

## PRESIDENT'S REPORT

Greetings from the CSCT Board of Directors:

CSCT continues to grow in our commitments and obligations to our membership. The present Board continues to review and work on progressive changes and updates found in the Standards of Practice, Policies and National Occupational Profile. The goals that we strive for are calculated with the intension of producing the desired result for our professional future. A CSCT committee is currently working on the CSCT By-laws. The proposed changes are expected to be presented at the 2007 AGM.

Some educational programs have been expanded in program content and time; while others continue to work towards new benchmarks. We are excited about the new French language Cardiology Technologist program that has recently come to New Brunswick, as their first class approaches graduation. CSCT is committed to work with our educational institutes and government agencies to promote the Cardiology Technology profession. In October 2006 the educational institutes were invited to a meeting to review the NOCP presented by consultant David Cane. Progress was made and the overview was very favorably received by those in attendance.

CSCT also mandates that all the educational institutes strive for future CMA accreditation and work with our educational institutions to obtain this level of achievement and recognition. With this progressive initiative many challenges and labour intensive man hours are required in preparation. However this Board is committed to achieve this standard as we continue to work with CMA - The Canadian Medical Association.

CSCT has formed a new Public Relations committee. The purpose of this committee is to heighten the awareness of our profession. The committee has sought out the services of a professional public relations firm and the preliminary results produced are receiving very positive reviews. Posters were sent out from this committee to each Province for National Tech Day in February.

As you can see, it has been another busy year for the CSCT Board as we continue to progress and move forward.

Respectfully submitted,

Karen Sarsfield  
CSCT President

### Provincial Directors & Education Coordinators October 2005 - October 2006

<u>Newfoundland</u> Maureen Butler AnneMarie Dwyer	<u>Ontario</u> Marg Mount Colleen Greeley-Coffin
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<u>Nova Scotia/PEI</u> Lynn Sharpe Linda Gregory	<u>Manitoba</u> Polly Pachu Wilma Ablang
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<u>New Brunswick</u> Lynn Douglas Nancy Vallis	<u>Saskatchewan</u> Michele Tkach Vince Sopczak
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<u>British Columbia</u> Ina Adams Gretchen Dunn	<u>Alberta</u> Marie Roblick Wendy Wilson
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### CSCT Executive October 2006-October 2007

President:	Karen Sarsfield
Vice-President:	Lynn Douglas
Treasurer:	Karen Schaus
Secretary:	France Nickel
Registrar:	Valerie Gilbert
Education Director:	Irene Williamson
Exam Chair:	Lynn Zinger

E-mail Addresses for the CSCT Officers

president@csct.ca  
vicepresident@csct.ca  
treasurer@csct.ca  
secretary@csct.ca  
registrar@csct.ca  
education@csct.ca

Anything You Would Like to See in the Atrium?  
Have Any Comments About Content or Layout?  
How About Feedback?  
Send It All To: [secretary@csct.ca](mailto:secretary@csct.ca)

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## EDUCATION REPORT Spring 2007

It's been another busy year for CSCT Education Committee. Unbelievable how fast the year goes by as we try to wrap up a few projects.

The HRSDC project has progressed extremely well. We now have 2 more new interactive videos completed and the 3<sup>rd</sup> one will be done by March 31, 2007. The Interactive Video portion of the exam adapts the traditional Objective Structured Clinical Evaluation (OSCE) to multimedia scenarios. Multimedia interactive video scenarios evaluate judgment, problem solving, decisiveness, fact finding and communication skills, etc. The French version of Part 1 and Part 2 of the exam will be available in September 2007. We have a complete French exam question bank plus French interactive videos. This project has been a tremendous amount of work. I would like to thank a few key people, Lynn Zinger, Karen Schaus, and Carol Griffin for hanging in there with me. Many thanks to both Boards, who assisted with the validation process and provided their feedback.

The National Occupational Competency Profile (NOCP) has been revised to create a concise and more user-friendly version, which provides a clearer statement of the entry-to-practice competencies in the Practice of Cardiology Technology.

The most significant changes:

- Removal of "specialty level" competencies and the "declaration areas". The new profile lists only entry-to-practice requirements.
- Re-wording of competencies to ensure that statements are clear and that they include actions that are eternally observable.
- Emphasis on workplace application of knowledge, skills and attributes.
- Introduction of a performance environment for each competency. The performance environment specifies the setting in which competency is to be taught and evaluated by educational programs. Three distinct performance environments are used: academic, simulated and clinical.
- Removal of any duplication.
- Introduction of new competencies in cardiac pacemaker and device therapy. These competencies have been added as a result of a national survey of pacemaker clinics, focusing on future training and employment needs.

