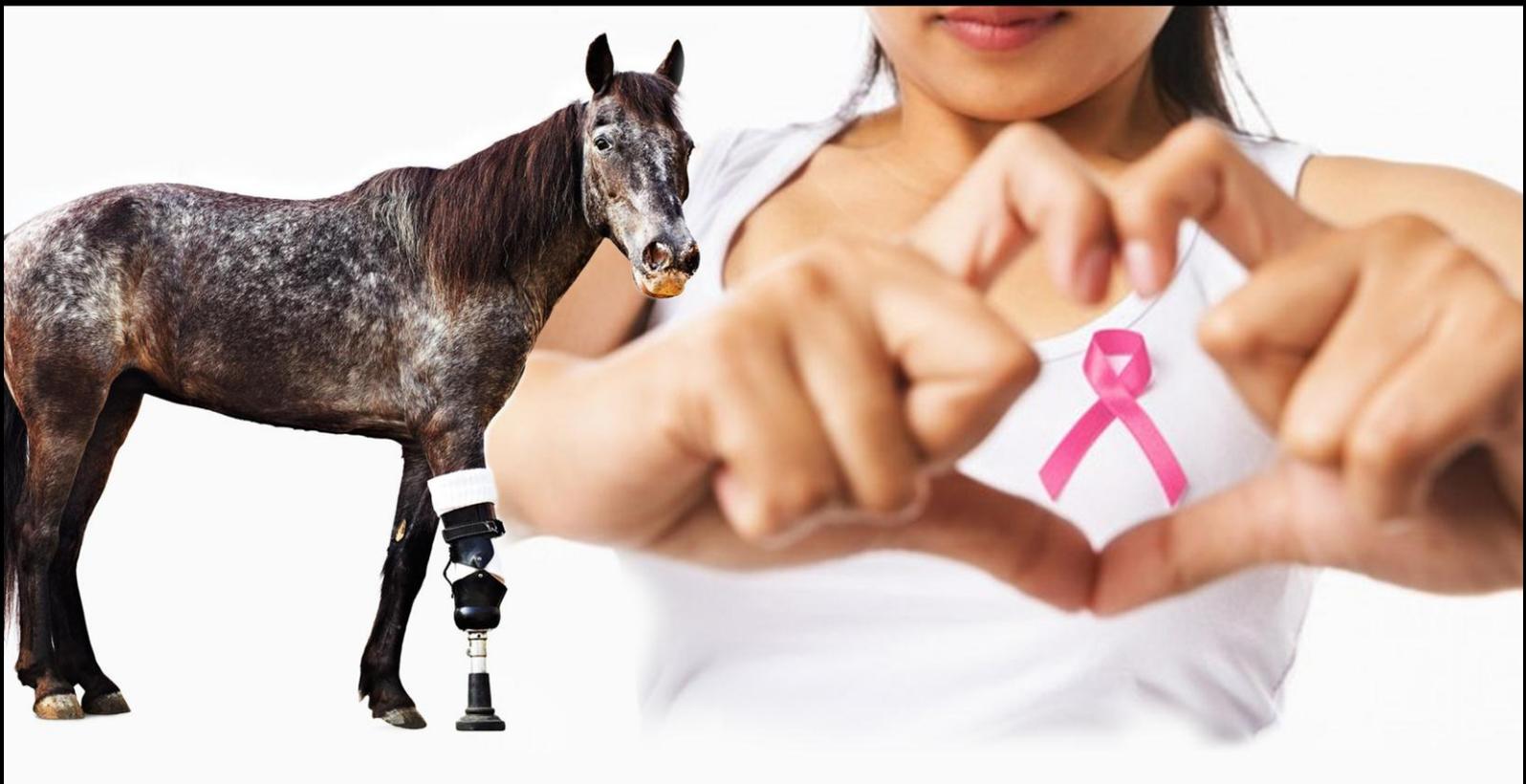


Society of Medical
Radiographers Malta
Newsletter

October,
2012



radiographersmalta.com



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SRM Executive Committee meets Prime Minister and MEP

Through our affiliation with the Malta Federation of Professional Associations, the SRM executive committee (SRM EC) was provided with the opportunity to have a private meeting with Hon Prime Minister Dr Lawrence Gonzi and Hon Dr. Simon Busuttil MEP on the 9th of August 2012. The aim of the meeting was to allow professional societies to discuss any concerns related to their profession as well as suggest ideas that could further advance the profession or improve services offered.

