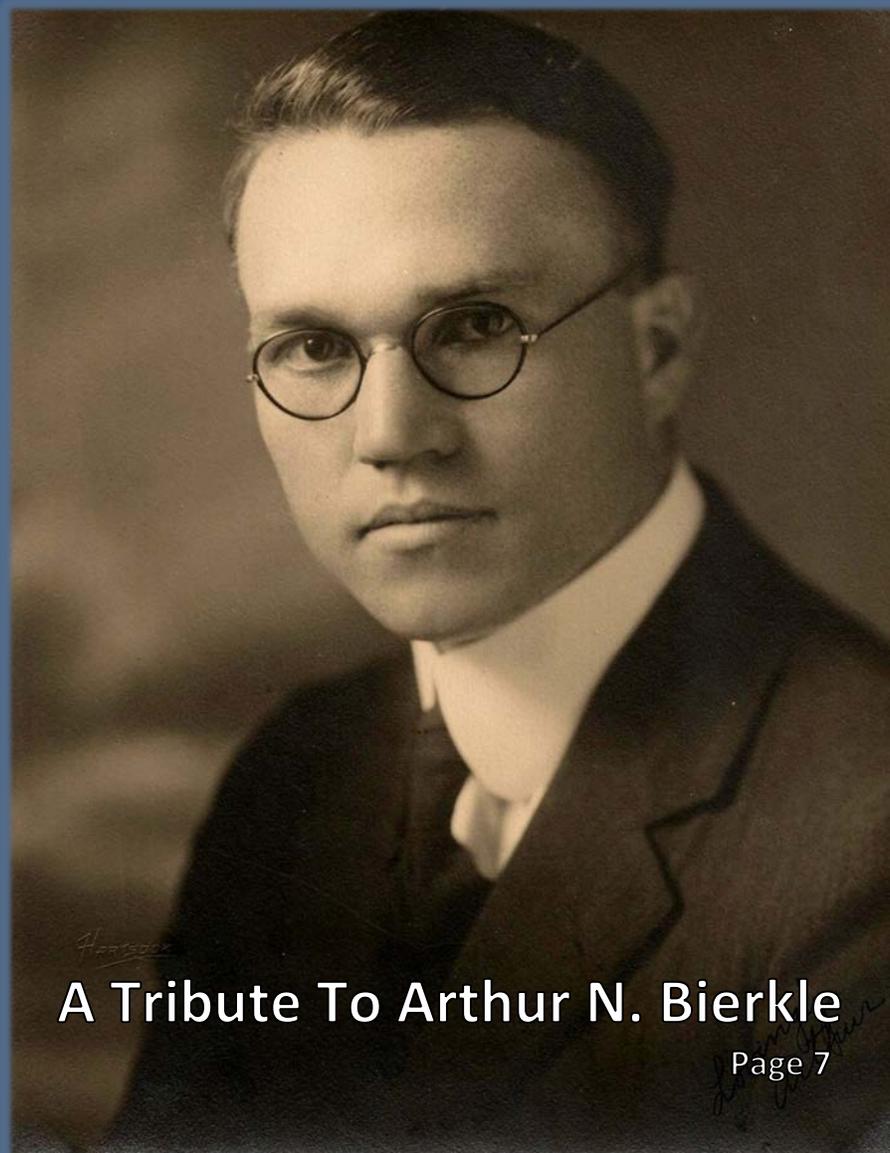


JUNE 2012

# *THE* TECHNIGRAM

JOURNAL OF THE CALIFORNIA SOCIETY OF RADIOLOGIC TECHNOLOGISTS



A Tribute To Arthur N. Bierkle

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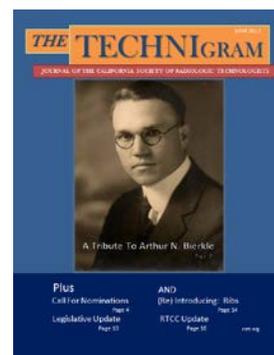
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**ON THE COVER:**  
Arthur N. Bierkle,  
founder of what is  
now the CSRT.

# THE TECHNIGRAM

JOURNAL OF THE CALIFORNIA SOCIETY OF RADIOLOGIC TECHNOLOGISTS

## EDITORIAL

### EDITOR-IN-CHIEF

Rich Lehrer, RT [technorich@comcast.net](mailto:technorich@comcast.net)

### CONTRIBUTING WRITERS

Lorenza Clausen, RT [xray\\_bonz@att.net](mailto:xray_bonz@att.net)

Diane R. Garcia, RT [dianert@aol.com](mailto:dianert@aol.com)

Sharon Snyder, RT [sharonsnyder1@gmail.com](mailto:sharonsnyder1@gmail.com)

David Poon, RT [davidnsf@yahoo.com](mailto:davidnsf@yahoo.com)

John Radtke, RT [jgr5150@yahoo.com](mailto:jgr5150@yahoo.com)

Jay Haischer, RT [jhaischer@yahoo.com](mailto:jhaischer@yahoo.com)

Roxanne Munyon [roxannemunyon@sbcglobal.net](mailto:roxannemunyon@sbcglobal.net)

Jason Leong [jleong906@gmail.com](mailto:jleong906@gmail.com)

Danny Lopez [dannylo87@yahoo.com](mailto:dannylo87@yahoo.com)

Jennifer Wang [jfw168@gmail.com](mailto:jfw168@gmail.com)

## ART & PUBLISHING

Cody Doan [admin@csrt.org](mailto:admin@csrt.org)

**Customer Service** Please call 1-415-278-0441 or email us at [email@csrt.org](mailto:email@csrt.org).

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Dear Members,

The CSRT is currently looking for volunteers interested in joining a committee and/or the CSRT Board of Directors for the upcoming 2012-2013 year. We are seeking interested imaging professionals representing all modalities and radiology students who have the desire to enhance their knowledge base and network with other radiology professionals. You must be working in the profession or an RT student and be a current member of the CSRT.

Most board meetings (3-4/year) and committees meet via email and on computer based meetings from your home. Time commitments can vary as to the type of committee or responsibility given. There is no required travel except for board members who must attend the Annual conference and its board meeting. Currently, we have the following committees:

**Legislative/Advocacy Committee**~4-8 hr/mo.

Tracks and reports on legislative activity relative to the profession. Members attend committee meetings at the Capitol or the biannual Radiologic Technology Certification Committee (RTCC) to represent the CSRT and the member's interests. Communications to members about letter writing campaigns and contacting their representatives.

**Annual Conference Committee**~2-5 hr/mo or more during Sept. & Nov.

Plans and organizes the annual conference each year which is held in November. You will work in tandem with the Seminar committee and Marketing committee to research potential sites, amenities and vendor or speaker recruitment.

**Marketing Committee**~1-4 hr/mo depending on event.

Members help determine what products or services may be of interest to our customers. Committee members aid in communication with CSRT members and business development by seeking sponsorship support for various events and/or advertising on the CSRT website.

**Seminar Committee** ~2-5 hr/mo or more during conference months.

Develops and oversees the various conference events throughout the year. Works with local seminar chairs to maintain timelines and reports to the board. Members will work with Marketing and Annual Conference committees.

**Nominations Committee**~1 hr/mo

Members recruit individuals interested in participating at the committee or board level for the CSRT. Members will work on application and candidate information to be posted in the June Technigram prior to the elections in September. Committee member recruitment can be ongoing throughout the year.

**Bylaws**~1 hr/mo

Develops and revises the bylaws for the society and recommends amendments as needed.