This project was a tremendous learning curve for both Lynn Zinger and myself, but with the direction and patience of the consultant we feel confident this will take our profession in a new and exciting direction. Once the Board of Directors and Education Coordinators approve the changes on behalf of all CSCT members it will be on our website. The revised NOCP will be submitted to CMA for approval in March 2007. The revisions will have an impact on school programs in order to gain their CMA accreditation. The schools will adjust their programs to include these revisions thus achieving our goal of all schools with a diploma program.

CMA has developed a new group called the Assembly of Health Sciences Professions (AHSP). The purpose of the AHSP is to provide input to the Committee on Conjoint Accreditation (CCA) on accreditation policy and requirements, procedures for assessment, and other issues related to the health sciences professions. CSCT sends a representative to the AHSP meetings.

During the work on the NOCP revisions many referrals were made to the Standards of Practice and Code of Ethics. It was recommended that CSCT combine the current Standards of Practice and the proposed revised Code of Ethics into a single new document called "Professional and Ethical Standards". The structure and content of this new document will be structured to provide a concise and more powerful set of statements of our profession. The new version will be available to all members via the CSCT website.

Thanks to Linda Gregory who ran a stimulating CSCT Preceptors Workshop in Vancouver at CCC in October 2006.

Wendy Wilson and Vince Sopczak have also developed an excellent CSCT National Certification Exam Syllabus. This is suggested reading material for the National Certification Exam candidates. This will be also be available on the CSCT website.

The current CEU triennium will end Dec. 31, 2007. A suggestion for CEU compliance was made by Vince Sopczak which was passed by the board. Please NOTE: "As of Dec. 31<sup>st</sup>, 2007, members who have not completed 30 CEUs will be fined \$150, and will have until Mar. 1<sup>st</sup>, 2008 to gain those credits. If they do not, they will have their membership suspended and will have to write a reinstatement exam by the end of 2008, at a cost of \$300.00".

I am happy to announce that Gretchen Dunn, BC Education Co-ordinator is the new CSCT Assistant Education Director and will be taking over as Education Director position in Oct. 2007.

Respectfully submitted: Irene Williamson, CSCT Education Director & Lynn Zinger, CSCT Exam Chair

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### Who says spelling is important?

Can you raed tihs? Yroue a smrat prsoen, so you sulohd be albe to.

I cdnuolt blveiee taht I cluod aulacly uesdnatnrd waht I was rdanieg.

The phaonmneal pweor of the human mnid, aoccdnrig to a rscheearch at Cmabrigde Uinervtisy, it deosn't mtttaer in waht ordred the ltteers in a wrod are, the olny iprmoatnt thing is taht the frist and lsat ltteer be in the rghit pclae. The rset can be a taotl mses and you can sitll raed it wouthit a porbelm.

Tihs is bcuseae the huamn mnid deos not raed ervey lteter by istllef, but the wrod as a wlohe. Amzanig huh? yaeh and I awlyas tghuhot spleling was ipmorantt!

### MEMBER SURVEY

The CSCT wants to know what you think, about a number of issues.

To send in your comments, please look for the "Member Survey", located in the Member's Area on the website.

We want to hear from you!

**Thanks!**

We will take your opinions, go through them, and let you know what's up at the next AGM!

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## Calling All Cardiology Technologists!

WE NEED YOUR HELP TO PROMOTE OUR PROFESSION!

### National Poster Competition (sponsored by the CSCT PR Committee)

A chance to praise, promote and celebrate your Profession. We need your pictures! Send pictures of your department, colleagues, and fellow workers capturing your tasks within the workplace.

NATIONAL CARDIOLOGY TECHNOLOGIST DAY 2008 WILL BE CELEBRATED ON FEBRUARY 14, 2008.

SUBMIT YOUR PICTURES TO US VIA E-MAIL AT [INFO@CSCT.CA](mailto:INFO@CSCT.CA).

