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Message from **President of COSTAM**

(Confederation of Scientific and
Technological Associations in Malaysia)

Firstly, I would like to thank the Malaysian Society of Radiographers for this gracious invitation for me to write a message for the December edition of the Sinaran Newsletter. Secondly, I would like to convey my heartiest congratulations to the MSR editorial board for sustaining a quality newsletter - a task not so easily emulated.

The support of MSR to COSTAM and its activities has been outstanding. Your profession demonstrates the relevance of science to society. We are happy that a number of COSTAM members are able to reach out to the public such as the medical doctors, the dentists, the agriculturists etc. COSTAM has organised road shows on healthy living and public lectures with similar aims. However, some of COSTAM members' interests are in fundamental sciences including biology, chemistry, physics and mathematics. It is important that practitioners of basic and applied sciences inter-mingle and inter-twine for mutual advancements. COSTAM has proposed a solution in the form of Malaysian Science and Technology Congress (MSTC), Malaysian Science and Technology Exhibition (MSTE) and Journal of Science and Technology in the Tropics (JOSTT). Your support in these activities will enhance your knowledge and professionalism. I have personally combined my earlier interest in fundamental organic chemistry with the chemistry and technology of palm oil.

Academician Tan Sri Datuk Dr. Augustine S H Ong
President, COSTAM since 1987

Qualifications: B.Sc., M.Sc. (Malaya), Ph.D. (London) C.Chem., F.R.S.C., F.M.I.C., F.M.O.S.T.A., F.M.S.A., F.T.W.A.S., F.A.Sc.

Research Interest: The Chemistry and Technology of Palm Oil; Free Radical Chemistry.

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“The task of a leader is to get his people from where they are to where they have not been.”

~ Henry Kissinger (1923 -)

EDITOR'S NOTE

I am a Paediatric Radiographer trained at the Hospital for Sick Children, Great Ormond Street, London, UK. I was and still am full of fire and zeal to apply here all that I have learnt in Paediatric Radiography. It has been many years since I qualified yet it seems like only yesterday that I was there. Memories of all I have learnt are still fresh in my mind and there is so much that I would like to impart to my Malaysian counterparts.

Back in Time

I would like to take you on a journey back in time to when I first came to know about Paediatric Radiography as a sub-speciality for Radiographers. It was in 1990 when I was first introduced to the Paediatric Department in the Kuala Lumpur Hospital. At that time I was working in what is known today as Wisma Kayu, Hospital Kuala Lumpur. All the paediatric patients from the hospital main block were transferred to the wards there in the late 1980's. The chief Radiographer then was Tn. Hj. Reza Hashim and he offered me a permanent posting there.

Love grows

As I worked there, I began to love the patients there more and more i.e. the children. I began to improvise many variations of the various radiographic techniques done there. I realised that what is done for adults cannot be done for children. After sometime I reached a stage of wanting to know more. I turned to my chief radiographer Tn. Hj. Reza Hashim for assistance in getting further training. My request was only to visit nearby hospitals like the ones in Singapore but he sent me even further than that. He sent me to London instead. In the spring of 1993 I left the shores of Malaysia and for the first time in my life I was leaving behind my husband and my three young children.

Setting up of the Institute of Paediatrics

The Imaging Department of the Institute of Paediatrics started its services on 2nd January 1992. That auspicious date was also the start of a new era in Paediatric Radiography in Malaysia. Then came August 1993, the month I returned from UK and I had the opportunity to work with a consultant Paediatric Radiologist Dr. Dzievogel, who was then attached to UKM as an associate Professor for three months. We called him Prof Z for short. I still remember so vividly how he used to stand behind us as we passed our films and he would then give us his most precious criticisms. By us, I mean the staff and radiographers working in the Paediatric Institute. I treasure those moments with him dearly. He was instrumental in my main aim in life then, which was small yet not easily achievable, that is to get the chest x-rays done right. My determination coupled with my perseverance to make sure that all chest radiographs done in the Paediatric Imaging Department of HKL is achieved today, after twelve years. I would also like to affirm all the Radiologists who have worked in the Paediatric Institute ever since its inception, as they also contributed their share in building the status of Paediatric Radiography to what it is today. As you all may know that 80% of all Paediatric x-ray examinations done are chest x-rays and the rest make up the remaining 20%. This means that almost all the radiographs produced are of good diagnostic value. The evidence

is seen in the monthly reject film analysis which is most of the time less than 2%. This is actually what is happening in Paediatric Institute today.

Torn Between Two Loves

In July 2003 I was transferred out of the Imaging Department of the Paediatric Institute to the Main Imaging Department in HKL. There I did mainly management work and less clinical. For the first time in ten years I was away from the sick crying and screaming children. Honestly, it was then that I realised how much I missed them. That was the time when I actually felt being torn between two loves; my first love being Radiography and my second love the Paediatric patients. I really missed the sound of a child's cry, their laughter, and the smell of a newborn babe. I would take every opportunity possible to visit the Paediatric Institute.

Soft skills

The awareness for good and proper technique in handling children only came to me after I had worked full time with children. Then it blossomed even further with the opening of the Paediatric Institute. The support from a multidisciplinary group who love sick children is the basic ingredient for this awareness. I visited many hospitals throughout Malaysia and have given many lectures on my favourite topic that is Paediatric Radiography, still I know there is a lot more that can be done if all Radiographers are aware of the child's needs. Mainly it is the practise and education of good soft skill technique that is much needed in handling these little ones. Besides these little ones, the Radiographer must not forget the anxious parents who are actually of great assistance to her/him in the positioning of the child. When one applies good standard operational procedures at work whether it is for adults or children half the battle is won.

Conclusion

As I reminisce on my life as a Radiographer, the skill that I have achieved all these years will not be wasted as I pass it down to the younger Radiographers whom I come across in the course of my service. The secret to this skill is dedicated training for a period of time and then good practise backed up with continuous professional development. I would like to extend my acknowledgments to all friends and colleagues who have in some way or another been constantly supporting me in my course of work.

Rachel Barbara Sta. Maria (DCR)

Senior Radiographer U36

Imaging Department

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SEASON'S GREETINGS AND BEST WISHES FOR THE NEW YEAR 2006

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WORLD RADIOGRAPHY DAY 8 NOVEMBER PUBLICITY GUIDE

Many departments use World Radiography Day as an opportunity to promote their department, the profession, and radiography as a career.

1. Organising Open days and visits

On and around 8 November, departments invite the public and local groups and schools to visit and learn about radiography and what radiographers do. Some offer to visit schools and describe the department's work and the career opportunities that the profession offers. Another approach is to display posters and give away stickers and leaflets so that patients and visitors are aware of World Radiography Day and the role of radiographers. If you do invite organised groups such as local clubs and schools into the department, make sure you ask them well in advance of the date. Plan what you are going to do with them and make one member of staff responsible for organising and hosting tours because visitor health and safety must always be considered.

2. Local media coverage

Whatever you decide to do for World Radiography Day, it is an excellent opportunity to gain coverage in the local media. Make a list of the newspapers, regional magazines, radio and television stations in your area and their deadlines, or talk to your trust's communications department, or contact the Society's public relations officer. The best way to inform the media about what you are doing is to send them a press release (a sample press release is attached), either by post or fax the week before. Another way to encourage coverage is to issue a photo call notice a couple of days before, inviting press photographers and television camera crews to attend (a sample photo call notice is attached). Weekday mornings are the best time for photographers/journalists to attend. Don't forget to send a report and photographs to the editor of *Sinara News* about what your department did.

SAMPLE PRESS RELEASE

(Insert the name of your hospital)
CELEBRATES WORLD RADIOGRAPHY DAY

If you want to know more about how radiation can diagnose injuries and disease/treat cancer (*delete as applicable*) radiographers in the (*insert name of department*) at (*insert name of hospital*) are holding an open day on (*insert date*).

"Everyone is welcome to come and see what we do and ask questions," said (*name of department spokesperson and their position*). "Many people don't know what a radiographer does. If you have an accident and go to hospital, the chances are that you will see a diagnostic radiographer. They produce images that are used to diagnose injury or disease. Their therapy colleagues use precisely targeted doses of radiation to treat cancer."

The (*insert name of department*) will be open to visitors who want to find out more from (*insert times*). For further information contact (*insert contact details*)

SAMPLE PHOTOCALL

(Insert the name of your department and hospital)

WILL BE (*insert what you will be doing on World Radiography Day*)

WHEN: (*Insert date and time*)

WHERE: (*Insert full address and contact telephone number*)

To celebrate World Radiography Day, (*insert a description of what the department is doing. Include details of anything exciting, different, or that has good visual impact*)

Many people don't know what a radiographer does. If you have an accident and go to hospital, the chances are that you will see a diagnostic radiographer. They produce images that are used to diagnose injury or disease. Their therapy colleagues use precisely targeted doses of radiation to treat cancer.