**Policy and Procedures**~1 hr/mo

Develops, reviews, and revises the society policies and procedures. Members will work with the board on any revisions, inclusions or deletions.

**Membership**~2-4 hr/mo

Members oversee the membership of the society and assist in creating a plan for maintaining and attracting members to the society. Works with the board on fee schedules, CSRT application revisions and membership drive plans.

**Scholarships**~2-4 hr/mo

Develops, reviews and revises student scholarship applications, creates timeline for announcements on the website, recruits judges and/or selection team. Members also take part in judging and/or the selection team.

**Student Committee**~1-3 hr/mo

Attends monthly online meeting consisting of several students including recent graduates and committee advisors (board members). Works with students to increase awareness of CSRT within educational programs. Informs students about issues affecting CSRT and the profession. Assists/mentors students.

We are currently also discussing possible inclusion of other committees that may help in the business of the CSRT. If you have any suggestions please remit to me at the email address below. Committee volunteers are accepted at any time. Thank you.

Attached you will find a form to fill out and email or fax to our office.

[http://www.csrt.org/images/files/CSRT\\_Nomination\\_form\\_2012.pdf](http://www.csrt.org/images/files/CSRT_Nomination_form_2012.pdf)

Lorenza Clausen, RT (R)(CT)(M)(MRI) ARRT, CRT  
President, CSRT  
Legislative Chair  
[xraybonz@earthlink.net](mailto:xraybonz@earthlink.net)

JUNE 2012

## ***PRESIDENT'S MESSAGE***

June is an exciting month for CSRT. As a volunteer organization, we rely on members to give of their time and talents to continue the mission forward. And now is the time of year where RTs and student RTs can choose to participate in the society as a board officer or director. Other opportunities also are available by taking part in a committee.

Last year's **Call for Nominations** brought several new board and committee members to the team. The process begins in June and culminates with the election in September. Committees will be formed in the fall. Look for the nomination form inside and join the team. Election ballots will be online in September and we will vote through the website as we did last year with great initial success.

Another exciting announcement is the recent transition to a new management company to assist us in the organizational tasks of running a nonprofit society. We also look forward to their assistance in long range planning and accomplishing our strategic vision for the future. **Holland Parlette and Associates** was selected by the board after a lengthy research and selection process. Based in San Francisco, we chose HPA based on their extensive experience with and understanding of healthcare associations. Accredited by the AMC Institute for Association Management and a member of the ASAE American Society of Association Executives, we felt secure about our choice for CSRT and its members. The committee worked hard reviewing proposals from several companies, interviewing them by phone or in person and finally selecting the one we felt would bring us all that we desired. A big thank you to those on the committee and to my fellow board members!

Lastly, **new member benefits** rolled out last month in the form of merchant discounts available on our website. Check out the **Merchant Page** with the current companies we have agreements with. Spearheaded by our membership chair, David Poon, we hope to add more in the coming months for your benefit. Thank you David!

I hope you enjoy our latest edition of the **Technigram**. It is packed with information and events to keep you updated of everything that is going on. Thanks to my last message in March, I have also had the pleasure of including a piece from Sharon Kuykendall, granddaughter of **Arthur Bierkle, the first CSRT President** and a founding member in 1938. She contacted me with some memorabilia she wished to donate and the conversation resulted in some interesting history for our June edition.

Happy Reading and enjoy the summer!

Sincerely,

Lorenza Clausen, RT (R)(CT)(M)(MRI) ARRT, CRT  
President, CSRT

## A Tribute To Arthur N. Bierkle

By Sharon Kuykendall

Arthur N. Bierkle, founder of what is now the CSRT, was a Californian through and through. Born in Petaluma in 1896, he remembered watching the glow of San Francisco on fire, after the great earthquake of 1906. His education at Pacific Union College, in St. Helena, was interrupted by a stint in the army at the end of WWI. After being discharged, he returned to Northern California and graduated in 1922.



In 1925, he and his wife Elizabeth sailed to China as missionaries. His seven years in that country started at the Nanjing University Language School, where he became fluent in Mandarin. After the births of two children, more education in Shanghai, surviving massive floods, escaping fighting between Communist and Chinese Nationalist troops, and being strafed by Japanese fighter planes, Arthur brought his family back to California in 1932.

The following year he decided to pursue an interest in medical science. He took courses at the Southern California School of Physical Therapy and X-ray Technology which incorporated in 1936 as the California College of Medical Technicians. He was associated with the school as Business manager, Registrar, Professor of Anatomy and X-ray Procedures, and eventually became the Dean.

Always passionate about the power of civic and professional organizations, he was an active member of various national X-ray technicians and Physical Therapist societies, Kiwanis International, and the Infant Paralysis Foundation. He also became involved in Southern California politics, becoming an elected member of the San Gabriel City government, and managing various state and local GOP election campaigns. Wanting to help California x-ray technicians become more involved and up to date in their profession, he founded the California Society of X-ray Technicians in 1938.

In 1951, he left Southern California, and moved to Napa, to become Chief of the Physical Therapy Department at Napa State Hospital. He retired in the late 1960's, and was able to spend more time on his passions of gardening, cooking, and politics. He passed away in 1971. Both of his children followed him into medical fields, his daughter as a nurse, and his son ending his career as the head X-ray technician at the San Quentin Prison hospital.

## Upcoming Events

### **Cedars Seminar**

This year we had the opportunity of having the Cedars Seminar at Cedars Sinai Medical Center in Los Angeles. We would like to take this opportunity to thank Leavon Spires and Rolando Martinez for helping secure the location and assist on the day of the seminar.

The seminar was well attended with about 65 attendees. Many of them were employees in the radiology field, some students from the local area schools attended. Some of the topics we: Dr. Joseph Lee Robinson's lecture on Musculoskeletal CT & Radiography: How we do it. Richard Lehrer, spoke about the ER Patient in the Radiology Department, Kristin Wartelle, spoke on Imaging Obesity, and John Ratke spoke on Imaging the Bone. Attendees received 5 CEU's. Reviews of the seminar were quite positive and we are looking at perhaps another venue for the seminar in early 2013.

### **The Latest and the Greatest**

Conference for technologists again scheduled at Sutter General Hospital in Sacramento on September 8, 2012. Topics include Fusion Imaging with CT, Interventional procedures of the Abdomen, Imaging in Pain Management, Surgical Radiography and Dental Radiography. Six CE's are scheduled and registration includes a buffet luncheon. We will also host a venipuncture seminar. Registration forms and brochure will appear online in mid July or early August. Contact the CSRT office for more information or to register.

### **CSRT Annual Conference**

The event will be held on November 10, 2012 at Good Samaritan Hospital, Los Angeles, CA RTEC Meeting will be held prior to the AC on November 9, 2012. Guest Speakers for the conference are being finalized and we are looking to offer 7-8 CEU's, with the possibility of a Venipuncture Class and a review class for students getting ready to take their boards. Speakers may include: State of California RHB representative, MRI Speaker, Dr. Goner (recommended by Dr. Stuart Bushong), representative from ARRT or ASRT, and more.

Registration forms and brochure will appear online in mid July or early August.

Vendors are always welcome to participate at the Annual Conference and to donate door prizes. If you have something you want to donate, please contact Barbara A. Kissel [bakissel@pasadena.edu](mailto:bakissel@pasadena.edu) or the CSRT office.

