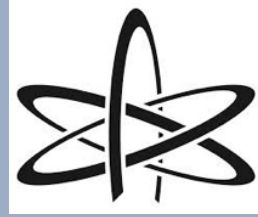




# CSRT

## Connecticut Society of Radiologic Technologists

# Newslines



## Winter /Spring 2021

### President's Message

## Hope is on the Horizon!

With vaccines being widely distributed and the pressure of the pandemic fading, our hope for the future is now intensifying. We can feel SAFE again! Maslow's Hierarchy of Needs shows that once we have safety, we progress to find BELONGING. This is the perfect time for you to take the bold step out of isolation and share your talents with the Connecticut Society of Radiologic Technologists (CSRT). This "family" has been here since 1938 and is welcoming you with open arms back into that feeling of BELONGING that you have been craving. Please consider joining our virtual monthly meetings and volunteering on a committee. We are **stronger together** and with your contributions we are rejuvenated with hope for the future we all deserve again!



## CE Certificates and Membership

It's now possible to print your CSRT Membership card and your continuing education certificates anytime - from your own computer!

Just log-in to CSRT.us and download your membership certificate and certificates from your personal dashboard.

*Questions?*



## Leadership by Ryan Appold

The first time I went to a CSRT meeting it happened to be CEU and Brew Event at Firefly Hollow in Bristol. I walked into the place not having a clue what this society was about nor the journey I was about to go on in the following years. Fast forward 3 years and I am a licensed x-ray technologist with a job at UConn Health and I sit on the board of directors as the secretary of the CSRT. During my journey into leadership positions, I learned some important lessons that I am going to share with you.

One of the most important aspects of growing in any profession is being surrounded by the right people; when it comes to growing into a leader of your profession, it is even more important. It is easy for you to associate yourself with people who will tell you that everything you do is great but having people who will tell you your faults and where you can improve is just as necessary. I was lucky to have many people in my life that supported me and helped me grow, but there was one person who influenced me so much and that was my then Program Director, Donna Crum. She was one of those people I mentioned who would be one of the first to congratulate me on different accomplishments, but she also wasn't afraid to sit me down and tell me where I could improve. I remember one time I was so excited about an x-ray I took she pulled it up on her computer screen to look at it; while it was an acceptable x-ray for the radiologists, she began to sit down and list the ways it could have been better. Donna for me was an expert at constructive criticism, she could tell me ways to improve myself without putting me down. I learned how important it was to have people like this in my life, and there is always ways to improve yourself.

One of the ways I grew in the radiography profession was because I took advantage of opportunities that were made available to me. I started this essay off telling you about my first event I went to with the CSRT, well I continued to go to these events and went to monthly board meetings as a student. Taking advantage of



opportunities, no matter the size is important. It was at these meetings I met leaders of our state's professional society and where I met other radiologic technologists in CT. The ASRT's Student Leadership Development Program was another important opportunity that I took advantage of. Part of the program was that I was able to go to the ASRT Annual Meeting and House of Delegates Meeting. It was during this event that I met technologists from around the world; some having been in the profession for decades. Between the various people I met and speakers I listened to, I was able to learn of so many future opportunities that were available for technologists, such as writing for the *Scanner* and taking trips to foreign countries with RadAid to help develop and teach their technologists.

The most important way I grew as a leader in the radiography profession was when I was asked to be the chair of the CSRT Annual Conference. It was during this time that I had to pull together all that I had learned over the years and also learn on the fly how to put together a virtual conference. It was during this time that I learned two of the most important aspects of being a leader, asking for help and delegating. When I was younger, I always envisioned leaders taking control of everything and doing it all themselves. During a phone call with a colleague about the conference as many things were in the air due to the pandemic, they told me, "you know

Ryan, you don't have to do this all yourself and there are people to help you out." Looking back on it, if I wasn't told this, I probably would have burned myself out trying to do everything. Instead of taking everything on myself like I had planned, I started to ask for help and assigning jobs. This made my life so much less stressful and allowed me to focus on more important tasks.

My growth into a leader wasn't overnight. It took years and many hard lessons to figure out the right path. As a young adult I thought that

once you gain a position as a leader in an area, "that-is-that," you are done growing. *That couldn't be more wrong.* I now know that the people who last in leadership roles are the ones who keep learning, who keep adapting. The only time I will be done learning is when I retire in 30-40 years, but by then I will probably figure out other ways to grow.