In this regard, the main issues raised and discussed included:

(1) Role extension/development and legal coverage

The SRM EC highlighted the fact that a considerable number of health professionals are pursuing further studies and training to develop new skills and competencies, consequently allowing them to extend or develop their role and provide new or improved services to patients. While some of these skills and roles have now become part and parcel of professions and health services, there remain particular concerns as

to whether relevant legislation provides legal coverage to competent health professionals providing such services. In this regard, the SRM EC emphasised the importance that relevant legislation is revised to ensure that competent health professionals abiding by accepted standards and policies are legally covered for the services they provide. The Prime Minister took note of this concern and acknowledged that health professionals are continuously evolving and advancing their roles and therefore there may be a need to revise certain legislation and allow such derogations.

(2) Potential roles for radiographers to further improve health services

The SRM EC encouraged the government to invest further in radiographer training and new medical imaging services, particularly in primary health care. Amongst several suggestions made, the SRM EC highlighted evidence indicating that radiographers appropriately trained in ultrasound can competently provide ultrasound services for diagnostic and gynaecological purposes, allowing for an improved service to patients as well as a reduction in waiting lists. The PM indicated that the government was committed to improve services offered in primary health care as well as reducing waiting lists, and therefore informed us that he will be taking note of these suggestions.

(3) Appointment of medical radiographer on Radiation Protection Board

Given that all medical radiographers are regulated by the National Radiation Protection Board, the SRM EC raised the question as to why there is no representation of a medical radiographer on this board. The SRM EC pointed out that this lack of representation may have contributed to the incorrect transposition of European

legislation into Maltese Law, which thankfully is now being appropriately revised. In this regard, the SRM EC believed that the appointment of a medical radiographer on such a board will help ensure that regulations or guidelines issued by such a board are not only consistent with current practices in diagnostic and therapeutic radiography but also in line with relevant European and International regulations. Furthermore the SRM EC emphasised the need for the Board to consult more with the radiography profession as well as other relevant professions before, during and after any regulations or guidelines are drawn up and implemented.

While acknowledging our concern and promising to look into the matter, the Prime Minister and Dr Busuttil informed us that according to the reply provided by the Department of Health, the representation of the Board purposely excludes representation of any profession as this would cause a conflict of interest between the regulating authority and that particular profession. Nonetheless, they shared our views that the Board should continuously consult with all relevant professions in any matters that would have an effect on the profession or services provided.

Jonathan Portelli
SRM President

SRM – A Voluntary Organisation

One of the main objectives set by this executive committee has been reached. The Society is now a Voluntary Organisation registered with the office of the VO Commissioner under the Voluntary Organisations Act (Act number XXII of 2007). This is beneficial for an organisation as it opens a number of opportunities aimed at assisting the organisations in their work.

As a Society, we have already started attending meetings for registered organisations which aim to raise awareness on funding available for several projects. It is our intention to plan projects that avail of these funds to be able to give a better service to you - SRM members. This will surely be one of next year's main targets for the executive committee. The funds available are from numerous National and European Funding Programmes and cover a varying degree of the eligible expenses depending on the project. For more information visit the 'Malta Council for Voluntary Sector' website: <http://www.maltacvs.org/>

Marija Cachia
SRM Secretary

Master of Science (by Research)

Faculty of Health Sciences,
University of Malta

Radiographers wishing to pursue postgraduate studies may be interested in a new course being offered by the Faculty of Health Sciences, University of Malta – Master of Science (by Research).

This course may be pursued on a full-time (3 semesters) or part-time basis (6 semesters), depending on the students' commitments.

The Master of Science (by Research) course is different from other postgraduate courses as it is focused on the research and the writing of the dissertation rather than taught study units. In fact, students registered for this course will only need to pursue one taught study unit of 10 ECTS in research methods at level 5. The remaining 80 ECTS are dedicated to the research conducted and the writing up of a 40,000-word dissertation.

Interested radiographers are encouraged to discuss their research ideas with academic members of staff within the Department of Radiography. These initial discussions will allow for some brainstorming concerning the area of study, eventually helping the student to refine their ideas, focus the area of research and identify the appropriate methodology.

Students will need to submit a detailed research proposal of their idea to the Masters by Research Committee. The committee will

review the research being proposed and decide as to whether or not the study may be pursued by the student for the award of Master of Science (by Research).