Barbara A. Kissel  
[bakissel@pasadena.edu](mailto:bakissel@pasadena.edu)

## PROFESSION NEWS-NATIONAL FRONT JUNE 2012

The **CARE** bill, **HR 2104** (Whitfield, R\_KY) currently has **117 cosponsors**. The bill received a thrust of support when over 100 RTs and students converged on Washington DC just this past March. Legislators and their aides received information and answered questions in the hopes of gathering more support. The California delegation has actively pursued follow up with emails, phone calls and advocacy blasts to California RTs to help contact their representatives.

Currently, **California has 14 cosponsors** with Lois Capps the most recent addition. The others are Congresswomen Eshoo, Matsui, Lofgren, Speier, Napolitano, Waters and Richardson and Congressmen Garamendi, Berman, Schiff, Filner, Sherman and McNerney.

After the ASRT lobbying event in March, the CARE bill added over 35 new cosponsors. The hard work paid off in a surge of support, including several from California.

The ASRT and several other organizations held a briefing, **Medical Imaging and the Imaging Team**, highlighting the CARE bill and its importance to safety and patient care. The ACR and MITA were also present to lend support from the radiologist and equipment manufacturer communities. On May 17, 2012, legislators and their aides were invited to attend this informational meeting to further educate and increase their awareness for the importance this bill would mean to the healthcare community.

Coming up on **June 8<sup>th</sup>**, the **Energy and Commerce Subcommittee on Health** will hold a hearing to discuss the CARE bill. The hope is that the bill will be moved on for markup, CBO scoring and eventually out of committee for a vote in the House. The Senate is also in the midst of possibly introducing its own version of the bill soon and it is anticipated to have strong support.

### **MARCA-Medicare Access to Radiology Care Act**

MARCA, HR 3032 ,Reichert, (WA-8) currently is at 28 cosponsors, with Congressman Filner and Congresswoman Richardson, the two from California. It remains in the subcommittee on Health in Energy and Commerce since introduction last September. More work is needed for the recognition and support this bill needs to gain more cosponsorship. MARCA would allow radiologist assistants to be recognized as nonphysician providers of health care services. Medicare would reimburse for procedures performed in states authorizing their practice. Currently, more than 25 states do recognize the RA, with California still unable to enact such legislation. As with the CARE bill, representatives should be contacted and asked to support this bill.

### **ASRT ANNUAL GOVERNANCE AND HOUSE OF DELEGATES**

The upcoming meeting scheduled this year from June 29<sup>th</sup> to July 1<sup>st</sup> , 2012, will be in Las Vegas for this year. Delegates will be seated from all of the ASRT affiliates and the various chapters to discuss, review and vote on important position statements and practice standards for the imaging community. Each affiliate will send two delegates and have two alternates on standby. John Radtke and Richard Lehrer are this year's delegates for CSRT. Stay tuned for the report and photos in the next Technigram.

## Legislative Update

Senate Bill 1237 Padilla -Exposure dose recording - PASSED

- Beginning 7/1/2012 ALL CT Scans require dose recordings if unit is capable of calculating and recording dose.
- Completed studies will include protocol page listing technical factors and dose to PAC's and/or film archive.
- Mandated annual dose verification by Medical Physicist to ensure dose within 20% of true dose as measured by CTDI and DLP. Waived if unit accredited.
- Beginning 7/1/2013 ALL CT Scanners MUST be accredited by CMS, California Medical Board or CDPH approved agency.

SB-1237 Padilla - It was not REQUIRED to provide annotation page to archive (PAC's or film) that provides technical factors or CTDI and DLP recordings. 1237 makes it a requirement. I'm certain that 99 out of 100 CT's included annotation page, as most Radiologists wanted to view this data and the scanogram with slices. As an old CT tech from the late 70's and early 80's we provided it routinely. Now it's MANDATORY!! It also mandates accreditation on EVERY unit by 7/1/2013. While this doesn't directly impact ALL RT's, those who do CT will surely have to educate themselves on accreditation standards for their modality.

2. Senate Bill 1199 Dutton - Venipuncture/Contrast Administration Training Modification  
Passed Senate but held at Desk in Assembly.

SB-1199 Dutton - The current law states that RT's cannot flush the catheter they use for injection with ANYTHING but contrast media. This information was proved by CDPH-RHB @ the October 2011 RTCC meeting as questions from a variety of schools and individual practitioners present at the meeting were unclear on the law. Nearly ALL were surprised at the interpretation, as flushing lines prior to and after use is a community standard of care since forever. (Guess not in California) The new proposed law includes use of saline flush prior to or post injection as an added measure of safety and infection control for the patient. This ensures patency prior to use and keeps longer dwelling catheters (PICC's) clean and functional. UCSF (a state owned and operated facility) lists on it's website the very flush protocol recommended in the legislation. It appears that they have been doing this protocol, in violation of the law, for many years. I worked there as a Departmental Supervisor back in 2005 so I KNOW what they did. To not include flush as part of the procedure of venipuncture is to place EVERY patient at unnecessary risk. Additionally, the 10 supervised venipunctures prior to competency maybe done on a simulator or human. Current law states on humans only. Simulation training is a cornerstone for other professions who puncture tissue (needle stick) for a variety of reasons. This portion of the legislation may get challenged. As it is currently passed through the Senate and sitting in Assembly we will just have to wait and see. CNA has not commented as yet.

3. Assembly Bill 352 Eng - Radiologist Assistant - withdrawn due to Joint Rule 56 - possible reintroduction next year.

Jay Haischer, MHA, RT (R)(F), VA-BC  
Director at Large, CSRT

## New CSRT Membership Benefits

By David Poon, RT(R), CRT - CSRT Membership Chairperson

CSRT Members now have access to wonderful *new* benefits! In addition to our newly designed website, CSRT Members can now access membership discounts from the following merchants.

- **Focus Continuing Education-**

Focus Continuing Education, LLC is committed to exceeding the continuing education needs of imaging professionals. They offer both the option to take tests online or via a downloadable pdf. They provided Category A credit units for the exams. **CSRT Members receive 10% off the text book and textbook bundles and 15% off on ebook and test bundles.**

- **Ron Gin, CFP®, Associate Vice President and Financial Advisor at Morgan Stanley- Smith Barney**

Mr. Gin can assist you with personalized financial planning. Ron is a former Radiologic Technologist, so he knows how to make your hard earned money work for you. Do you have a financial goal? Are you on the financial right track? Let Ron help you achieve your goals! **CSRT Members receive 50% off a comprehensive personalized financial analysis.**

- **Aeroshot Energy-**

Need a quick boost of energy when hitting the books? Or working the Graveyard shift? AeroShot is a revolutionary new way to get your energy. It delivers a unique blend of caffeine and B vitamins in a fine powder that dissolves quickly in your mouth. So you get a quick boost of energy that starts working right away. The energy of the future is here. **CSRT Members receive 20% off on all products**

We invite you to try these products and services! Check back often because this is only the beginning. Members simply sign in to the CSRT website to enjoy these benefits. Be sure to tell all of your RT friends about this new member benefit so they can have the opportunity to join and take advantage of all the CSRT has to offer!

Also, don't forget to visit the CSRT Website for other benefits including: access to the career center, awards and scholarships for students, and networking, training and leadership conferences to enhance your professional life.

The CSRT is working hard for you!

***If your business or organization would like to learn more about becoming a provider of CSRT member benefits, contact me at DavidnSF@yahoo.com***

## Meet the New CSRT Staff!

The CSRT Board of Directors is pleased to introduce its new staff and office headquarters located in downtown San Francisco. Effective June 1, 2012, CSRT operations including membership processing and administrative support will be provided through a management contract with Holland-Parlette Associates, Inc. (HPA), a San Francisco based association management company. "HPA will provide staff support to help us build CSRT's membership and help us carry out our mission of service to our members," said Lorenza Clausen, CSRT President.