For further information contact (*insert contact details*)

Ever thought of becoming a radiographer?

Well most people haven't and most people haven't been in charge of over a million pounds worth of medical technology either. . . or, more importantly, someone's life.

Radiographers are at the heart of modern medicine.

A radio what? People might ask you.

Well there are two sorts of radiographer: diagnostic and therapeutic.

Diagnostic radiographers use the latest technology to produce images that are used to diagnose injury or disease. The techniques they use include:

- X-ray - looks through tissue to examine bones, cavities and foreign objects
- Fluoroscopy - images the digestive system providing a live motion x-ray

- CT (computed tomography) - creates 3-D image which can be split into individual slices
- MRI (magnetic resonance imaging)-builds 2-D/3-D maps of different tissue types in the body
- Ultrasound - well known for its use in obstetrics and gynaecology. Also used to check circulation and examine the heart
- Angiography - used to investigate blood vessels

A therapy radiographer is part of an oncology team that treats patients who have cancer. Some cancers are best treated with drugs, some with surgery and others respond well to precisely targeted doses of radiation. Frequently, a combination of methods is used to complement each other. A radiographer may shrink a tumour to allow a surgeon to remove it. A key member of a dedicated oncology team, the therapy radiographer uses radiation in highly controlled conditions. The radiographer is usually involved in every aspect of the treatment, including pre-treatment preparation.

WHY SHOULD YOU BE A RADIOGRAPHER AND MAKES A GOOD RADIOGRAPHER?

Both diagnostic and therapeutic radiographers provide essential services every year to millions of people. Without them, modern healthcare would collapse. Without detailed images of what is happening inside the body, treatments would not be as effective or valuable time may be lost. Six out of 10 patients who receive radiotherapy treatment for cancer are cured. Radiographers meet new people constantly and are highly regarded by patients for their professionalism and the support they provide. Every day they use the latest technology and manage machines that cost millions of pounds. Both diagnostic and therapeutic radiographers need a range of skills. You must be able to communicate with other members of the team and to provide support for patients who may be frightened or uncertain about what is going to happen. Therapy radiographers in particular get to know patients because they see them regularly through the course of treatment. It is important they can develop a rapport with the individual and their family. An interest in the sciences such as biology, anatomy and physiology is important. So is having the confidence to work with leading edge technology. You also have the ability to learn new skills and adapt - radiography is constantly changing. You must also be able to make decisions quickly and independently.

FROM THE SECRETARY'S DESK

*M*y dear fellow radiographers, certainly after years in the field, many of you would have some very positive things to say about our profession. As such our society needs more individuals to come forward to assist us in planning and implementing our activities because only together we can achieve more. The message below comes from a fellow radiographer that can be an inspiration to everyone. May you read this and feel truly proud to be a radiographer today and everyday.

Contributed by a Mature Student in the UK - Maria Johnson

At the age of 17 I started my career as a cadet nurse, 20 years later I was in my second year of a radiography degree. I left nursing when my son was 2 and decided I wasn't going back. Throughout my nursing career radiography had always held a fascination for me, when any patients needed X-rays or screening procedures I always volunteered to escort them. I enrolled on an Access course and then applied to do a degree in radiography at the University of Portsmouth. Being a single mum and studying was not easy but I haven't regretted a day of my course. There are other mature students on the course, which means you give each other support and encouragement. The lecturers were very supportive of our family situations and additional needs. Even at 37 I enjoyed the nights out we had as a group celebrating occasions such as passing exams; last day of university before placements; the radiographer's ball was always a must. The placements take place over 3 sites and mine were at Salisbury, Bournemouth and St Mary's. Through I wasn't sure this was a good idea to start with, I have been converted by the knowledge and experience in varying procedures I gained over the three years which was truly phenomenal. Each base seems to give you a wider and more confident approach. With time a change in environment does not become a concern, just informative. All my friends and family are so proud of what I have achieved. Graduation day has been imprinted in my memory as a major highlight of my life. All students from my year have secured themselves jobs by the time graduation day had arrived. I am at present working in Southampton University Hospital Trust. I enjoy every day and know that I made the right choice in choosing this profession with numerous options to advance my career.

Best wishes,
MSR Secretary
PACKYA NARAYANAN DASSAN

SET YOUR GOAL FOR 2006

For the year 2006 let's set a great goal for ourselves. Have a goal to make at least 12 new friends next year and touch one person's life in a very powerful way. And at the same time transform our own lives with the wonderful friendship from these 12 new people. So many people in the world today are hurting and need comforting and most of all someone to talk to and be their friend. As ridiculous as it may seem but actually the easiest and most powerful way to live life is simply to be a friend to someone. What does it take to be a good friend? All you have to do a lot of times is just to.....

LISTEN

That's it. Nothing more nothing less but there holds a great benefit to you when you do this. You will learn many new things, as everyone has different life experiences, and we all can learn from them. Remember that all successful people have Very ACTIVE Listening powers.

They Listen with their Hearts as well as
their Ears.

They Listen with their Eyes, not just their minds.

And that is what makes a powerful friend...
and finds them exceptional friends...

the ability and willingness to Listen and Learn.

A very successful person who is worth more millions than you and I would have time to count, once said..... "Every conversation is a learning tool and only the wise utilize it for only the successful person turns strangers into strategic partners."

Can you see the power in making 12 new friends next year? Make a note to yourself to put yourself in new places, new circumstances, new circles, new restaurants, new charities, new bookstores, new movies, new opinions, wherever folks hang out of like or unlike mind, and just strike up a conversation. You will never know whether that one Conversation could be the One that opens the Doors and Floodgates of Success and Happiness into your life.

FOOD FOR THOUGHT

Do you know that those who appear to be very strong in heart, are actually those who are most weak and most susceptible to feelings of hurt and rejection? Did you know that those who spend their time protecting others are the ones who really need someone to protect them? Did you know that the three most difficult things

to say are;

I love you

Sorry and

Help me

Did you know that those who dress in red are more confident in themselves?

Did you know that those who dress in yellow are those that enjoy their beauty?

Did you know that those who dress in black are those who want to be unnoticed and need your help and understanding?

Did you know that when you help someone,
the help is returned two folds?

Did you know that it's easier to say what you feel in writing than saying it to someone in the face? But did you know that it has more value when you say it to their face?

Did you know that if you ask for something in faith, your wishes are granted?

Did you know that you can make your dreams come true, like falling in love, becoming rich, staying healthy, if you ask for it by faith, and if you really knew, you'd be surprised by what you could do.

But don't believe everything I tell you, until you try it for yourself, if you know someone that is in need of something, and you know that you can help, you'll see that it will be returned in two-fold.

I am only one, but I am still one. I cannot do everything, but still I can do something. And because I cannot do everything I will not refuse to do the something that I can do. – Helen Keller



RADIATION THERAPY - REFINING PRACTICES THROUGH EXPERIENCE

Paper Presented At the 20th Singapore Malaysia Radiographers Conference
By Sripriya Manoharan, Senior Radiation Therapist
National Cancer Society of Malaysia

CHANGES INITIATED

The two changes that my colleagues and I initiated at our Centre, in order to refine the practices in our department through our experience were the use of the Beam Directional Shell and Breast Board Equipment. We would like to thank Mr. Osman Ghazali for taking the first-step in recommending to the management the need to purchase the Beam Directional Shell. Later on, when the Breast Board Equipment was introduced at the Cancer Treatment Centre, and En. Osman was no longer working with us we cannot deny the fact that he had left us with enough confidence to make recommendations to the management to purchase the right equipment to provide quality treatment to patients.

MY ORGANIZATION

Before I explain why the equipment was greatly needed at our Centre, let me give a brief explanation of my organisation. I work with the National Cancer Society of Malaysia, which is a non-profitable organisation. Our head quarters are on Jalan Raja Muda Abdul Aziz, Kuala Lumpur. There we have a Resource and Wellness Centre, children's home, Nuclear Medicine Department and a one stop women's cancer detection clinic which provides mammography examinations, pap-smears, bone density tests and ultrasounds. The National Cancer Society of Malaysia also provides Radiotherapy services for cancer patients at its Cancer Treatment Centre based in Tung Shin Hospital Kuala Lumpur. At our Centre, we have 2 Siemens linear accelerators, a simulator and a microelectron brachytherapy unit.

CHANGES NEEDED

At the Cancer Treatment Centre we have treated a multitude of patients and diseases complete with its unique set of problems and challenges and all these experiences have made us realise some of the shortcomings in providing quality treatment to patients. Being one of the core team members to evaluate our treatment protocols and to initiate the necessary changes in my department, under Mr. Osman Ghazali's guidance we made some major changes that improved treatment quality, gave better care to patients and along the way helped refine our practices.