*(NOTE: once submitted these pictures become the property of the csct and we will be unable to return them to the owners)*

- PLEASE INCLUDE CONTACT INFORMATION WITH YOUR SUBMISSIONS
- WINNERS WILL BE ANNOUNCED AT THE AGM IN QUEBEC CITY, OCTOBER 2007.
- THESE PICTURES WILL APPEAR ON A POSTER NATIONALLY- SO GRAB A CAMERA AND START SNAPPING PICS.
- JUDGING WILL BE DONE BY THE PR COMMITTEE. WINNERS WILL BE NOTIFIED BY SEPTEMBER 1, 2007.
- FIRST PRIZE WILL BE **FREE REGISTRATION TO THE CCC** WORTH \$250, 2nd - IPOD, 3<sup>rd</sup> - A DIGITAL CAMERA.

WE ALSO STILL HAVE A GREAT SUPPLIER OF CSCT LOGO CLOTHING - VISIT THE CSCT WEBSITE FOR A LINK TO THE INFORMATION.

THIS ASSOCIATION IS FACING MANY CHALLENGES IN THE UP and COMING YEARS, INCLUDING A MOVEMENT TO BRING AWARENESS OF OUR PROFESSION TO THE GENERAL PUBLIC. WE ARE ALSO STRIVING FOR RECOGNITION WITHIN THE MEDICAL PROFESSION.

With that said, WE ARE ASKING FOR YOUR HELP IN FORMULATING OUR 'GO FORWARD' PLAN.

PLEASE VISIT OUR WEBSITE AND COMPLETE THE SURVEY? This survey is your voice allowing us a better understand of the OPINIONS ACROSS CANADA.

WE APPRECIATE YOUR COMMENTS, OPINIONS, EMAILS, and LETTERS.

THIS IS A VERY IMPORTANT PROJECT FOR US ALL AND WE CAN'T DO IT WITHOUT YOU, OUR MEMBERSHIP.

*Thanks in Advance,  
Your P.R. Committee*

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### Dark Chocolate, But Not Tea, Takes a Bite Out of Blood Pressure

MONDAY, April 9 (HealthDay News) -- Cocoa-rich products such as dark chocolate may help lower high blood pressure, but tea won't do much, according to a new survey of the medical literature by German researchers.

Although the thought of chocolate as a health food has captured public attention, not much research on the issue has been done, said a team from the University Hospital of Cologne.

Their report covered exactly 10 studies on cocoa with a total of 173 participants and five tea studies with 343 participants.

The benefits are believed to come from compounds known as polyphenols (or flavonoids), explained Dr. Dirk Taubert, senior lecturer in pharmacology and toxicology at Cologne and lead author of the report. He leavened his support of chocolate with a bit of caution.

"Based on our analysis, regular consumption of polyphenol-rich cocoa products like dark chocolate may be considered a part of a blood pressure-lowering diet, provided there is no total gain in calorie intake," Taubert said. "However, in the studies we reviewed, the blood pressure results occurred with cocoa doses above the habitual intake and were observed only in the setting of short-term interventions."

In other words, for the average chocolate nibbler, the jury is still out on the sweet's health effects, Taubert said. "To date, it is not known whether long-term intake of small habitual amounts of cocoa, such as a small bar or piece of chocolate per day, may also cause significant blood pressure effects," he said.

The cocoa studies lasted an average of two weeks, with four out of five trials reporting a reduction in both systolic blood pressure (the top number in a blood pressure reading, when the heart contracts) and diastolic number, when the heart relaxes. The average reduction was 4 to 5 millimeters of mercury (mm/Hg) in systolic pressure and 2 to 3 millimeters in diastolic pressure -- enough to reduce the risk of stroke by 20 percent and of coronary heart disease by 10 percent.

No such reduction in blood pressure was noted in any of the tea trials, which lasted an average of four weeks.

Tea and cocoa contain different kinds of polyphenols -- flavan-3-ols in tea, procyanids in cocoa, the researchers said.

"We do not know exactly which are the active blood pressure-lowering ingredients in cocoa," Taubert said. "There is evidence that the cocoa polyphenols are responsible, but there are several hundreds of phenols in cocoa."

Drug treatment is the basis of blood pressure control, Taubert said, and it should always be accompanied by lifestyle measures such as exercise and proper diet. "Rationally applied, cocoa products may be part of such an antihypertensive diet," he said.