Alison Corley will serve in the role of CSRT's Administrative Manager. She holds a Bachelor's degree in Marketing from Santa Clara University. Sean McClure will serve as CSRT's Membership Assistant. He is a graduate of California State University, Chico with a Bachelor of Arts in Communication Design.

The new CSRT address is:

### **California Society of Radiologic Technologists (CSRT)**

575 Market Street, Suite 2125

San Francisco, CA 94105

Phone: 415-278-0441

FAX: 415-764-4933

E-mail address remains the same: [email@csrt.org](mailto:email@csrt.org)



Alison Corley and Sean McClure

## Back to Plan “A”

Sharon Snyder, RT(R),CRT(R)(M)(F)

To all the Rad Tech’s who have considered going back to being a Radiology Tech after being away from imaging for some time, here is my story.

After several years experience being a tech, I decided to pursue a real estate career selling luxury second homes to clients in beautiful Hawaii. When my Mother’s health required me to return to CA to manage her care (she needed 24 hour care givers), I decided to keep her in my home. I got to spend the last 5years of her life making her life as comfortable as possible. She passed at age 93!

After the crash of the real estate market, developers of my niche second home market faded away. It was time for me to take stock of my talents and passions. I had always missed being a rad tech. So with the assistance of some wonderful people, I decided to resurrect my imaging career. I contacted Lisa Schmidt, Ph.D., RT, (R)(M), CRT. She is the program director for Radiologic Technology at Pima Medical Institute, in Chula Vista, CA. She informed me that I was eligible to reinstate my ARRT certification through examination; she lent me test



books and directed me to a Rad Review online test prep. I took my ARRT certification test, and passed after preparing for 6 months. During that time, my cousin was diagnosed with DCIS. The clinic that performed her Mammogram had just recently converted to digital mammography; her doctors stated that her tumor would have been missed using film mammography! I decided to get my Mammography certification. I enrolled in UCSD Mammography practicum. Louise C. Miller, RTRM is a great instructor and the clinical experience held at the Morrow Cancer Center, UCSD, La Jolla campus. I took my state mammography exam, now I have my (M)! I then found that I needed to have a CA Fluoro Permit, so I enrolled in an online and clinical didactic with Pima Medical Institute, Jed Miles, RT is a great instructor. Last week I received notification that I passed the CA State test and received my CA Fluoro Permit.

I have downsized my housing, sharing expenses with a roommate, living off a very small savings all the while spending thousands of dollars for updating my skill set. I have all the initials behind my name and I’m ready to go to work. I would like to be hired as a Mammographer, but I will take any imaging position, I prefer to work in the Palm Springs or Bay Area. I have updated my profile on LinkedIn: <http://www.linkedin.com/pub/sharon-snyder/5/ba3/249>

This article has been written for all the Rad Tech’s wishing to return to their “Plan A”. Do not hesitate to contact me with any questions.

Sharon Snyder, RT(R),CRT(R)(M)(F)  
[sharonsnyder1@gmail.com](mailto:sharonsnyder1@gmail.com)

(Re) Introducing: RIBS

Rich Lehrer, MSRS, BS Ed., RT(R), ARRT, CRT  
Diane Garcia, MS, RT(R), ARRT, CRT

Here is something a bit different this issue. Rib series radiographs have been requested in the presence of thoracic trauma, but the standard projections for rib series vary widely. In 1982, DeLuca SA, Rhea JT, and O'Malley TO, published an article titled "Radiographic evaluation of rib fractures" in the American Journal of Radiology (AJR) (1). The article questioned the utility of rib series as necessary, or could a PA and lateral chest x-ray accomplish the same thing. The results of 100 patients demonstrated 29 with rib fracture, 13 of whom had complications arising from those fractures (i.e. pneumothorax and so forth). The caveat was that all 13 complications were seen and diagnosed on the PA chest x-ray thus concluding that rib series may be indicated for medicolegal reasons rather than for diagnosis of injury.

However, when technologists are required to obtain rib images, there exist some misconceptions about which projections are useful. The following is offered to de-mystify that process.

1. Every rib series should include a well positioned and well inspired 72" SID- PA chest x-ray for the reasons stated above. The lateral chest x-ray may be included as a part of the protocol, but that is based on department policy.
2. Commercially available radiopaque markers are used to pinpoint the area of pain. It is suggested that the technologist note this marker placement on the request or annotate it on the radiograph.
3. Since the AOI is rib and not lung, appropriate technical factors should include a short scale of contrast to delineate the bony thorax as opposed to the chest viscera. Therefore, a lower kVp range is suggested: 70 – 80 kV range is appropriate. In the digital environment, please remember to use the rib algorithm rather than the chest algorithm.
4. Based on the point of pain, the technologist will need to determine the right projections for each individual exam. Anterior rib pain will require 40" PA projections to put the area of injury closest to the image receptor. Conversely, posterior rib pain will require 40" AP projections. Regardless of the level of injury, both above and below the diaphragm radiographs should be included to complete a rib series. It should not be left to the technologists' discretion as it is not in our scope of practice to diagnose. Do a complete rib series for the physician every time which will include both above and below the diaphragm radiographs.
5. When radiographing rib injuries above the diaphragm, radiographs should be taken after a deep inspiration. Below the diaphragm radiographs should be taken at the end of expiration.
6. The most confusing part of the rib series are the oblique projections also known as axillary rib projections.
  - a. Oblique the ribs at 45° and always rotate the spine AWAY from the area of interest.
  - b. RAO and LAO for anterior injuries.
  - c. RPO and LPO for posterior injuries.
7. Below the diaphragm ribs
  - a. Always done AP (lower ribs do not extend anteriorly.)
  - b. Obliques would be RPO & LPO only.

A typical complete rib series for a patient with Rt. Anterior Upper rib pain would be:

PA Chest  
PA Rt Upper Ribs (include a marker over the area of pain)  
RAO & LAO of the Rt. Upper Ribs  
AP Rt. Lower Ribs  
(RPO & LPO of the Rt. Lower Ribs may also be included)

1. AJR Am J Roentgenol. 1982 Jan; 138(1):91-2.

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## **Transitioning and Adapting—The Name of the Game**

By Jennifer Wang

There are no manuals or instructions to teach us how to deal with different types of patients. Every patient is unique and requires a different approach. I was exposed to many different types of patients in my first semester of clinicals. The majority of the patients we encountered try their best to position themselves according to our instructions, even though they are in pain. There have been a few encounters with certain patients which had made my clinical experience very unique. One patient I had was blind. Having only practiced at the clinical for a few weeks, I felt completely lost and frantic as to how to deal with the patient. The technologist I was working with guided me with this patient, and I felt much more relieved and less tense as the exam went on.

The technologist used more verbal commands to instruct the patient to position himself than if she were to instruct a patient who is sighted. She showed me that even though a patient may have some sort of disability, they are the same as other patients. The patient was very cooperative and tried his best; he never once complained and politely thanked us throughout the exam. When the exam ended, I escorted the patient to the elevators and made sure everything he was fine before leaving him.

This exam taught me a lot. I felt a sense of accomplishment because this exam was much tougher than the regular “walky-talky” patients. With this patient, there was a greater challenge which made me feel as if I had grown and learned something at the end of it. The technologist taught me how to deal with different circumstances professionally and how to approach challenging exams with confidence so that we put the patient at ease. I am thankful for being at the right time and place for this exam and for what I learned. There are still many different types of patients out there that I have yet to encounter, I look forward to learning and growing throughout my career.