For further information kindly contact the Department of Radiography: Tel: (+356) 2340 1907, E-mail: noel.vassallo@um.edu.mt

Course regulations may be accessed here:

<http://www.um.edu.mt/registrar/regulations/faculties/healthsciences/msc-by-research-fhs-bl-2012>

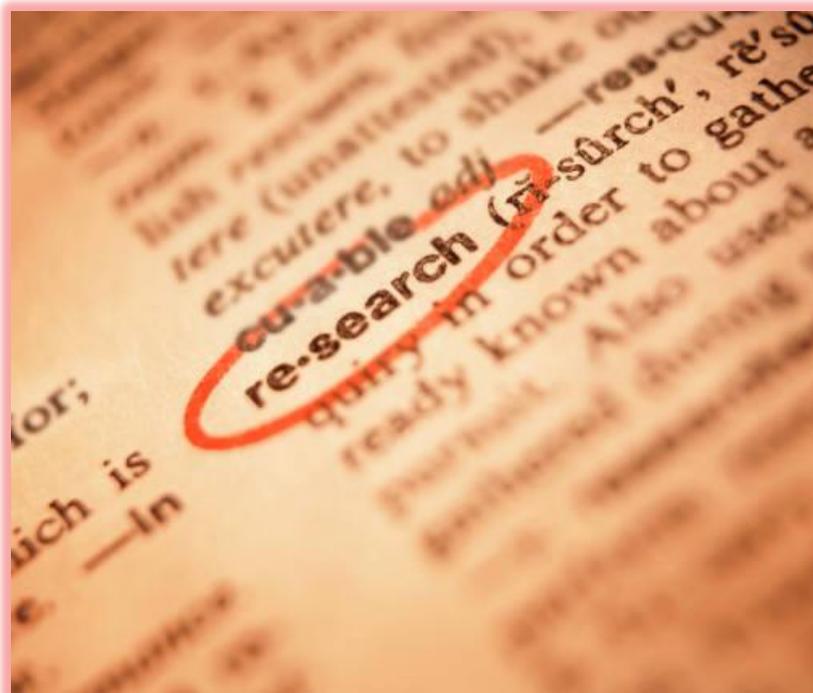
Jonathan Portelli
Assistant Lecturer UoM

Attending Conferences Abroad - UKRC 2012



After attending the United Kingdom Radiology Congress (UKRC) in 2011, I found it very tempting to go a second time this year, and I thankfully did so. I had the opportunity to choose the lectures according to quality as opposed to quantity. Since the occasion for attending foreign conferences is not frequent one tends to focus on going to as many lectures as possible, as opposed to a selected few which are of major interest to you. The former proves to be too tiresome and one would easily lose concentration even in the most interesting of lectures.

Diversity in the lectures is well provided for at the UKRC since one would be able to choose from talks about musculoskeletal trauma, PACS, tumours imaging, breast reconstruction as well as various forums and discussion sessions.



Military radiology was a lecture I immensely enjoyed because even though I had attended it last year, this time it took on a completely different aspect, which involved forensics and bomb radius injuries. The talk, given by a consultant radiologist and surgeon commander of the Royal Navy, was highly informative and descriptive of the various weaponry utilised during battles and its impact on the human body after a shooting or bombing.

When choosing the lectures a name stood out from the rest –

'What Man can learn from a Dog'.

This intrigued me as I couldn't possible think how and what animals, especially one like the domestic dog, can be used to aid humans especially from a radiographic point of view. After attending the lecture I can safely say that it was by far the most interesting and memorable talk I have ever attended in my life. It was given by Dr. Noel Fitzpatrick a



neuro-orthopaedic veterinary surgeon working both in the UK and USA who specialises in limb sparing and salvage surgery and

advanced joint replacement techniques. In his talk he gave several examples of how a prosthesis that can be moulded to adapt the shoulder joint of a dog can be applied (with slight variations) for the human body. The reason behind it is that in a 45yr old patient who had, for example, a joint replacement, the outcome of that operation and the long-term effect of the prosthesis on the patient will have to be seen after 15-20 years if not longer. On the other hand the life span of the average dog is 12 years and if it has a joint replacement done at the age of 5 then outcome of that prosthesis in the animal's old age will be seen 5 years later.

Also prosthetics that have never been used on humans are being created and designed by Dr Fitzpatrick, in the hope that the same technique can be applied for in humans with the same needs. For example the dachshund (sausage dog), have a tendency to have multiple slipped discs. During the talk Dr. Fitzpatrick showed us a human MRI of the lumbar spine (which turned out to be his own) and compared it to that of dachshund, both of which had multiple slipped discs. For the



dog, however he designed a specific prosthesis which allowed the dog to return to its normal healthy lifestyle with normal mobility, and explained that he hoped that in the future such a device could be used on him.

He used several examples where not only dogs were being operated but also buzzards, hamsters, cats and even snakes. All of these animals had incurred some type of injury which Dr. Fitzpatrick was able to save with the use of specially designed prosthesis which ultimately can be adapted and used

on humans.