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## Accuracy of non-invasive techniques for diagnosis of coronary artery disease and prediction of cardiac events in patients with left bundle branch block: a meta-analysis

### Abstract:

Non-invasive evaluation of coronary artery disease (CAD) in patients with left bundle branch block (LBBB) has limitations inherent to different tests, and the relative merits of these tests are unclear. This meta-analysis assessed the accuracy of the frequently used non-invasive techniques, including exercise electrocardiography (ECG), myocardial perfusion imaging (MPI) and stress echocardiography (SE), for detection of CAD and prediction of cardiac events in patients with LBBB.

A review was conducted of all reports on detection of CAD and prediction of cardiac events in patients with LBBB (published between January 1970 and December 2004), and revealed 55 diagnostic and nine prognostic reports with sufficient details to calculate test accuracy. Weighted (by sample size) sensitivity and specificity were calculated. Summary relative risk ratios (95% confidence intervals) were calculated.

Overall sensitivity was higher for exercise ECG and (quantitatively analysed) MPI than for SE (83.4% and 88.5% versus 74.6% respectively,  $p < 0.0001$ ). SE had a higher specificity (88.7%) than MPI (41.2%) and exercise ECG (60.1%) ( $p < 0.0001$ ). Based on analysis of eight reports, the relative risk of cardiac death or myocardial infarction in patients with an abnormal SE and MPI was elevated more than sevenfold, but it did not differ by imaging modality ( $p = 0.9$ ).

Meta-analysis of non-invasive CAD assessment in LBBB patients revealed that exercise ECG and MPI had the highest sensitivity, while SE had the highest specificity. The prognostic accuracy of MPI and SE appeared similar.

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### Promote and Support your Professional Body in the WORKPLACE!

CSCT Logo is now available on T-shirts, sweatshirts and much much more!

For information please contact:

Michael G Mechan

Creative Marketing Resources

1455 Durham Street

Oakville, Ontario L6J 2P4

tel: 905-844-7787 fax: 905-844-3803

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### ADS in the ATRIUM? YES!

Registered Members and Non-Members are now able to place advertisements in the Atrium. Not only will the ad be seen by members upon receiving the Atrium, it will also be seen by everyone who accesses the Atrium via the website.

Advertising prices are as follows:

Members in Good Standing	
1/4 Page	\$100
1/2 Page	\$150
Business Card	\$50

All Others	
1/4 Page	\$200
1/2 Page	\$300
Business Card	\$100

Deadlines for advertising will be March 1st of each year.

To place an ad in the next newsletter, please send the information to: [info@csct.ca](mailto:info@csct.ca)



## NEWS FROM THE PROVINCES (cont)

Associate/student members.

National Cardiology Technologists Day was well received across our province with many Activities such as gift basket draws, various fund raising activities and public awareness events such a departmental open houses proudly displaying our CSCT posters.

Since returning from the National meeting held in Toronto in February, I will be looking forward to our spring AGM to share the information gathered there. Nancy Vallis and I attended separate as well as shared BOD meetings. We also had the opportunity to validate 2 portions of the interactive exams on Stress Testing and Triage.

We will be seeing the first graduation class from Campbellton Community College in June 2007 for Medical Electrophysiology Technologists.

The union issues are currently being negotiated between the Department of Human Resources and our labor lawyer as well as the two unions involved. We hope to see all Technologists working in Cardiology within one union at one rate of pay.

A reminder that the CEUs must be in to Pat Mckay in Fredericton( see [www.nbsct.ca](http://www.nbsct.ca)) by Dec 31.2007.

Lynn Douglas

Nova Scotia

Our Association has been very busy in the last few months. I would like commend all of the members for working hard to obtain and submit their mandatory 30 CEU's. It shows dedication and commitment to our profession. On May 5th our AGM and Education Seminar is being hosted by Valley Regional Hospital in Kentville and our next annual Technologist Education Day is being held on October 13th and is being hosted by Cape Breton Regional Hospital in Sydney.

We are still focusing on legislation and working with our lawyer to make this a reality in our future. Our executive has a few positions available soon, so if anyone is interested please come forward and become part of the team. Hope to see everyone at the AGM in May.

Lynn Sharpe

Newfoundland

CTAN will be holding its Annual General Meeting (AGM) and teaching seminar on September 22, 2007. We encourage all members to attend in order to accumulate CEU's for maintaining recognition as cardiology technologists.