Jennifer Wang

## RADIOLOGIC TECHNOLOGY CERTIFICATION COMMITTEE (RTCC)

Update by Diane R. Garcia

The May 2, 2012 meeting of the Radiologic Technology Certification Committee (RTCC) meeting was held in Los Angeles. The meeting was well attended by educators, radiology students, and interested parties from the radiology community. The meeting began with the usual opening remarks and introduction of the new and reappointed RTCC members.

The items on the agenda all revolved around the proposed changes to the Radiologic Technology (RT) Act Regulations. These proposed changes were presented by Phillip Scott, Senior Health Physicist CDPH-RHB Regulations Unit. The expectations of this presentation were to obtain the RTCC's approval so this work can move forward.

### **Timeline:**

- Start of Public Participation: End of Sept. beginning of October 2012 if all documentation is completed.
- Anticipated effective date: January – February 2014
  - Barriers to this anticipated date:
    - Internal approval from the CDPH-RHB must also happen first.
    - Legislation: there are three bills impacting this rulemaking procedure
    - Public comments: If the public requests any changes a 15 day comment period is required for each change.

### **The major changes to the regulations:**

- **Certification & Permitting of Individuals**
  - *Radiologic Technologists (RT) Applicants: 30440&30455.1*
    - School graduation diploma/certificate
      - Must have graduated within the previous 3 years; and
      - Must pass CDPH exam; OR
        - Passed the ARRT within previous 5 years; OR
        - Is a current ARRT registrant.
    - RT Fluoro Applicants: 30451
      - Fluoro School graduation
        - Graduated within the previous 3 years;
        - The following was rejected but will be reconsidered: graduated from JRCERT accredited program, passed the ARRT within the previous 5 years; OR
        - Must pass CDPH exam
  - *Limited Permit X-ray Technicians (XT) Applicants: 30444*
    - School graduation diploma/certificate
      - Must have graduated within the previous 3 years;

- Must pass the CDPH exam.
- *Licentiates of the healing arts (MD) Applicants: Radiology Certificate* (30460 30466(a)(6))
  - Issued only to licentiate attesting they practice as a Radiologist or Radiation Oncologist, (30460)
    - Three pathways:
      - ABR or AOBR certification; OR
      - Passage of ABR's exam
        - Part I & Part II, or Core exam; OR
        - Radiologic Physics for Radiation Oncology, Radiation and Cancer Biology, and Clinical Oncology examinations in radiation oncology; OR
      - Passage of AOBR's
        - Part I – Physics of medical imaging, biological effects and safety exam in diagnostic radiology; OR
        - Part I (Radiobiology) and Part II (physics) examinations in radiation oncology.
- *Chiropractor Applicants: Radiography & Fluoroscopy Permits* (30466(a)(2) & (a)(3))
  - Exempt from examination if certified by the American Chiropractic Board of Radiology
    - Documentation Required
- *Licentiate Applicants: X-ray Bone Densitometry (XBD)*(30466(a)(5) & 30467)
  - Only for MD/DO
    - No written exam required
    - Training is required
    - Permit is specific to XBD unit training
    - Permit is limited to XBD unit that
      - Does not provide an image of diagnosis,
      - Does not require user intervention for calibration, AND
      - Is used only to estimate bone density of heel, wrist or finger.
    - Certificate & Radiography permit holders exempt from SBD certificate.
- *Licentiate Certificates & Permits* (30460 – 30465)
  - Scope of authorization specified
  - Validity (30468)
    - Licentiate certificates & permits inextricably tied to healing arts license:
      - Certificates or permits are valid up to and including the date of expiration stated on the certificate or permit provided that the holder's California healing arts license is current and valid. If the holder's healing arts license expires or becomes invalid prior to the

expiration date on the issued certificate or permit, the certificate or permit shall be invalid pending renewal or reinstatement of the holder's healing arts license.

- *RT/XT examination Limitation* (30407)
  - If required to pass a written examination, applicant is limited to three attempts to pass the examination. The three attempts shall be completed within the three year period commencing on the date the Department determines the applicant is qualified to take the examination. Individuals failing the third attempt or no longer eligible for examinations may submit a new initial application only if the individual has re-entered and graduated from an appropriate approved school.
- *Licentiate Exam Limitation* (30405(b)(2)(B))
  - One year to pass exam. If failed to pass exam within that year, must reapply.
- *Continuing Education (CE)* (section 30403)
  - RT & XT: 24 CEs required
    - 4 of the 24 must be in digital radiography.
    - Any CE's obtained in fluoro or mammo that are applicable to digital may be applied to digital.
    - If you hold fluoro permit, 4 CE's must be in radiation safety for the clinical uses of fluoroscopy.
    - If you hold mammo RT certificate, 10 CE's must be in mammo.
      - 200 exam performance for renewal purposes is deleted because the federal requirements has it so the State does not need to duplicate.
        - HOWEVER, Mammographers continue to be subject to federal MQSA 200 exam requirement.
  - Licentiates: 10 CEs required
    - If a licentiate holds a fluoro permit, 4 of the 10 must be in radiation safety for the clinical uses of fluoroscopy.

- **Radiologic Technology (RT) Schools**

- *General Provisions* (30411)
  - (a) May not perform Radiologic Technology unless they comply with the RT Act.
  - (b) Program must be approved
  - (c) Clinical site must be approved
  - (d) Sharing of sites
  - (e) If JRCERT accredited, deemed to be compliant with curriculum & faculty. Loss of accreditation subjects schools to applicable CDPH regulation.
  - (f) Cohort limitation. – Deleted due to difficulty of implementation.
- *Types of Schools and Application process* (30412)
  - Two –step Process

- Application review
  - Includes all clinical sites. Sites added after initial school approval follow 30414
- Site Inspection
  - Physical inspection of school and all sites identified in application.
  - School is responsible for complying with any commitments made to CDPH, but may amend those commitments.
- *Approval valid for one year – no renewal.*
  - Maintenance of Approval will be required which is an easier process.
- *Student supervision of clinical sites* (30417)
  - Clinical site must designate a lead Supervising Licentiate (LSL). LSL responsible for overall student activities at the site.
  - Students must be under either direct or indirect oversight.
  - Persons providing direct or indirect oversight
    - Within person’s scope AND, except for licentiates, have 2 years experience.
- *Faculty Requirements* (30418)
  - All schools must have program director and, if required, clinical coordinator. A person may not serve as both clinical coordinator and program director, unless a clinical coordinator is not required.
    - RT-Program Director qualifications
      - Master’s or higher degree; AND
      - 3 yrs experience; AND
      - Qualified practitioner, as applicable
      - Responsibilities based on JRCERT
      - Grandfather current PDs
    - RT Clinical Coordinator qualifications
      - Required if 30+ students, or 6 or more clinical sites
      - Baccalaureate degree AND qualified practitioner.
      - Responsibilities based on JRCERT
    - XT Program Director qualifications
      - Baccalaureate or higher degree; AND
      - 3 yrs experience; AND
      - Qualified practitioner, as applicable
      - Grandfather current program directors
    - XT Clinical Coordinator qualifications
      - If less than 6 clinical sites, not required.
      - For every 3(or fraction thereof) after 6<sup>th</sup> site, 0.5 FTE required.
      - Associates degree AND qualified practitioner.
- *Radiation Protection Program (RPP)* (30420)