HEAD AND NECK CANCER TREATMENT WITH BEAM DIRECTIONAL SHELLS (BDS)

Initially, it was common practice to treat head and neck cancer with the conventional soft foam headrest and lateral Perspex head holders at our Centre. The disadvantages of

using the foam headrest were the fact that we had to place non-permanent ink markings on patient's skin to determine the treatment field. These markings were very unsightly and impractical plus the patients increased the skin reaction when removing the marks. Marking on patient also prolonged set-up time. Therefore, this increased the time patients spent on the treatment couch. Noticing these disadvantages the Beam Directional Shell was introduced to the management and consultants even though the cost was higher than using the conventional method. We obtained this Beam Directional Shell in the year 1995. With the use of the Beam Directional Shell we did not have to mark on patients' skin because all areas of treatment were clearly delineated on the shell. This reduced set-up time and most importantly, the time patients spent on the treatment couch, which is a very important factor to consider because all patients have a phobia being in the treatment room too long. This was an added bonus in enhancing our care to the patient. Higher accuracy was also achieved because the treatment area was fully immobilised so that the same area, however small would be accurately reproduced for each treatment. Using the Beam Directional Shell also eliminated human error in transferring marking from the treatment sheet to the skin. The Beam Directional Shell comes with an assortment of headrests for better flexing of the patient's neck and thus avoidance of the spinal cord which is a major consideration in Radiotherapy to the head and neck. The shells are very easily constructed and patients could begin treatment the same day in fact within the same hour they were seen by the consultants. The whole process of constructing the shell and simulation would be done in one visit to the simulator.

BREAST TREATMENT SET-UP WITH BREAST BOARD EQUIPMENT

Our next challenge was tackling the treatment set-up of breast cancers. Initially breast cancer patients were treated with a mandatory 2 or 4 sponge combination and hand retort set-up. This particular set-up did not allow much variability for different patient body length and width. Arm abduction for patients after

surgery was also limited. Post mastectomy patients especially had a tendency to lie down in a rotated position whenever their arm abduction gave them pain and discomfort. As they only had a retort stand to maintain their arm position, they actually used this stand to support their whole body weight. The sponges were also too narrow for some patients and this caused serious discomfort especially when we had to keep reminding them not to move their bodies, but it was actually the sponges that were sliding out from under them when compressed by their body weight. We had to deal with this inaccurate positioning each day because we had to constantly reposition the patient. This caused stress to the patient not to mention to us the staff because we practically had to lean on the patient in trying to get them into the right position. Observing that our breast cancer treatment set-up had all these limitations we realised the urgent need for a better support accessory. It was indeed a daunting task of convincing management that the Breast Board Equipment would greatly improve all these disadvantages despite the initial high cost. Finally, in the year 2000 the present Breast Board Equipment was purchased and most of the set backs were overcome. There was a proper armrest that could be set at positions comfortable for patients. The different elevation wedges to prop the chest wall level and better support board for patients of various sizes were solved. All these criteria of the Breast Board Equipment lead to a more accurate positioning and reduced stress to patient and to staff.

CONCLUSION

Ultimately, these changes came about because we wanted to initiate improvisation in order to progress in our delivery of treatment to the patients. By putting the patient's need first and having a passion for what we were doing, we were able to be truly innovative. But the main reason these changes happened were because we had sufficient evidence through our experience treating patients that made us brave enough to bring our suggestions forward to provide accurate, effective, time saving and most importantly comfortable treatment to patients.

Noah's Ark has some very important lessons for us.

#ONE: Don't miss the boat.

#TWO: Remember that we are all in the same boat.

#THREE: Plan ahead. It wasn't raining yet when Noah built the Ark.

#FOUR: Stay fit. When you're 60 years old, someone may ask you to do something really big.

#FIVE: Don't listen to critics; just get on with the job that needs to be done.

#SIX: Build your future on high ground.

#SEVEN: For safety's sake, travel in pairs.

#EIGHT: Speed isn't always an advantage. The snails were on board with the cheetahs.

#NINE: When you're stressed, float a while.

#TEN: Remember, the Ark was built by amateurs; the Titanic by professionals.

INNOVATION 2005-CT BLANPRO



Name of innovation:

CT Blanpro (blanket for protection)

By Pn. Chua Lai Lian Juru, X-ray U32 Jabatan Pengimejan Diagnostik, Hospital Ipoh, Perak.

Email:chuall25@tm.net.my

Introduction

The benefits of computed tomography (CT) are well known in diagnosing diseases, trauma and in the guidance of interventional and therapeutic procedures, but those benefits are not without risks. The individual risk from the radiation associated with a CT scan is quite small compared to the benefits that accurate diagnosis and treatment can provide. It has been estimated by the National Research Council's Committee on the Biological Effects of Ionizing Radiation that children less than 10 years of age are several times more sensitive to radiation than middle-aged adults. Though the scatter radiation to the gonads is very minimal during CT examination, it is still present and hopefully, this innovation will help to minimize the scatter radiation dose further. At present, lead gowns are seldom put on a paediatric patient during CT examination because of the weight of the lead gown (5.2kg) and if placed on top of a paediatric patient it will be very uncomfortable. This innovative device serves as a blanket as well as providing radiation protection to the body parts of the patient in the case of brain CT examination. It can also be used to provide radiation protection to the gonads in neck or thorax CT examinations.

Objective:

1. To improvise a gadget to providing radiation protection to body parts which are not of interest especially gonads in paediatric patients during CT examination.
2. Recycling old lead gowns which are torn or with broken fastening clips or seams but are still of protective value if modified.

Description: CT Blanpro is a set of two lead rubber sheets modified from old lead gowns, placed under and above a child's body during a brain, neck or thorax CT examination. A polystyrene box is used to support the lead sheet above the body if the lead sheet is too heavy for the child – especially when patient weight is less than 10kg. Lead rubber sheet is cut from old lead gown to cover gonad area & is adjustable in its placement within the 'blanket'. **Material required:** 2 lead rubber sheets (*) cut from old lead gowns, Polystyrene box, Cloth *Dimensions can be varied depending on the old lead gown availability.

Maintenance: Wash outer cover and clean lead sheet when it is soiled. Test for radiation leakage once a year.



Scattered Radiation Dose Test

Survey Meter: Unfors Educational Direct Dosimeter (EDD) Model: Unfors EDD 30 Serial No. : 124608

Calibration Date: 13.1.2005; Certification No.: 8131010-CoC-124608

CT Scanner: Siemens Somatom Volumn Zoom (4-slice multi-slice scanner) Serial No.: 24524

Test was done using water phantom, sensor placed at 45 cm from source.

Protocol used: Child Head; 120kV; 110mAs, No. of scans: 11 (typical for routine paediatric brain)

Tests done (sensor placed 45 cm from source)	Scatter radiation Measurement
Without lead apron	56.87 µGy
With innovative device	13.00 µGy
Scatter Radiation Dose Reduction % with CT Blanpro	77.14%

NB: µGy – microgray (unit for measuring scatter radiation)

Advantages of using CT Blanpro

Cost	Recycling old lead gowns and material (using old curtain material). Polystyrene box (obtained free of charge).
Radiation Protection	Reduction of 77.14% in scatter radiation
Patient comfort	Minimum weight felt by patient if placed directly and no weight felt if placed on top of polystyrene box and therefore no discomfort felt.

CONCLUSION

CT Blanpro is an innovation which

1. **Provides radiation protection** to body parts which are not of interest during a brain CT examination. It can also be used during a neck or child thorax CT examination, covering from abdomen until pelvis.
2. **Acts as a blanket** in keeping the child warm in the air-conditioned CT room.
3. **Protects environment** by recycling products.
4. **Avoids discomfort** to patient when the weight of the gown is too heavy for the patient.
5. **Involves no cost** of products

Hopefully, all radiographers will treat paediatric patients as their own family and be willing to use CT Blanpro during CT examinations. Radiographers are welcome to contribute ideas to make improvement on CT BLANPRO and put it into practice.



Courage is contagious. When a brave man takes a stand, the spines of others are stiffened.

~ Billy Graham



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THE SOCIETY OF RADIOGRAPHERS (SOR) CODE OF ETHICS

We aim to uphold the standard and integrity of our profession by adhering to our code of ethics as follows:

- A member shall conduct himself/ herself as a person of integrity and shall observe the principles and spirit of this Code in a manner compatible with the dignity of his/her profession.
- A member shall provide services to a patient with consideration to human dignity; and be unrestricted by the consideration of gender, race, creed, social and economic status, personal attributes, or the nature of the health problem.
- A member shall make every effort to protect all patients under his/her care, and other persons from unnecessary radiation.
- A member shall carry out his/her responsibilities to the best of his/her abilities while remaining cognizant of the boundaries of his/her profession.
- A member shall judiciously protect the patient's right to privacy and under no circumstances divulge confidential information to others beyond professional purposes.
- A member shall continually strive to improve his/her knowledge and skills by actively participating in academic and professional activities, and sharing the benefits of these attainments with his/her colleagues.
- A member shall not accept patients for examination or treatment unless the patient has been referred through the proper channels of the referral system.