At present, CTAN has 31 active members, 1 inactive member and 6 associate/student members. In April, 2007, two students will be writing the CSCT certification examination. One student is from BCIT, and one student is from CDI. Best of luck to both students and to all the students across Canada.

Ann Marie Dwyer



### OFF THE REGISTRAR

ATTENTION ALL MEMBERS:

NEW CARDS WILL BE ISSUED BY END OF MAY

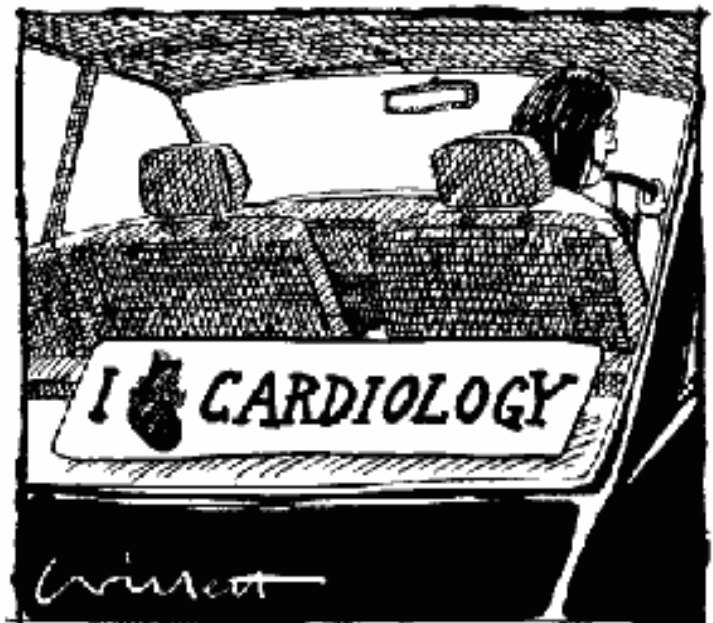
MAKE SURE THAT YOUR PROVINCE HAS YOUR  
CORRECT ADDRESS

PLEASE CONTACT ME WITH YOUR EMAIL ADDRESS  
ANY FEEDBACK IS WELCOME!!!!!!!!!!

[registrar@csct.ca](mailto:registrar@csct.ca)

CREDENTIAL INFORMATION IS SUPPLIED BY YOUR  
PROVINCE  
CONTACT YOUR PROVINCIAL EDUCATION DIRECTOR  
IF THERE ARE ANY DISCREPANCIES  
BETWEEN YOUR CREDENTIALS AND YOUR CARD

Respectfully Submitted,  
Valerie Gilbert  
CSCT Registrar





## NEWS FROM THE PROVINCES

### BC

Greetings, from sunny BC. There are a total of 305 members in good standing as of February 15, 2007. There are:

214 Active Advanced  
10 Inactive Advanced  
6 Inactive Registered  
41 Active Registered  
34 Students

Organization is underway for this year's AGM. This will be a one day AGM and Seminar. Final particulars will be posted on the CTABC website hopefully by the end of March.

There continues to be issues with the transition of the CTs from the Hospital Employee Union to the Health Science Association here in BC. Issues around interpretation of the collective agreement and the CT benchmarking are still in its growing stages. CTABC has requested a dialogue session with HSA to address some of the concerns expressed by our members regarding some of the issues that have been brought to the board.

CTABC has drafted a letter to be sent to all HR and Cardiology Managers to request their assistance to ensure that all employees are members-in-good-standing. This is essential in order to safeguard patient safety and quality up-to-date knowledge and skill from our working technologists.

CTABC wishes to make the suggestion that CEUs should be a CSCT (National) responsibility in order to streamline the tracking process of each member within Canada. This will eliminate any confusion when members transfer between Provinces and to ensure that all Provinces follow a standardized CEU policy now that CSCT has made CEUs mandatory throughout Canada.

We hope that any members who are in BC on May 27, 2007, will come join us at our AGM. Check our website at [www.ctabc.ca](http://www.ctabc.ca) for final details.

Ina Adams

### Alberta

Calgary is hosting the 2007 AGM and Education session on Saturday May 5<sup>th</sup>, at the Radisson Hotel, Calgary Airport.

We welcome our new president Mary Fielden and Vice President Donna Bondville elected in May 2006.

Our board has been busy this year, pursuing possible affiliation with established colleges, regulated under the Health Professions Act of Alberta. We will ask our membership to vote on the feasibility of moving in this direction, at our AGM.