The UKRC not only provides a wide variety of lectures, some of which we will never be exposed to here in Malta, but also its exhibition, forums and other activities prove it to an experience not to be missed.

For more information on UKRC visit <http://www.ukrc.org.uk/>

Maria Cauchi
Senior Radiographer

Upcoming Events:

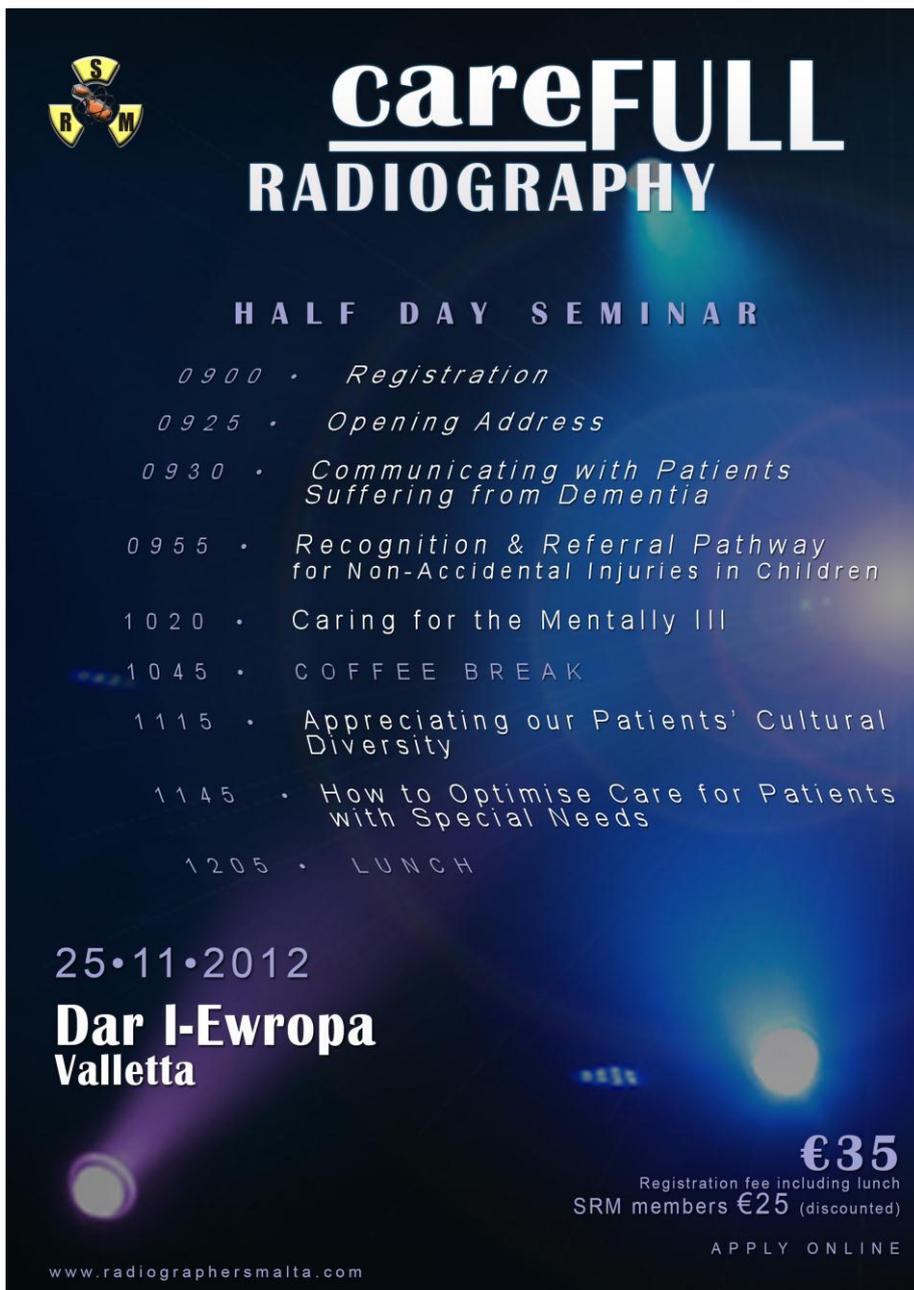
November 2012

6th: MID Joint Forum with SRM - Vertical and Lateral Professional Progression - Quo Vadis?