BODY MRI - MRI OF THE TORSO

At some point during the telecast of any major sporting event, one of the commentators will announce that one of the players will be getting or has gotten a magnetic resonance imaging (MRI) study of some musculoskeletal injury, and that will determine when the player will be able to play sports again. So, virtually everyone has heard about this mysterious entity called MRI and knows that it detects abnormalities with such clarity that it can foresee when athletes can play again.

What is it that makes MRI so powerful, and how do you know when you should be getting one to investigate a medical condition? Basically, MRI has unparalleled soft tissue contrast resolution compared with other imaging modalities, which means that it can visualize — in the case of sports injuries, muscles, tendons, ligaments, and cartilage — with precise anatomic detail. This same soft tissue contrast resolution has also made MRI the technique of choice to look at most diseases of the brain and spinal cord. This heightened soft tissue contrast resolution has been slower to be fully recognized by physicians as regards the body — that is, abdomen, pelvis, and chest — because of problems with motion artifact (primarily breathing) which are more of an issue in the torso than in the head, spine, or arms and legs.

The classically recognized strength of MRI is soft tissue contrast resolution, as mentioned above, which is much greater than that of its competitor imaging modalities of computed tomography (CT) and ultrasound. Soft tissue contrast resolution refers to the ability of a modality to distinguish the appearance of different normal components of soft tissues (such as grey and white matter in the brain) but also between diseased tissue (such as cancer or degenerative disease) and background tissue. This advantage is greatest with soft tissues (ie, anything that is not solid dense [cortical] bone or tissue with a sizable air content, such as lungs). In general, any disease process, whether it be cancer, degenerative disease, or inflammatory disease, that occurs in solid organs or muscles is shown with greater conspicuity, or contrast resolution, on MR images. In addition to the greater intrinsic soft tissue contrast resolution, MRI is more sensitive to the presence or absence of intravenously administered contrast agents (generally gadolinium-based agents) than is CT to its contrast agents (iodine-based). The combination of high intrinsic soft tissue contrast resolution and greater sensitivity to the contrast agent enhancement render MRI superior to CT and ultrasound for many applications.

Why is it, then, that MRI is not routinely used in studying possible disease in the chest, abdomen, and pelvis? There are a variety of factors that account for this, which include:

- (1) MRI experiences more problems with image quality from patient motion;
 - (2) MRI studies are longer in duration;
 - (3) patients need to cooperate more to undergo a successful MRI study;
 - (4) there is greater familiarity among radiologists and physicians to interpret MRI findings;
- and CT machines are more plentiful and therefore readily available.

However MRI utilization has been climbing at double-digit rates in the last decade. This is due largely to the success of the modality in financial terms, which has spread the deployment of MRI providers far and wide making MRI one of the most accessible imaging modalities available. Growth has also come from new clinical applications which, when coupled with the financial rewards of MRI, has fueled an ongoing turf battle as radiologists 'defend' their specialization from cardiologists who have adopted CT and now MR for their patients. But perhaps the biggest news to hit MRI, from both financial and clinical perspectives, will be the burgeoning use of MR in oncology.

MRI AND CANCER DIAGNOSIS

For many soft tissue cancers, MRI is the gold standard for imaging. The fine resolution of high-field MR has proven its effectiveness in differentiating, defining and locating tumors within the body.

MRI-Guided Cancer Treatment

Even for treatment planning, MRI has taken a back seat to CT, even with

soft tissue tumors and PET provides superior metabolic data on what is happening inside the tumor. But what if MRI could be used more effectively as a treatment planning tool? What if a single trip into the bore could not only effectively diagnose cancer, but also treat it?

Is Oncology MRI's Next Frontier?

But it seems that fate, technology and demographics have combined to provide an unfavorable response to those who are dead-set on keeping non-radiologists out of the MRI suite. As baby boomers enter their golden oncological years, there will be growing demands for effective diagnosis and treatment of a multitude of cancers. Several promising options are being developed for MRI and may promise to bring more oncology patients (and their physicians) into the MRI suite in the years ahead.

GETTING CONSENT

Patient information

In relation to providing patients with information concerning their care, patients must be presented with sufficient information in a manner that is user-friendly, and in a form they can understand and that is appropriate for the examination or treatment to be undertaken. The patient must be given adequate opportunity to discuss any questions/concerns they have about their investigation/treatment in a non-threatening environment, which permits respect of the patient's dignity. Patient information forms an important part of the consent process. Radiographers may discuss directly with the patient the outcomes of their investigation/treatment in accordance with local procedures.

What is 'consent'?

The requirements for consent may be different for various groups of patients, for example children under 16, young people (16-17 years), confused or unconscious patients or people with learning difficulties, therefore radiographers are reminded to refer to the latest guidance on consent. Consent may be implied or non-verbal, i.e. a patient positions themselves for an examination, or it may be explicit, i.e. oral or in writing. In the case of radiography, debate has occurred about the implications of relying on implied consent and the fact that the term 'implied consent' is not understood in law. It must also be acknowledged that there may be differences in how the law is interpreted in different countries. In line with best practice radiographers should endeavour to ensure that consent be explicit and in line with local policy. For significant invasive diagnostic procedures, all cancer care procedures and for patient focused research it is essential that written consent is obtained.

Informed Consent

Informed consent is a process rather than an individual event, whereby a competent and informed adult consents to a procedure. Acquiescence where the patient does not know or comprehend what the procedure entails or is not aware that they may refuse the procedure is not informed consent.

Other areas related to consent

Exceptions to the above principles include arrangements where patients detained for mental illnesses may be treated without consent as long as the treatment relates to their mental illness. Persons suffering from notifiable diseases can be examined/treated without their consent.

Cases involving a patient's consent or refusal to treatment may be affected by a Human Rights Act.

The Act will have an impact in the following circumstances:

1. cases where patients are not properly involved in treatment decisions;
2. 'Do Not Resuscitate' decisions;
3. Treatment of 'Gillick competent minors'. — Those aged below 16 demonstrating capability of understanding.

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SEJARAH RADIOLOGI DAN RADIOTERAPI DI MALAYSIA

Kami semua sedia maklum bahawa penemuan X-ray telah dilakukan oleh seorang ahli saintis Wilhem Conrad Roentgen pada 8hb. November 1895 di Wurzburg, Germany tetapi tahukah anda bahawa X-ray pertama di negara kita diambil di Taiping, Perak pada 3hb. Februari 1897? Tahukah anda bahawa radiograf pertama itu adalah imbasan seekor ikan bawal? Lebih menakjubkan adalah bahawa kemudahan sinar-X sedia ujud di Malaya sebelum adanya kemudahan lampu awam pertama di stesen keretapi Kuala Lumpur ataupun sebelum adanya kuasa hidroelektrik di Raub, Pahang. Sebagai memperingati Jubli Berlian Ratu Victoria, Ratu England pada zaman itu, satu sistem Sinar-X yang lengkap didermakan ke Hospital Besar Ipoh, Perak pada bulan Oktober 1897. Hospital Besar Kuala Lumpur hanya menerima peralatan yang serupa pada 15hb. Februari 1910. Hospital Besar Pulau Pinang pula dilengkapi kemudahan ini pada penghujung tahun 1910.

Apabila masyarakat semakin maju dan penggunaan sistem pengangkutan beralih daripada sistem kuno ke sistem kenderaan bermotor lebih banyak kemalangan terjadi. Justeru itu lebih banyaklah kecederaan anggota badan yang perlu dirawat. Pada permulaannya semua radiograf yang diambil pada waktu itu diproses oleh jurugambar-jurugambar tempatan sehinggalah bilik gelap pertama dibina di Hospital Besar Kuala Lumpur pada tahun 1924. Radiograf dada telah memainkan peranan penting dalam menentukan diagnosa radang paru-paru atau lebih dikenali sebagai TB dan juga rawatan selanjutnya. Ini kerana radiograf dada dapat mengesan ciri-ciri lazim penyakit ini lebih cepat daripada kaedah sebelumnya iaitu menunggu keputusan kultur yang kebiasaannya mengambil masa 6 minggu. Sehubungan ini unit Sinar-X bergerak dikerah ke kawasan pendalaman berikutan penubuhan Pusat TB Kebangsaan pada tahun 1960 untuk mengambil radiograf dada penduduk desa. Ini telah membantu mengawal perebakan penyakit ini.