We received positive feedback regarding the CSCT Cardiology Technologists Day posters, which were distributed throughout Alberta. We are requesting assistance in compiling a contact list with department names, addresses and fax numbers, for all hospitals, clinics, etc. for future

mail outs of PR materials.

Please send info. to our President Mary Fielden at [Mary.Fielden@CalgaryHealthRegion.ca](mailto:Mary.Fielden@CalgaryHealthRegion.ca)

We ask you to continue to promote awareness of our profession in your workplaces and in the community. Share your positive experiences with your colleagues at the AGM in Calgary.

A reminder to all members that December 31<sup>st</sup>, 2007 is the end of the current triennium for the mandatory collection of Continuing Education Units. There is a new CSCT policy in place for CEU compliance.

We have 12 students writing the CSCT Certification exam in April.

The Calgary Health Region is currently looking for casual Cardiology Technologist positions.

Marie Roblick

### Saskatchewan

The SCTA had their AGM on November 4, 2006 and was well attended. Posters from the CSCT were sent to different health facilities across the province to help celebrate "Cardiology Technologists Day" on February 14<sup>th</sup>. Those facilities that were able to participate had information tables set up and some had open houses with guided tours through the cardiology departments. Refreshments, valentine cookies, cake and other goodies were served. Some facilities had draws for gift baskets.

The next General membership meeting will be held on MAY 5<sup>th</sup> 2007. The Multidiagnostic conference will be held in October, 2007 and due to the conflict of dates with the CCS conference the SCTA may not be able to participate. There are approximately 6 people taking the BCIT Cardiology Technologists program.

Michele Tkach

### Manitoba

The year 2006 went by really fast and it's a great accomplishment for Manitoba to have a Cardiology Technology Training Program in collaboration with Mohawk, up and running as of September 25<sup>th</sup> 2006. After 5 months of in-house training, the students are in the process of experiencing the Clinical Practicum. All the hospitals and major clinics in the city of Winnipeg have volunteered to take 1-4 students for preceptorship which involves one to one relationship between experienced Cardiology Technologist and a student, with hands on equipment training. A successful preceptor-student relationship is the result of committed and ongoing mutual sharing on the part of the student, preceptors and clinical instructor. A preceptor assists them with the transition from student to a graduate, attributes of a positive role model, demonstrate effective interpersonal skills, increases the security and confidence in

their abilities.

Some of the students have already been hired by some institutes on casual or part time basis.

There are three individuals who are attempting to take the CSCT Examination in April 2007. Two are foreign doctors and one BCIT student.

February 14<sup>th</sup>, our Cardiology Tech. Day this year was somewhat successful. The Cardiology Technologists collectively decorated the department with posters, balloons and decorations. At the St. Boniface General Hospital we had a booth set up to demonstrate the role of Cardiology Technologists. We were able to make the public aware of our profession by displaying items like Pacemakers, Heart Monitors and Electrocardiograph and explain the procedures used to check for any abnormalities of the heart.

The posters we received from the PR Committee were mailed out to all the hospitals and major clinics in Winnipeg and some were mailed out to rural medical facilities like Brandon Portage La Prairie Winkler etc.

Our AGM, Education sessions and elections will be held at the St. Boniface General Hospital in Winnipeg on May 5, 2007.

Polly Pachou

### Ontario

Greetings from Ontario!

We have been busy organizing the Third Annual Education Day and AGM to be held in Hamilton, Ontario at Mac Master University. Topics will include Hypertrophic Cardiomyopathy, Cardiac metabolics, Pacemaker issues, Sleep Apnea and Pediatric Cardiology. We plan to host a Preceptor's workshop afternoon and host a "Wine and Cheese" reception in the evening on Friday. We have invited our Consultant Judith Ramirez to update us on our Regulation process.

Our Members are being reminded about the impending repercussions of not having completed their CEU obligations by the end of this triennium. We have planned a full day of Educational opportunities to help Members attain their CEU's.

Ontario has celebrated National Cardiology Tech Day in many ways. Many members expressed appreciation for the Posters sent out by the CSCT PR Committee.

There are currently 40 students registered for the April exam, which will be held at Mohawk College in Hamilton, Ont.

### Membership:

Active 596                      Students 90  
Inactive 30                      Retired 2

Marg Mount

### New Brunswick

Currently in New Brunswick we have 74 Active members in good standing and 30