25th: CareFULL Radiography – Half day seminar

December 2012

14th: SRM Christmas Gathering (Details out soon)



careFULL
RADIOGRAPHY

HALF DAY SEMINAR

0900 • Registration
0925 • Opening Address
0930 • Communicating with Patients Suffering from Dementia
0955 • Recognition & Referral Pathway for Non-Accidental Injuries in Children
1020 • Caring for the Mentally Ill
1045 • COFFEE BREAK
1115 • Appreciating our Patients' Cultural Diversity
1145 • How to Optimise Care for Patients with Special Needs
1205 • LUNCH

25•11•2012
Dar I-Ewropa
Valletta

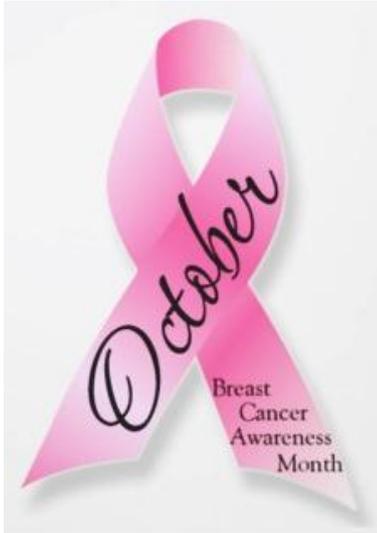
€35
Registration fee including lunch
SRM members €25 (discounted)

APPLY ONLINE

www.radiographersmalta.com

The Impact of Breast Cancer on the Patient

Breast cancer patients all face numerous physical, psychological, social, spiritual and economic issues at diagnosis, during treatment and throughout the remaining years of their life. Whether breast cancer has a positive or negative impact will depend on how women live their life, which is a matter of transition in a life context. Hence, this triggered my research on the impact of breast cancer on 'the patient'.



Back in 2011, I visited local surgical wards as a part of my postgraduate studies in order to evaluate pre- and post-surgical experiences of breast cancer patients and maintained a field-journal to reflect on patient-author encounters. The central concept throughout these encounters was the patient's perspective across multiple but central domains of wellbeing – one's physical wellbeing and related symptoms, as well as the psychological, social and spiritual wellbeing.

Although the cancer experience varies widely, the above domains of wellbeing are threatened at various stages of the disease trajectory. When breast cancer is suspected, the rapid diagnostic procedures performed in one visit trigger a rapid sequence of emotions, which include shock, disbelief, uncertainty, helplessness, denial, anger, guilt, fear and anxiety (Harvey *et al.*, 2007). The initial breast cancer diagnosis further results in shock, numbness and the inability to believe what is happening or to feel the above emotions since the speed of stage transference from 'I am normal' to 'I have a life-threatening disease' is too short for women to come to terms with any possible diagnosis. This is proven to result in long-term psychiatric morbidity (Lee *et al.*, 2003). Furthermore, the cancer diagnosis involves a high degree of psychological distress and uncertainty regarding what caused it, how best to treat it and what will be its long term outcome. Hence, a cancer diagnosis is a devastating experience for many, as it takes away one's sense of security and control.

The next issue will focus on the psychological, emotional and psychosocial challenges women face during their cancer journey, followed by the physical impact of breast cancer. Until then, here is a glimpse into patient experiences and the concepts that emerged from the patient-author encounters.

A short reflection on these patient experiences may be of value to us as a Radiography team and moreover, to you personally as a healthcare professional, aiding towards improving your own professional practice and quality of care.

Danika Attard

BSc.(Hons.), MSc.(Lond.), MLJ, LRSM
Senior Radiographer, National Breast
Screening Programme H&S Rep.

Concept	Patient Comments/Experiences
Survival issues	<i>"Even though I grumble about my fate and long for different circumstances, thank you, Lord, for life"</i> (Patient 01: 22.06.2011); <i>"I want to win my battle against cancer"</i> (Patient 02: 22.06.2011).
Supportive Care	<i>"Many do not really understand our experiences"</i> (Patient 03: 23.06.2011). <i>"The surgical scars are a constant reminder of cancer"</i> (Patient 04: 23.06.2011).
'Women Talk'	<i>"Talking to other patients who understand what you are going through makes you feel less lonely as you can share your own thoughts and feelings reciprocally"</i> (Patient 05: 02.07.2011). <i>"It provides expressive and behavioural therapy"</i> (Patient 06: 02.07.2011).
Touch	<i>"Before my surgery, I cried. I needed empathy and someone to put his hand on my shoulder to tell me that it will all be ok"</i> (Patient 07: 24.06.2011).
Women's Needs	<i>"Health professionals must be sensitive and empathic to our physical and psychological state by listening to us rather than trying to give us advice. These skills would have reduced my anxiety"</i> (Patient 08: 27.06.2011).

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