Mercu tanda dalam sejarah pengimejan negara kita ialah:

1. Mesin fluoroskopi pertama dipasang pada tahun 1927
2. "Angiogram cerebral" pertama pada tahun 1963 dengan kaedah "direct carotid artery punctures"
3. Peripheral angiogram pada tahun 1966 di Hospital Pulau Pinang
4. "Cardiac angiography" pada tahun 1967 di Hospital Universiti
5. Pemeriksaan mammografi pada tahun 1972 di Hospital Besar Kuala Lumpur

6. "Ultrasound scan" pertama pada tahun 1974 di Fakulti Perubatan Universiti Kebangsaan Malaysia
7. "Computed tomography" pada tahun 1977 di Institut Radioterapi dan Onkologi Hospital Besar K.L
8. Mesin MRI di Hospital Besar Kuala Lumpur pada tahun 1992

Dr PTK Nayar adalah warga Malaysia pertama memperolehi kelayakan Diploma in Medical Radiotherapy/Radiology and Electrotherapy (D.M.R.E.). Pada tahun 1956 pula, Dr YC Lian menjadi pakar radiology pertama dalam perkhidmatan swasta. Dr Omar bin Din adalah warga Malaysia pertama dilantik sebagai Consultant Radiologist of Selangor & the Federated Malay States pada tahun 1957.

Sekolah radiografi pertama di Malaysia ditubuhkan di Hospital Besar Kuala Lumpur pada tahun 1963. Terdapat 14 orang penuntut untuk kemasukan pertama ini. Sekolah Radioterapi pula bermula dalam tahun 1969. Rancangan latihan pakar radiology bermula di Universiti Kebangsaan Malaysia pada tahun 1983 menawarkan kepakaran dalam bidang Radiologi.

Penggunaan kelengkapan Sinar-X untuk tujuan rawatan pula bermula pada tahun 1914 apabila ia digunakan untuk merawat barah kulit. Kemudahan rawatan radioterapi lengkap di Malaysia bermula pada tahun 1949.

Dr SK Dharmalingam dilantik sebagai Pakar Perunding Radioterapi pertama Malaysia pada tahun 1960 di Hospital Besar Kuala Lumpur. Ahli fizik pertama ialah En. George Phang pada tahun yang sama. Pada tahun 1968 Jabatan Radioterapi baru dibina di Hospital Besar Kuala Lumpur. Kemudahan Perubatan Nuklear bermula dalam tahun 1964 di Hospital Besar Kuala Lumpur dengan Ahli Teknologi Perubatan Nuklear pertama En. Anthony Ng.

THE CHALLENGE

By Jim Rohn

*Let others lead small lives, but not you.
Let others argue over small things, but not you.
Let others cry over small hurts, but not you.
Let others leave their future in someone else's
hands, but not you.*

THE COLLEGE OF RADIOGRAPHERS STATEMENTS FOR PROFESSIONAL CONDUCT

The College of Radiographers, 207 Providence Square, Mill Street, London
Website: www.sor.org Email: Info@sor.org

These Statements for Professional Conduct are issued by the College of Radiographers to provide guidance to all levels of radiographers including students. This document publicly sets out the underpinning values and principles to promote maintain and disseminate the highest standards of behaviour in order to enhance the good standing and reputation of the radiography profession.

Statement 1

Radiographers are ethically and legally obliged to protect the confidentiality and security of patient information acquired through their professional duties, except where there is a legal requirement to do otherwise.

Radiographers have a professional responsibility to report to the appropriate authority any information gained in a situation if it impacts upon the care of the patient or other patients and staff. Conversely, radiographers are reminded that patients expect professionals to respect their confidentiality, if this does not impact upon the safety of other staff or patients. Radiographers should declare an interest if they, or any related party, have a pecuniary interest in or are involved in any other capacity with the patient.

Statement 2

Radiographers have a duty to work in a co-operative and collaborative manner with other professional staff and carers in the interests, and with the consent, of their patient(s) except where there is a legal requirement to do otherwise. Multi-disciplinary team working has been demonstrated to be beneficial to patient care. Radiographers must co-operate and communicate effectively with professional colleagues and other caregivers to ensure that patients receive the highest possible standards of care. In cases where radiographers' professional opinions and beliefs differ from those of other healthcare professionals, radiographers must work co-operatively to resolve these differences without compromising their professional opinion.

Statement 3

Radiographers have a duty of care towards patients they accept for imaging/treatment procedures.

It is necessary for radiographers to assure that medical imaging and therapeutic procedures are performed following the receipt of an appropriate request and only where appropriate patient consent has been obtained. It does not however permit radiographers to be selective on the grounds of gender, religion, race, sexual persuasion or medical condition. Whilst it is clearly unacceptable for a radiographer to be subject to physical or verbal abuse, this situation may arise and will require skilful management on behalf of the radiographer to avoid retaliation. Radiographers are under a duty not to condone or undertake any practice that may cause physical or psychological distress. Radiographers must report to an appropriate person or authority at the earliest

possible time any action that may jeopardise patient care. This duty covers the basic necessity of an introduction through to ensuring that the practice environment is safe. Bullying and harassment must not be tolerated. Radiographers have a duty to report such incidents to an appropriate person or authority in line with hospital procedures.

Statement 4

Radiographers must report to an appropriate person and/or appropriate authority, any circumstances that may put patients or others at risk.

Radiographers should ensure and maintain, insofar as reasonably practicable, the health, safety and welfare of themselves, their patients, fellow health professionals, relatives and carers and the general public.

Statement 5

Radiographers must identify and acknowledge any limitations in their knowledge and competence.

Radiographers must accept that part of being a professional means acknowledging one's own limitations and scope of practice. Part of competence to practice is accepting responsibility and being able to justify one's own practice. There is the need to maintain competence to ensure public confidence in professionals.

Radiographers must also comply with all statutory regulations and professional guidelines relating to their sphere of practice, and must not undertake any procedure unless adequately educated and trained. This should extend to ensuring appropriate supervision and ensuring clear lines of accountability. Clinical practice should be subjected to regular audit and risk assessment.

Statement 6

Radiographers must maintain and strive to improve their professional knowledge and competence.

Every patient is entitled to be cared for by radiographers with relevant and up-to-date skills and expertise. Therefore all radiographers must undertake life-long learning and will keep a record of their on-going development activities. Radiographers should use evidence-based practice. This may be achieved by active participation in audit and research. Additionally, radiographers have a responsibility to engage in developing the body of knowledge, and in teaching and educating fellow colleagues, students and the public about the science and practice of medical imaging and radiotherapy treatment and care.

Statement 7

Radiographers must uphold and enhance the good standing and reputation of the profession.

This broad statement refers to the wide variety of actions that may deem to amount to professional misconduct. Examples below provide an indication of incidents that may be brought to the attention of the professional body which will investigate and take action if necessary in relation to any of the following that affect fitness to practice: court convictions; disciplinary procedures by a statutory regulatory body; disciplinary proceedings by an

employer; personal conduct not conducive with professional activities/behaviour; abuse, bullying and harassment; working under the influence of any toxic substance, e.g. alcohol, drugs or prescribed medicines; ill health/disability.

Statement 8

Radiographers must act in such a manner as to justify public trust and confidence, upholding and serving both the public interests and the interests of patients.

In everyday practice some patients may perceive the radiographer as being in a position of power. This is due to the patient's vulnerable state, either through illness or degree of undress. The professional must at all times be conscious of this imbalance in power and actively take all necessary steps to avoid such a situation. It is also inevitable in imaging and treatment that close personal contact between the radiographer and the patient will occur. To ensure there is no misunderstanding or misinterpretation it is necessary that a full explanation of the examination/treatment be given to each patient. Failure to do so may lead to an allegation of assault or indecent assault. It may sometimes be necessary to invite a chaperone to observe that proper procedures are followed. Where possible this should be a second member of staff of the same gender as the patient. Professional loyalty cannot however override one's responsibility to ensure that unethical conduct and illegal professional activities are reported to an appropriate person and/or an appropriate authority.

Statement 9

Radiographers are legally responsible and accountable for the results of their professional actions caused by act, negligence, omission or injury.

Under the professional umbrella, individual radiographers practise within their own scope/field of practice.

Radiographers must co-operate with health and social care agencies and other public bodies to develop good practice in line with the prevailing human rights culture. Radiographers who are responsible as employers should ensure that all statutory and legal regulations are fully implemented and that all employees are treated equitably.

Statement 10

Radiographers must ensure that they pay due regard to the way in which they accept remuneration for their services.