- Each school must have an RPP commensurate with program's scope. Must:
  - Designate faculty member as school's Radiation Safety Officer (RSO) and an alternate RSO.
  - Document qualifications of RSO and alternate.
  - Document RSO responsibilities to include at least:
    - Annual review of RPP content and implementation
    - Reviewing personnel monitoring reports within 10 days of receipt.
    - Oversee reporting of student's accidents, incidents, or errors related to radiation safety.
    - If school has registerable x-ray machines, ensure compliance with applicable regulations.
  - Monitor radiation exposure of, and supply and require dosimeter use by, all students.
  - If you accept minors, must address it. Minor's exposure is 10% of an adult.
  - Dosimeters must be processed by an accredited dosimetry processor.
  - Investigate, analyze, and take corrective action if occupational dose limits or investigational levels are exceeded.
  - Establish investigational levels to monitor student exposures that when exceeded, will initiate a review/investigation by RSO.
    - How levels were established must be documented.
    - Levels and actions must be documented and also provided to students.
  - Verify each affiliated clinical site also has an RPP. (Mr. Scott stated that programs only need to attest to this relevancy)
  - Written and implemented policies on pregnancy status of students.
  - Are subject to 17 CCR 30254, 30255(b)(4)-(b)(6), & 30295.
- *Diagnostic RT School Curriculum* (30421)
  - Coursework
    - Meets ARRT content categories by use of the ASRT's Radiography Curriculum (2007)
    - 1,850 hours of clinical training demonstrating competence as specified in ARRT's clinical competency requirements (2010 handbook)
    - Venipuncture training
      - As specified in HSC 106985(d)
      - Awaiting SB1199 which was introduced 2/22/12, amended on 3/17/12 back to original version
        - Can use saline flush
        - Requires by 2013, 10 sticks on humans

- *Therapeutic RT School Curriculum* (30422)
  - Coursework
    - Meets ARRT content categories by use of ASRT's Radiation Therapy Professional Curriculum (2009)
    - 1,500 hours of clinical training demonstrating competence as specified in ARRT's clinical competency requirements (2010 handbook).
    - Venipuncture training
      - As specified in HSC 106985(d)
      - Awaiting SB1199 which was introduced 2/22/12, amended on 3/17/12 back to original version
        - Can use saline flush
        - Requires by 2013, 10 sticks on humans
- **Fluoroscopy RT Schools**
  - Instruction & training: 80 hours (30423)
    - Didactic: ARRT fluoro exam content categories
      - 40 hours
    - Clinical training performing fluoro procedures
      - 40 hours
      - Performed under direct observation of specified authorization holders.
        - "Outside of Department jurisdiction" as defined – within State lines applies.
      - Documentation.
    - Based on ARRT fluoro exam & ASRT/AAPA fluoro framework.
  - ARRT Fluoroscopy exam tentative implementation date is Jan. 1, 2013

## The Learning Curve

By Roxanne Munyon

I was relieved and overjoyed when I received the email telling me that I was accepted into the DMI program at City College San Francisco! Finally, after waiting a year and working so hard on my pre-req's, I was in! My heart also immediately sank, as I thought, "Ok, now the real work begins." Even though I had worked very hard and did well in the classes preparing me to enter the program, entrance through those doors would be like taking all of them in one semester. How was I going to pull this off and be a mom and a wife too?

The first semester came and went, or so it seems now. I studied hard and I learned a lot. The second semester was the one that everyone dreaded. I was anxious before it even began. There is of course, on the first page of each class syllabus, glaring in bold "**Should you fail this or any course in the DMI program, you will be dismissed**". This *is* my career change and so my anxiety was getting the best of me.

I walked into the physics class, taught by the program director, I was intimidated not only by the subject matter, but also by him! He quickly put us all at ease with a breathing exercise to lower the palpable anxiety in the room. He made us aware that it was not going to be an easy class, but gave insight into how to deal with the anxiety, reminding us that this is a marathon and not a sprint. There was also the meat of the semester, anatomy and positioning. Our teacher in this class expects nothing but the best. Again, my anxiety level rose as I listened to her very high expectations of each of us sitting in her classroom. Knowing that we could get all A's on tests, but if we can't do the job, we won't make it. My classmates and I practiced our positioning skills until the janitorial staff kicked us out of the building late at night. I had sweaty palms and a racing heart as I got ready for the first practical examination.

There was the first fail of the semester, after being so well prepared for that exam, I didn't pass. Understanding that sometimes failing is part of life became more apparent to me that second semester. I did not COMMUNICATE well enough to show that I UNDERSTOOD what was being asked. One of many types of lessons learned that semester, communication is so important in this program and ultimately on the job. We have to know how to communicate not only what we have learned from our teachers, but also how to talk with our patients.

Let me not forget about the technique class. As I think most people do, because it is only once a week and at the end of the week. But, let me tell you, if you don't keep up with that class, it will surely turn around to bite you! There is so much information that comes at you in all directions I have come to think of this semester as trying to get a drink of water out of a fire hose.

As the second semester came to an end, I was amazed at how much I actually learned! When I received the news that I had made it through to the third semester, there was a huge sigh of relief. But, only for a moment, because I knew there was definitely more to come. I have become accustomed to this feeling of being uncomfortable. I know that when I am in that space, it means I am learning. As uncomfortable as that is, I prefer it, to not being challenged.

I was now prepared to enter into the hospital environment armed with the knowledge I needed to be an effective student of radiologic technology. I spent 16 hours a week last semester in the hospital and am looking forward to being there full time this summer. All the didactic learning is now making sense. I never could have imagined myself in the place where I am now. I have learned so much about myself, such an added bonus!

One of the things that I came to realize was the amount of personal growth is astounding and is something I did not expect to find when I entered this program. There is so much to learn, so much I have already learned and I haven't even started my career yet! This all caught me by surprise and then I realized that I am somewhat of a "leader," and I like it! This revelation came to me after I volunteered to be on the Student Committee for the CSRT and now, just a short time later; I am honored to be the new Chair of the Student Committee.

There is no doubt why my DMI program has been voted the number one DMI program in the country. The instructors are experienced radiographers and dedicated educators. They have a very high standard for their students. It is a tough and demanding program. I have another year to go, and I know it is not going to get any easier. I know though, that in the end, it will provide me with the beginnings of a great career a new outlook about my own capabilities, and personal growth. Wow! I am now sure that I chose the right path to walk.

Roxanne Munyon  
CSRT Student Committee Chair

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## Venipuncture and Intravenous Contrast Administration

The CSRT has been providing Intravenous Contrast Administration Classes throughout the Southern and Northern California region. The most recent classes were given at Pasadena City College and recently at St. Vincent Medical Center. These classes are different from Venipuncture/Phlebotomy classes which only teach a person to withdraw blood as in a laboratory setting. The phlebotomy classes do not give a technologist the California State required curriculum to administer iodinated contrast media.

The schedule of upcoming IV Contrast Administration classes will be published on the CSRT website so if you need the class, please check the website.