Interested in serving as a CSRT Board Member? Would you like to nominate yourself, or an interested colleague?

**CONTACT US**



<http://member.csrt.us/contact-us/>

### CSRT Board of Directors: 2020-2021

Senior Board Member:	Donna Crum ( <a href="mailto:donna.crum@midhosp.org">donna.crum@midhosp.org</a> )
Chairman:	Nora Uricchio ( <a href="mailto:NUricchio@mcc.commmnet.edu">NUricchio@mcc.commmnet.edu</a> )
President:	Colleen Miller ( <a href="mailto:Colleen.Miller@harthosp.org">Colleen.Miller@harthosp.org</a> )
President-Elect:	Alicia Salvatore ( <a href="mailto:asalvatore03@gmail.com">asalvatore03@gmail.com</a> )
Vice-President:	Jay Derksen ( <a href="mailto:jay@derksen.net">jay@derksen.net</a> )
Secretary:	Ryan Appold ( <a href="mailto:rcappold@gmail.com">rcappold@gmail.com</a> )
Treasurer:	Diane Kosenko ( <a href="mailto:diane.kosenko@snet.net">diane.kosenko@snet.net</a> )

### The Student Involvement Award

Annually, students are eligible to apply for the CSRT student involvement award. Any CSRT student member can apply for this award.

We are happy to present this year's recipients!

Our FIRST place winner is **Marissa Toth** who attends Sacred Heart University.

Our SECOND place winner is **Anthony Barroso** who attends Gateway Community College



College Bowl: Modified to Registry Review

Kahoot!



# Registry Review



Since we are unable to gather in person for our annual college bowl, The CSRT is once again proud to sponsor registry review sessions Kahoot style. We will hold this virtually April 14 and April 22 from 6:30-8.

This fun, interactive event will be a great way to begin reviewing for the boards.

**April 14 & April 22 6:30-8pm  
Live from your living room!**

Conference Information / Monthly Virtual CE events

Tristate Monthly  
CE Events

We have teamed up with Massachusetts and New Hampshire to provide MONTHLY CE virtual meetings! These presentations have been phenomenal. They are FREE for members!



**\*\*FREE\*\***  
Members only event  
MSRT, NMSRT  
& CSRT



1.0 CEU  
CREDIT  
ASRT APPROVAL  
PENDING

APRIL 21<sup>ST</sup>, 2021 *RT Affiliate Partners Webinar Series* ZOOM WEBINAR 7:00PM-8:00PM



**TANIA GRGURICH,**  
DHSc, MHS, RT(R)(M)(CT)

## “CHALLENGES OF POST-MORTEM RADIOGRAPHY”

\*Visit [www.csrt.us](http://www.csrt.us) - for more information.

More details  
coming soon!  
[www.csrt.us](http://www.csrt.us)

## *Annual Conference*

**The CSRT Annual Conference Committee**  
**The Annual conference will be held virtually again this year.**

**Mark your calendars: September 24 & 25, 2021.**

**We're already planning another fantastic event filled with superb CE lectures presented by national and international speakers!**

**If you have suggestions of topics or speakers, please let us know.**



**The ASRT, CSRT  
and...**YOU!****

**The CSRT is constantly monitoring legislative happenings in Connecticut that may impact our practice. You can also keep up-to-date by visiting this great resource from the ASRT:**

## **Connecticut Advocacy Action Center**

**<https://cqrcengage.com/asrt/?6>**



## Professional Update

### An Update on Radiographic Shielding

Daniel N. DeMaio, M.Ed., R.T.(R)(CT)  
University of Hartford

In April of 2019, the American Association of Physicists in Medicine (AAPM) released a statement recommending the discontinuation of fetal and gonadal shielding during x-ray based imaging. In the nearly two years that have passed, there has been ongoing discussion about shielding efficacy at some of the highest organizational levels in our profession. It is important that every medical imaging and radiation therapy professional remain up to date on this issue, since patient shielding is a major component of our comprehensive efforts to limit ionizing radiation exposure to an absolute minimum (ALARA). Perhaps a good place to start is with a timeline of how this all began:

- April 2019: The American Association of Physicists in Medicine (AAPM) releases [PP-32A](#), stating that “Patient gonadal and fetal shielding during X-ray based diagnostic imaging should be discontinued as routine practice.”
- April 2019: The U.S. Food and Drug Administration (FDA) proposes to repeal their “Recommendation for the use of specific area gonad shielding on patients during medical diagnostic x-ray procedures” found in the Code of Federal Regulations ([Title 21](#)).
- Summer-Fall 2019: PP-32A is publicly endorsed by several organizations including the American College of Radiology (ACR), the Radiological Society of North America (RSNA), the *Image Gently* Alliance and the Health Physics Society (HPS).
- August 2019: After learning of some concerns from the American Society of Radiologic Technologists (ASRT) and others, the AAPM releases a second [statement](#) to clarify that their PP-32A “...was intended to be the beginning of a much larger conversation, one that includes many other stakeholder organizations and individuals.”
- October 2019: The ASRT Board of Directors release an official [statement](#) that does not endorse PP-32A but indicates that a position update will be provided once more information on this issue is released from the National Council on Radiation Protection and Measurements (NCRP).
- January 2021: The NCRP releases [Statement No. 13](#), specifically recommending that gonadal shielding “...not be used routinely during abdominal and pelvic radiography.”
- January 2021: The ASRT Board of Directors issues two statements. The [first](#) on January 12, 2021 endorses PP-32A, specifically for abdominopelvic imaging. The [second](#) on January 15, 2021 states that “The ASRT Board supports the continued use of lead shielding during radiographic procedures where shield placement is appropriate and aligned with minimizing patient radiation exposure.”

So, what does all of this mean for patient shielding? All of our professional organizations agree that shielding the fetus and gonads during x-ray based diagnostic procedures of the abdomen or pelvis is not recommended. Generally speaking, this type of shielding has not been in widespread use for quite some time. It is important to note that there is valid science supporting the cessation of gonadal and fetal shielding during x-ray based diagnostic imaging, particularly abdominopelvic radiography, fluoroscopy and computed tomography (CT). The AAPM's position is centered around three main points: a) the hereditary risk from radiation exposure to the gonads and the risk of fetal effects from direct exposure is much lower than what was previously postulated; b) shielding can obscure information that may be diagnostically useful, resulting in repeat and/or additional imaging; c) inappropriately placed shields might interfere with automatic exposure control (AEC) systems, resulting in an inadvertent increase in patient dose. Additionally, patient shielding may be deemed unnecessary as it only reduces exposure from external, and not internal, scatter radiation. Thus, shielding only slightly reduces the very low dose from most procedures. That dose is already well-below levels associated with risk of biologic harm. Furthermore, the AAPM points out that by continuing to shield when there is limited benefit, we are potentially adding to the widespread *radiophobia* that exists within our patients and the general public.

As a counterpoint to the AAPM's position, there is concern that simply eliminating all shielding is an ineffective approach to informing our patients and the public about the overwhelming safety of our work. Since the publication of NCRP [Report No. 160](#) in 2009, we've been inundated with media coverage of the "dangers of medical radiation exposure." Our patients expect to be shielded and suddenly failing to do so could negatively impact their comfort and confidence in our care. For this reason, ***shielding our patients when it is appropriate and safe should remain a best practice***. In their second statement this past January, the ASRT Board of Directors indicated a commitment to working with the other leading organizations in our profession to help spread the word about the incredible value and extremely low risk of the procedures we perform. A thorough and methodical approach to overcoming radiophobia seems prudent, understanding that it may take a substantial period of time before our patients are willing to comfortably accept the elimination of all shielding.

In closing, the ASRT does not support the elimination of patient shielding, except during abdominopelvic imaging. As long as there is minimal risk of interference with the diagnostic efficacy of the procedure and that the shield will not inadvertently add patient exposure due to repeat imaging or AEC malfunction, ***patient shielding remains a best practice*** at this time.

I hope that this summary has been helpful. I welcome your comments or questions on this issue. Please do not hesitate to contact me at [ddemaio@hartford.edu](mailto:ddemaio@hartford.edu). Thank you!



**Connecticut Society of Radiologic Technologists**

**[www.CSRT.us](http://www.CSRT.us)**

Visit [www.CSRT.us](http://www.CSRT.us) for more info on these and other upcoming events!