This statement sets out the parameters to be observed by radiographers who provide independent professional services. The advertising should be professionally restrained, accurate, legal, decent, honest and truthful. Radiographers should not accept commission from third parties for recommending, when practising, the purchase of goods or services related to their professional status. Care should be taken to avoid making comparative claims and the appropriate use of qualifications on advertising should be considered.

LEGALLY YOURS

Surveys show sexual harassment is on the rise. OVER 65% of respondents of both sexes in a recent China Press survey admitted to have been sexually harassed in some form. The survey of 200 respondents showed that 54% had been victims of physical harassment while 27% had been verbally harassed. The respondents were aged between 20 and 50. Only 18% of them were willing to lodge any reports as they did not think it was a serious crime.

Sexual harassment can occur at any workplace so why not in hospitals even. It can take on many forms and involve different sets of people. It may involve staff member and public, between staff member and patient or even among staff members themselves. Whatever form it takes, it is a serious offence that violates a person's dignity. If it happened in our department one day how would we deal with it? Since prevention is better than cure, what are some measures we can take to better equip ourselves to avoid such situations?

As our population achieves higher levels of education and the general public becomes more and more well-informed and knowledgeable of hospital practices, we have to take extra precaution to ensure that the patients we deal with are managed properly. We must never take anyone for granted but always maintain the dignity of patients and enforce their basic human rights of privacy and disclosure.

We must all remember the fundamentals of chaperoning patients either male or female. Always be attentive to avoid unwanted circumstances. No matter what procedure is being carried out and no matter how simple it may seem or even how fast it will take we must never assume that we are always clear from all legal and moral boundaries. We must always protect ourselves from a situation that might arise and becomes a complaint of sexual harassment from patients or their family members.

DEVELOP SKILLS

As a professional in the healthcare system, irrespective of whether you are male or female, you have within your ability to prevent sexual harassment happening to you or involving you. There are some basic skills that we can acquire such as:

1. Good communication skills which will ensure that our actions and words will not be misunderstood or misinterpreted by others
2. Never entertain anyone's inappropriate propositions or suggestions
3. Be very proficient in your tasks

4. Avoid lone encounters with your patients in secluded areas (Even in the busiest and most understaffed department working in pairs and as a team according to department protocol will ensure no unwanted incident occurs)
5. Adhere to departmental procedure on work ethics
6. Respect and treat all patients in the same way
7. Don't ask for favours and don't expect any from your patients or their relatives
8. Mode of dressing and behaviour must always be official/businesslike manner to avoid negative attention
9. Avoid making personal remarks, even of complimentary nature unless it is related to work
10. Comply with your hospitals guidelines to prevent sexual harassment

BUT where do we draw the line from appropriate touching of the patient and going too far? What does the patient perceive as appropriate touching and what is going too far? Patients nowadays are more aware of their rights of access to their diagnosis and want to play an active part in determining their course of treatment and even the type of investigations that will be performed on them. Keeping this in mind we must always take the time to explain the procedure we are about to perform on a patient and get their consent. Then they will understand why we need to do certain things to them. Never assume that they know what is going to be done and just walk up to them and begin your work routine. Importantly, when we require patients to remove their clothing, we must always remember that they have the right to dignity as human beings and privacy to their personal space. A person's personal space is defined as the area approximately one foot in diameter around them. When you infringe on this personal space be sure that you ask for permission first so as not to offend them. Of course the situation can always be reversed and the staff member is the victim of sexual harassment from members of the public. However the same guidelines still apply and we can maintain integrity by always following a proper code of conduct.

BE AWARE OF THE LAW

In Malaysia, public awareness regarding sexual harassment in the workplace has been increasing, especially over the last few years and culminated in the Code which was issued by the Malaysian Ministry of Human Resources in September 1999. The Code was

(Con't next page)

the result of collaboration between many organisations, including the Malaysian Trade Union Congress (MTUC), and the Malaysian Employers' Federation (MEF) under the auspices of the Ministry of Human Resources (Kementerian Sumber Manusia).

Go to <http://www.mohr.gov.my/mygoveg/makluman/prevention.htm> to learn more of the

CODE OF PRACTICE ON THE PREVENTION AND ERADICATION OF SEXUAL HARASSMENT IN THE WORKPLACE.

For the purpose of this Code, sexual harassment means: *Any unwanted conduct of a sexual nature having the effect of verbal, non-verbal, visual, psychological or physical harassment: that might, on reasonable grounds, be perceived by the recipient as placing a condition of a sexual nature on her/his employment; or that might, on reasonable grounds, be perceived by the recipient as an offence or humiliation, or a threat to his/her well-being, but has no direct link to her/his employment.*

Before the Code, Malaysian employers did not have any formal guideline to look to for guidance. Most employers dealt with complaints of sexual harassment as part of the general range of disciplinary issues that commonly arise in the workplace. Some employers with better human resources experience, foresight and training had on their own initiative or following the practice of their international group of companies, implemented measures akin to the steps laid down in the Code, whereas most local employers neglected this problem in general.

In Malaysia, complainants of sexual harassment may seek legal redress in Industrial law (where the complaint of sexual harassment is connected to issues of employment) or tort. The alleged perpetrator may even be the subject of criminal prosecution under the Penal Code. Then in September 1999, the Code was introduced which laid down specific guidelines to eradicate sexual harassment in the workplace.

Therefore it is highly recommended that each hospital have a set of guidelines which include the following:

1. A hospital policy or statement prohibiting sexual harassment;
2. A clear definition of sexual harassment;
3. A separate complaint/grievance procedure for sexual harassment complaints;
4. Disciplinary rules and penalties against harasser/perpetrator or false complaints;
5. Protective safeguards and remedies for the victim; and
6. Promotional and educational programs.

Forms of sexual harassment

1. Verbal harassment (lewd words/remarks, questions, dirty jokes, sounds, etc.);
2. Non-verbal signs (staring, vulgar/suggestive signs, attempts at flirting directly or indirectly, etc.);
3. Visual harassment (obscene/pornographic materials, letters of sexual innuendoes, flashing/sexual exposure, etc.)
4. Mental/psychological harassment (lewd phone calls, repeated unwarranted invitations whether sexual in nature or not, repeated request for dates/socialising, repeated and unwarranted visits, etc); and
5. Physical harassment (brushing against the body, touching [with intention], fondling, hugging, molesting, etc).

It must be pointed out that any physical harassment can be interpreted and treated as sexual assault, which is a criminal offence committed by the perpetrator, carrying a jail term if convicted in a court of law.

The following organisations entertain complaints on sexual harassment at work:

1. Women's Aid Organisation (Pertubuhan Pertolongan Wanita) Tel. +60 3 7956 3488 Fax. +60 3 7956 3237
Email: wao@po.jaring.mymailto:wao@po.jaring.my
Website: <http://www.wao.org.my>
2. Malaysia Employers Federation (MEF)
3. Malaysian Trade Union Congress (MTUC)
4. Ministry of National Unity and Social Development
5. Women Affairs Department (HAWA)
6. National Population and Family Development Board
7. Public Services Department
8. Council of Occupational Safety and Health
9. All Women's Action Society (AWAM)
10. Ministry of Human Resources

As technology advances our diagnostic tools and treatment modalities it also provides an avenue for non-medical people to gain more insight into our world. Therefore always be prepared for any eventuality because we are always at the forefront of service to our patients and the community.

Any comments or views on the above matters are most welcomed. Please forward all your letters to the MSR Secretariat at ms_radiographer@yahoo.com. All letters will be published in the next issue.

Gina Gallyot
Editorial Board,
Malaysian Society of Radiographers



FANTASEE YOUR SUCCESS

Well-known writer Paul Hanna created a new word to describe the process of visualising where you want to go. 'FantaSEE'. This method of visualising your goals is especially easy for sports people have no problem with this principle. They know it works and they use it.

Kevin, who is a darts champion, said that when preparing for a championship, he goes to bed thinking only about the dartboard - and, in particular, the bull's-eye. As part of his mental rehearsal, he closes his eyes and imagines the bull's-eye - the end result - the board itself. By visualising this constantly, over and over again, Kevin ends up reinforcing the picture of an oversized bull's-eye in his mind. He thinks all the time about the bull's-eye, not about letting go of the dart. And that's how he became a champion.

During a recent tournament in Australia, Greg Norman was asked whether his putting had let him down. Without hesitation, the Shark said, it had nothing to do with his putting 'I just haven't been seeing the ball fall into the hole as clearly as I usually do'. In other words, in contrast with Kevin the darts champion, he wasn't focusing enough on the end result because he was spending too much time thinking about his swing.

If you don't focus on a very specific objective, chances are your potential will never really come to the surface.

When was the last time you walked into McDonald's and asked 'Can I have some food' sounds crazy, I know? Because the right way to order in McDonald's is to arrive at the counter, make a selection from the menu board, pay for it, and then enjoy your meal! What's the difference with life?