For information on IV Contrast Administration or if you have or know of a facility that needs an IV Contrast class, please contact:

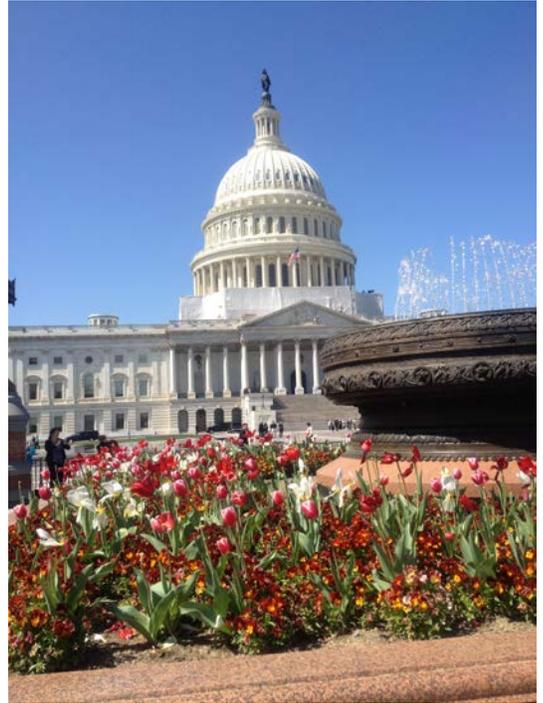
John Radtke  
(323) 953-4000 ext. 2943  
[jgr5150@yahoo.com](mailto:jgr5150@yahoo.com)

## RT IN DC 2012-March 25th-27<sup>th</sup>, 2012

This year's event to DC brought some of the old and some things new.

This year we attended in late March and with the luck of the season, were part of the 100th Cherry Blossom Festival. They were in full bloom and we took advantage of some time on Sunday to walk the Tidal Basin. They line the walk way that eventually brings you to the new Martin Luther King Memorial. Opened this past year, he stands proudly gazing out across the basin toward the Jefferson Memorial.

I try to do something new each time I come to Washington, but I always enjoy getting together with many of my longtime colleagues and I consider them lifelong friends now. A common profession with a strong passion and focus brought us together, but that provided a base for the growth into friendship. The opportunity to be with them each year is always a recharge for me and reminds me how lucky I am to have chosen this profession. I feel fortunate.



Over 110 RTs and student RTs joined together with several ASRT staff and consultants to bring together our march on Capitol Hill. We prepared on Sunday with the initial get together to meet everyone. Monday provided review of the history and information about the CARE bill. Those who were new; over 30 this year, had the afternoon to learn and hone their lobbying skills prior to tackling the congressional and senate offices. The other veteran RT in DCers began their appointments that day or participated in an affiliate session designed to outline how to plan for Board succession and orientation, as well as being effective in the legislative/advocacy arena.

Several sponsors provided materials, but the MITA alliance held a one hour session to update us regarding initiatives by the equipment manufacturers on dose reduction. The information covered not only CT, but Fluoroscopy and Nuclear Medicine, where task groups are currently working on white papers with recommendations on dose sparing strategies, protocols and safety software installation.

The big day was obviously Tuesday the 27<sup>th</sup>, our main day to meet with our representatives. After months of preparation and scheduling of appointments, we finally had our chance to educate the staff and request their support. California has a heavy schedule with two senators and 53 house representatives. By days end, we had completed 31 meetings with health assistants or representatives. With four students and two RTs making up the delegation, we were also able to drop off materials for many of the offices unable to meet with us. I was also happy to run into my congresswoman, Doris Matsui, in the hall on the way back to her office. A big thank you for her cosponsorship brought a smile to her face.



An added bonus came in the form of a response to one of my earlier email blasts. An Idaho RT had an experience in Las Vegas, Nevada, as a patient. With the details of her treatment including xrays taken by a receptionist at an Urgent Care, it was clear that Nevada was in need of some representation. I urged the RT to email her congressman in Idaho, as that is also a nonlicensure state, to request an appointment for me on her behalf. Unfortunately we did not receive a response, but I did make a trip to the office and leave materials for the health assistant. Nevada congressional representatives also received the materials with a copy of the letter included.

All in all, the attendees had positive experiences and are confident that we will see a rise in the cosponsorship list in the coming weeks. Now comes the most important part, FOLLOW UP. Along with the CSRT team, we need your help in reminding the staff and representatives whom we met with, that the CARE bill is important and needs to be passed this year. The easiest way is to follow the link provided by the ASRT to their eAdvocacy site and email a message to your representative and senators. A simple input of your zip code will assist you in providing the contact information for your representative. Many of the offices we visited with mentioned that the **REPRESENTATIVE WANTS TO HEAR FROM THE CONSTITUENT**.

In summary, on behalf of the CSRT, I would like to thank Kristen Wartelle, RT, for leading the California delegation this year. She helped organize the scheduling of appointments and get all of our students up to speed with what was expected. Our two scholarship winners, Jason Leong (CCSF program) and Danny Lopez (CSUN program) were joined by Christina Sung and veteran RT inDCer Elisha Marquette, both from CSUN. All of them joined me on a mission to help get the CARE bill passed. For more information or questions you may email me at [xraybonz@att.net](mailto:xraybonz@att.net).

Lorenza Clausen, CRT, ARRT(R)(CT)(MR)  
President, CSRT

## RT In DC: A Student's Experience

By Danny Lopez

It was late in December when my radiology program director sent an email to the class notifying us about RT in DC. As I read the email and went to the ASRT website to get more information, I knew I wanted to participate and help out. I applied for the CSRT scholarship and thankfully, I got it.

Preparation for RT in DC began the first week of February and at first it felt overwhelming because I had school and now the CARE bill, but then after a week had passed, it was not too bad. I asked my class, friends, and family to help us by writing a letter to their representative and to urge them to meet with us in Washington D.C. At this same time, I kept meeting with my program director once a week to go over the CARE bill I was going to lobby in March. This helped out a lot because when I got to Washington D.C., I was prepared.

After two months of preparation and waiting for RT in DC to begin, it finally started on March 25, 2012 at the Dupont Circle Hotel. I was warmly welcomed by ASRT members and Lorenza Clausen. As quickly as we sat down on the chairs, my classmates and I began to meet people and make new friends. The welcome reception was great as we got to take pictures with our new friends and got to eat delicious appetizers.

The next day I had an experience that got me completely ready for the congressional visits. I got the opportunity to roll play with Dave Goch, a lobbyist on how to lobby for the CARE bill. I did okay and I got a feel of how it was going to be when I had the visits with the representatives. That night all of the California team got together and we practiced and practiced what we were going to discuss until we felt ready.



The next morning we picked up all of our lobbying materials and were sent off to Capitol Hill. The way to Capitol Hill was interesting. We got a lot of attention in our white lab coats and other ASRT members could be seen all over the metro station. It was such an amazing scene to look at. We were so many! As I got to the first appointment, I received a call from one of the Health Legislative Assistants I was to meet in the afternoon telling me to change the appointment to another time. I did and was already surprised on how things were changing unexpectedly.

I had a total of 11 appointments and had the great opportunity to meet three representatives in the meetings I had. I must say that in the first couple of the meetings I was nervous because I did not know what to expect. I thought the Health LA's were going to be tough, serious looking people, but on the contrary I had interested and receptive LA's. The appointments usually lasted 10 minutes and I only had a few that went to 15 minutes. After the first meeting I did by myself, I felt better and confident. I began to ask question and state my opinion in the next meetings. Some of the Health LA's asked questions about the bill while others did not. Most important, I was having fun! I was having fun because when I finished one meeting I only had like 15 to 10 minutes to get to the other meeting and it



was a like a rush of adrenaline that I got when walking or running through the long hallways of the buildings. I had to run 15 minutes continuously across the capitol to get to one appointment because I was 20 minutes away walking distance from the previous appointment location. It was crazy! I got to the representatives office out of breath and sweaty. Later, I found out that my socks had ripped form the run.

The day went by so fast as we were booked with 31 appointments for that day.