In life you must:

Be specific in your order. (Focus)

Pay for it. (Hard work and determination)

Then enjoy. (The rewards)

So for starters, you must always set a deadline for your tasks. You're kidding yourself if you don't put a deadline on your dreams. Because without a deadline, that's what they will remain dreams.

Let's have a look at what happens when you put a deadline on a dream. Say you have always wanted to visit Australia's fantastic Great Barrier Reef. You have read about it since you were seven, and now it's time to see it in person. All the visualisation techniques and colour brochures will be a waste of time if you don't commit with a deadline departure date.

One of the first lessons in goal-setting is that when we are clearly focused, we start to see how to achieve our goals. As soon as you decide that you are departing on a Qantas flight at 2.30 p.m. on Saturday afternoon, 26 August, guess what happens? From now on, everything and anything to do with

the Great Barrier Reef will start to show it self to you.

The goal comes first and then you see how to achieve it.

So you have to imagine you have a brother living on Ferringhi Beach in Penang. He has been asking you to visit for years, but you always give him the reply 'One day I'll get there'.

Then imagine that a phone call comes through. It's your sister-in-law from Penang, ringing to tell you that your brother has just been involved in a head-on collision and the doctors' think he might not make it through the night.

Let's have a look at what happens when you know you have to get to Penang immediately. Suddenly, the reservation numbers become essential information. What happens next? You ring Directory Assistance to get the numbers, then you ring the airlines to find out their schedules and prices. Then you proceed to do all the other needful stuff to prepare for this journey.

Can you see now what happens when you decide to put a deadline on a goal? Everything you need to get to the goal suddenly becomes essential information, and you allow it to come into your awareness.

As the New Year dawns on us let endeavour to visualise our goals and most of all achieve them by setting a deadline for our dream to materialize.

////////////////////////////////////

RAGE!

These days' getting angry is all the rage!

We've got road rage, air rage, phone rage, supermarket rage ...Here's what's interesting about rage. It's usually not what happens to us that makes us angry. It's when we expect one thing to happen - but something else happens.

EXAMPLE:

You are driving on the highway and you decide to change lanes. You EXPECT the guy in the next lane to make room for you - but he doesn't! You EXPECT him to be considerate - but he isn't. So you get mad. The problem here is not the other driver. It is your expectation that he should be nice! Expectation sets us up for disappointment

and anger. Most people in the world won't think like you and your plans will often go wrong. So the least expectations you have about the world - and even the weather - the better life gets!

Three more tips for keeping your cool:

1. HUMILITY HELPS!

Angry people tend to believe that:

- a) they are more important than everyone else, and
- b) that they are always right. And when they don't get what they want, they get angry! Relax a little. Allow for others to sometimes get what they want.

2. DECIDE WHAT IS REALLY IMPORTANT

Rank events in your life, say, on a scale from

one to ten. You might rank having enough food to eat at 9 out of 10. You might rank having a job at 7 out of 10, idiot drivers at 2 out of 10, and slow elevators at zero. When you have things in perspective, you don't get upset over details.

3. ACCEPT WHAT IS

Angry people love to argue with reality!

They say things like, "It shouldn't be raining!" or "Thieves shouldn't steal!" It is a waste of energy.

When you argue with reality, reality wins!

IN A NUTSHELL

There are six and a half billion other people on planet earth. For them to sometimes get what they want, we sometimes need to go without.

MANAGEMENT STORIES

STORY 1

It's a fine sunny day in the forest and a lion is sitting outside his cave, lying lazily in the sun. Along comes a fox, out on a walk.

Fox: "Do you know the time, because my watch is broken"

Lion: "Oh, I can easily fix the watch for you"

Fox: "Hmm... But it's a very complicated mechanism, and your big claws will only destroy it even more"

Lion: "Oh no, give it to me, and it will be fixed"

Fox: "That's ridiculous! Any fool knows that lazy lions with great claws cannot fix complicated watches"

Lion: "Sure they do, give it to me and it will be fixed"

The lion disappears into his cave, and after a while he comes back with the watch, which is running perfectly. The fox is impressed, and the lion continues to lie lazily in the sun, looking very pleased with himself.

Soon a wolf comes along and stops to watch the lazy lion in the sun.

Wolf: "Can I come and watch TV tonight with you, because mine is broken"

Lion: "Oh, I can easily fix your TV for you"

Wolf: "You don't expect me to believe such rubbish, do you? There is no way that a lazy lion with big claws can fix a complicated TV"

Lion: "No problem. Do you want to try it?"

The lion goes into his cave, and after a while comes back with a perfectly fixed TV. The wolf goes away happily and amazed.

Scene: Inside the lion's cave. In one corner are half a dozen small and intelligent looking rabbits that are busily doing very complicated work with very detailed instruments. In the other corner lies a huge lion looking very pleased with himself.

Moral:

IF YOU WANT TO KNOW WHY A MANAGER IS FAMOUS;
LOOK AT THE WORK OF HIS SUBORDINATES.

Management Lesson

In the context of the working world:

IF YOU WANT TO KNOW WHY SOMEONE UNDESERVED IS
PROMOTED; LOOK AT THE WORK OF HIS SUBORDINATES.,
because

STORY 2

It's a fine sunny day in the forest and a rabbit is sitting outside his burrow, tippy-tapping on his typewriter. Along comes a fox, out for a walk.

Fox: "What are you working on?"

Rabbit: "My thesis."

Fox: "Hmm... What is it about?"

Rabbit: "Oh, I'm writing about how rabbits eat foxes."

Fox: "That's ridiculous! Any fool knows that rabbits don't eat foxes!"

Rabbit: "Come with me and I'll show you!"

They both disappear into the rabbit's burrow. After few minutes, gnawing on a fox bone, the rabbit returns to his typewriter and resumes typing.

Soon a wolf comes along and stops to watch the hardworking rabbit.

Wolf: "What's that you are writing?"

Rabbit: "I'm doing a thesis on how rabbits eat wolves."

Wolf: "you don't expect to get such rubbish published, do you?"

Rabbit: "No problem. Do you want to see why?"

The rabbit and the wolf go into the burrow and again the rabbit returns by himself, after a few minutes, and goes back to typing.

Finally a bear comes along and asks, "What are you doing?"

Rabbit: "I'm doing a thesis on how rabbits eat bears."

Bear: "Well that's absurd! "

Rabbit: "Come into my home and I'll show you"

Scene: As they enter the burrow, the rabbit introduces the bear to the lion.

Moral:

IT DOESN'T MATTER HOW SILLY YOUR THESIS TOPIC IS;
WHAT MATTERS IS WHOM YOU HAVE AS A SUPERVISOR.

Management Lesson

In the context of the working world:

IT DOESN'T MATTER HOW BAD YOUR PERFORMANCE IS; WHAT
MATTERS IS WHETHER YOUR BOSS LIKES YOU OR NOT.

LIFE'S CHALLENGES MAKE US STRONGER - A BUTTERFLY

A man found a cocoon for a butterfly. One day a small opening appeared, he sat and watched the butterfly for several hours as it struggled to force its body through the little hole. Then it seemed to stop making any progress. It appeared as if it had gone as far as it could and could go no farther. Then the man decided to help the butterfly. He took a pair of scissors and snipped the remaining bit of the cocoon.

The butterfly then emerged easily. But something was strange. The butterfly had a swollen body and shriveled wings! The man continued to watch the butterfly because he expected that at any moment, the wings would enlarge and expand to be able to support the body, which would contract in time.

Unfortunately this did not happen.

In his haste to speed things up the man did not allow the butterfly to emerge naturally. The process that the caterpillar has to go through in order to emerge as a butterfly involves pushing its way slowly out of its cocoon. Although it may seem a long enduring and somewhat painful one but it is a necessary process. When the caterpillar is forcing itself through the cocoon it also squeezes out all the extra fluid from its swollen body. This makes its body shrink in proportion to its wings span. Therefore when it finally comes out of the cocoon it will be at the right size to fly.

When the helpful but over zealous nature enthusiast decided to give the caterpillar a helping hand he interrupted

the course of nature and the poor little butterfly suffered the consequences. It could not become the beautiful butterfly we see flitting from flower to flower, but forever remained a sad swollen bug.

The same I guess applies to us in real life. Sometimes we need to go through long and painful procedures in order to experience something wonderful at the end. We must have the patience and perseverance to believe that the end result will be far better if only we allowed it to develop naturally and not jump ahead of protocol.

It may seem especially difficult in this age of speed and technology but this story should make us stop and re-think some things in life where we can make some adjustments and just slow down.