After I finished the last appointment with one of my classmates, we felt a sense of excitement and accomplishment. We had done it! It was a great feeling and we left Capitol Hill very happy.

I feel that I contributed, learned, and grew intellectually participating in RT in DC. I accomplished getting the message to the representatives and made them aware about the need of uniform minimum education standards. I know that I contributed to the radiology community by going to Washington D.C and physically going to the representative offices, signing petitions, and urging them to get this important piece of legislation moving so it can pass. Most importantly, I feel I learned so much about legislation and about our country. There is so much history in that city that it's really amazing. I got the opportunity of leadership by being in charge of getting letters from everyone in class. I learned what hard work really is. It was a lot of work and time I put into RT in DC for it to be successful as it was. I do not regret it because I honestly think this was one of the best experiences in my life I've had. I got to travel to another state, meet new people, and lobby a bill that will improve safety and quality for all Americans in the United States. I would recommend the RT in DC event to anyone who hasn't participated to do it and experience it.

I believe it is important as a RT student to participate and care for the CARE bill because it is the profession we have chosen and the CARE bill will affect us in one way or another. I know that my participation and running to that appointment will one day pay off when every American in this country who goes to a hospital for radiographic imaging and be in the hands of educated professionals taking their x-rays.

Danny Lopez

## RT In DC: A Student's Experience

By Jason Leong

As I exited the Capitol South Metro station, I instantly felt like an ant amidst giants. People in suits were going in all directions, while the Obamacare rally was in full effect. My only goal was to get to my appointment on time. As I approached the stairs to one of the House buildings, I noticed the security line and the handful of people waiting to enter the building. Reality set in as I walked through the metal detectors, and that “ant feeling” became a feeling that I could make a difference. No longer did I feel lost in the trees. Instead, I felt empowered that my voice would matter. This experience taught me that my voice, my opinion, and my support matter. I can make a difference to improve the quality of care to patients through persistence, patience, and a positive attitude. Each opportunity I secured through appointments were the result of weeks of preparation and hard work. I could only cross my fingers and hope that I would have a chance to meet, face to face with a representative.

I was fortunate enough to have a meeting with Representative McNerney for my first appointment. I felt like my left ventricle was working overtime with the amount of blood rushing throughout my body. That first appointment set the tone for the rest of the day and I knew that all that preparation would finally come to fruition.



As I sat in the reception area waiting to meet with my person of contact, whether a health legislative aide, chief of staff, or the representative themselves, the speech I had memorized ran over and over in my head. I had practiced for weeks making sure that I hit the main points that would draw the interest of my contact and hopefully convince the representative to sign on as a co-sponsor. I asked myself, why was I really here? I was pushing for the CARE bill to ensure quality patient care, reduce costs, and improve patient safety.

Going from appointment to appointment, homeostasis returned and I became more confident in my speech. With five appointments and over 100 constituent letters, I darted from building to building, remembering the real reason why I was doing all of this- so that every patient in the US would receive consistent quality care through medical imaging. I had appointments where the HLA was genuinely interested and engaged in my points. On the other hand, I also had appointments with HLA's who showed little to no interest and only planned to meet with me out of courtesy. I really had to be prepared to expect the worst interaction and only hope that each appointment was a true success.

Leaving Capitol Hill brought feelings of joy, relief, achievement, and frustration. The goal at hand was complete on my part with the end of my appointments. But I realized that this was just the first step of many before the CARE bill would be passed. Thoughts about persistence and patience dwelled in my cerebrum as I came to acknowledge the importance of the continual nudging required to get the CARE bill passed. During my visit to the Franklin D. Roosevelt memorial, Eleanor Roosevelt's quote caught my eye- "infinite patience and never-ending persistence". The process of legislation is a long and grueling one that definitely requires both. The bill must go through dozens, if not hundreds of hands before it even reaches the House floor. At any of those stages, the bill could fall through a crack, and this is where infinite patience and never-ending persistence truly make a difference.

This experience not only opened my eyes to the ways of politics and legislation, but also taught me a tremendous amount about lobbying and the cost-effectiveness of the CARE bill through Medicare. Despite this, lessons from the break-off sessions cannot compare to what I learned in sharing this experience with my colleagues from CSUN: fellow scholarship winner Danny Lopez, Elisha Marquette, and Christina Sung. None of this would have been achievable without the unwavering guidance from Lorenza Clausen, the unquestioned leadership from Kristin Wartelle, and the moral support from my fellow CARE bill advocates.

I want to thank the CSRT for giving me this opportunity to make a difference in medical imaging and to explore the historical monuments in Washington DC. Nothing compares to the feeling when you spot another white lab coat running through the halls of one of the House buildings and knowing that they share your cause, your passion, and your enthusiasm for the CARE bill. I will never forget the camaraderie and bond I shared with over 100 advocates and technologists who came together from all corners of the United States to fight for the CARE bill. As one voice out of 313 million Americans, I can say that my voice matters and so does yours. I encourage everyone to join the grass-root efforts to fight for our profession and make sure that our voice is heard. Show that you care by supporting the CARE bill.

Jason Leong

FOR IMMEDIATE RELEASE – MARCH 21, 2012

Contact: Annemarie Ciepiela Henton, 505-298-4500, Ext. 1287, ahenton@asrt.org

## ASRT Selects 2012 Student Leadership Development Program Participants

ALBUQUERQUE, N.M. – The American Society of Radiologic Technologists has selected 61 radiologic science students to participate in the [ASRT 2012 Student Leadership Development Program](#).

Now in its second year, the program allows students to experience the governance functions of ASRT, attend educational courses and learn about leadership positions in the association.

Students will receive an all-expenses-paid trip to the ASRT Educational Symposium and Annual Governance and House of Delegates Meeting, June 28-July 1, in Las Vegas. In addition, they will attend an educational track at the Symposium specifically designed for students and be assigned a professional mentor during the House of Delegates meeting.

Selection criteria included submitting a 500-700 word essay in the “Welcome to Your Future” essay contest. Students chose one of two topics:

- Why I chose the radiologic science profession.
- What I hope to gain from attending the annual governance meeting.

The ASRT received more than 170 essays. A team of ASRT staff radiologic technologists evaluated the essays on several factors including the author’s commitment to leadership activities at the local, state and national levels.

“The Student Leadership Development Program is a great way for radiologic science students to get involved in the ASRT early in their careers,” said ASRT President Dawn McNeil, M.S.M., R.T.(R)(M), RDMS, RVT, CRA. “While in Las Vegas, students will have the opportunity to participate in educational activities and get an in-depth look at how the governance process works for the world’s largest radiologic science organization. It also will be a great way for students to learn from seasoned radiologic technologists.”

The ASRT represents more than 145,000 members who perform medical imaging procedures or plan and deliver radiation therapy treatments. The Society also provides radiologic science students with the tools, services and support they need to prepare for careers in medical imaging and radiation therapy.

Contact: Annemarie Henton,  
505-298-4500, Ext 1287,  
ahenton@asrt.org

American Society of Radiologic Technologists  
15000 Central Ave. SE, Albuquerque, NM 87123-3909  
505-298-4500 • 800-444-2778 • Fax 505-298-5063  
[www.asrt.org](http://www.asrt.org)

For more information about the ASRT and opportunities for radiologic science students, visit  
[www.asrt.org/students](http://www.asrt.org/students).

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### **About ASRT**

The ASRT represents more than 145,000 members who perform medical imaging procedures or plan and deliver radiation therapy. The Society is the largest radiologic science association in the world. Its mission is to advance the medical imaging and radiation therapy profession and to enhance the quality of patient care.