IMAGE BUILDING FOR RADIOGRAPHER'S

25-26 February 2006

The Mines Beach Resort & Spa

MINES Resort City, Jalan Dulang, 43300 Seri Kembangan,
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E-mail : sales@mbr.mines.com.my Website: <http://www.mbr.com.my>

REGISTRATION FORM

Please print clearly, completing all the blanks.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Family Name:_____ Middle Name:_____ First Name:_____

Organisation:_____ Position:_____

Address:_____

City:_____ State/Province:_____ Postal Code:_____ Country:_____

Tel:_____ Fax:_____ Email:_____

REGISTRATION FEE

Study Day: RM 130.00

Dinner: RM 120.00

Study Day + Dinner: RM 200.00

No on site registration

METHODS OF PAYMENT

☐ Bank draft/cheque in Ringgit Malaysia made payable to "Malaysian Society of Radiographers"

☐ Bank Draft/Cheque Number:

CANCELLATION AND REFUND

- 1) Notice of cancellation must be received on or before **15th February 2006** by e-mail, fax or regular mail. There will be no refund for notice of cancellation received after **15th February 2006**.
- 2) The Organiser reserves the right to alter the content and timing of the programme for reasons beyond its control.
- 3) Registration with full payment only will be accepted.

For registration :

MSR Secretariat, c/o Department of Diagnostic Imaging, Kuala Lumpur Hospital, 50586 Kuala Lumpur.
Tel: 603-26155934, 603-79502037. Fax: 603-26984035. Email: ms_radiographer@yahoo.com

Promotional Room Package



Room Category	Published Rate Per room night	Promotional Room Package Per room night	
		(Single/Double)	
Standard / Superior / Deluxe	RM460.00++ / RM500.00++ / RM540.00++	RM280.00++	From 1 October till 28 February 2006
			RM250.00++
Chalet	RM800.00++	RM360.00++	RM330.00++

Package includes:

- Accommodation on single or twin-share basis
- Room rate includes breakfast at Abdul & Charlie's Restaurant
- Daily local newspaper
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- Complimentary usage of fitness center at the Palace of the Golden Horses
- Complimentary parking

Terms & Conditions:

- Package is valid till 31 March 2006
- Package rate is applicable for FIT bookings only
- Space is on-request and subject to availability
- Rate is subject to change without prior notice
- Package rate is subject to 10% service charge and 5% government tax.



Front Lobby

For reservations, kindly contact Reservation Dept. at 603-8943 6688 or fax 603-8943 5555, email: resmbr@mbr.mines.com.my

Location

The resort is strategically situated just 20 minutes drive from the city of Kuala Lumpur and is within close proximity of the new Kuala Lumpur International Airport at Sepang, the Administrative Capital of Malaysia in Putra Jaya, the National Sports Complex, Commonwealth Games Village at Bukit Jalil as well as the Selangor Turf Club.

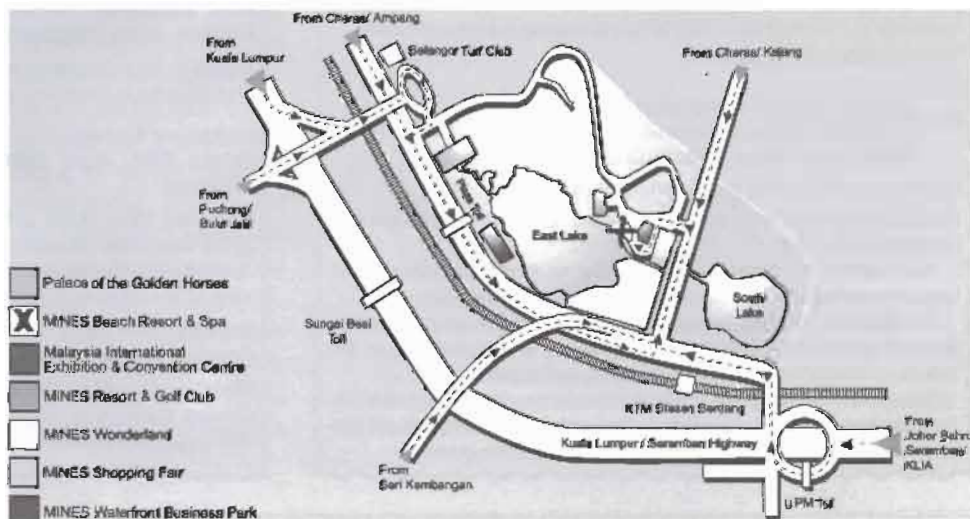
Dubbed as one of the 'Seven Wonders' of the Mines Resort City, the resort also has the Mines Shopping Fair and Mines Wonderland, a premier night park within walking distance from the hotel.

Location Map

For More Information,
Please Contact Us:

The Mines Beach Resort & Spa
MINES Resort City, Jalan Dufang,
43300 Seri Kembangan,
Selangor Darul Ehsan, Malaysia.

Tel: 603 8943 6688
Fax: 603 8943 5555
E-mail : sales@mbr.mines.com.my
Website: <http://www.mbr.com.my>
Toll-Free Reservations :
Malaysia: 1-800-88-6018
Singapore: 800-601-1106



FOR YOUR ATTENTION

Listed below are some files that have been recently uploaded.
PERKHIDMATAM JURU X-RAY
http://groups.yahoo.com/group/ms_radiographers/files/PerkhidmatanJuruXray.ppt
KODAK WORLD RADIOGRAPHY DAY POSTER
http://groups.yahoo.com/group/ms_radiographers/files/WRD8Nov05_MSR.pdf
WHY BE A RADIOGRAPHER?
http://groups.yahoo.com/group/ms_radiographers/files/rad_recruit_MSR.pdf

RADIOGRAPHY (2005): Image quality preference among radiographers and radiologist- A conjoint analysis
http://groups.yahoo.com/group/ms_radiographers/files/sdarticle.pdf

Other websites which should be of interest are as follows:

<http://www.radiographycareers.co.uk>
<http://www.sor.org/>
<http://www.isrrt.org/>
<http://www.ssr.org.sg/>

To learn more about file sharing for your group, please visit:
<http://help.yahoo.com/help/us/groups/files>

World Radiography Day 2005 Poster Design Contest

In an effort to project a professional image and reputable body in the Health Care Team, the Malaysian Society of Radiographers organized a design poster competition. This competition was held in commemoration of World Radiography Day that is celebrated by radiographers all over the world every year on the 8th of November. The poster would reflect the vision, agenda, missions and principles of the roles of radiography and/or radiotherapy in medicine. Participants from radiography students from any college or university in Malaysia were invited to submit their designs that would reflect all the above aspects of our profession and at the same time portray our Malaysian identity too. The closing date of the competition was the 14th of October 2005.

WINNER

Name: KAMARUL AMIN BIN ABDULLAH @ ABU BAKAR
Medical Imaging Program, Faculty of Health Sciences
UiTM Jalan Othman, Petaling Jaya Selangor

View the poster at:

http://groups.yahoo.com/group/ms_radiographers/files/w_radiography_poster4.pdf

COMMENTS AND FEEDBACK FOR THE NEWSLETTER

We hope that you find this newsletter helpful and would appreciate member's comments and feedback so we may be able to improve and serve you better.

You may contact us through post at:

The Editor
Malaysian Society of Radiographers
c/o Jabatan Pengimejan Diagnostik
Hospital Kuala Lumpur, 50586 Kuala Lumpur

Or through email at rachel_santa_maria@yahoo.com

Please include your full name and contact number (and a pseudonym if you wish to remain anonymous).

Those wishing to advertise in this newsletter on events, vacancies or other happenings relevant to the profession may also write in to the editor.

The Malaysian Society of Radiographers manages a yahoo group site online. Members who wish to join this group are requested to visit your group on the web at: http://groups.yahoo.com/group/ms_radiographers/

You will have to register and sign in as a member to activate links to this site. Once you have logged on you will find easy access to other members and also be able to view instant information sent out to the rest of the group.

RASCO 2006 Conference

You are hereby invited to the **RASCO 2006 Conference** on scaling professional heights themed:

Broadening the Radiography Spectrum.

The event will be held at **SUN n SAND BEACH RESORT** on the outskirts of Mombasa, Kenya from 29th April to 1st May 2006.

Call for Abstracts:

You are invited to submit abstracts for consideration and inclusion in the academic programme. The deadline for submission of abstracts is 15th February 2006. Please follow the guidelines below for preparation of abstracts. The official language conference will be English. Topics include Pattern Recognition & Image Analysis, PACS, Medical Imaging (U/S, MRI, CT, Plain Film & Specialised Procedures, Mammography, Forensic, Dental, Laser, paediatric), Radiation Protection, Interventional, Radiotherapy & Oncology (Treatment & Planning: 2D & 3D, Conformal, virtual simulation, inverse planning, IMRT, Tomotherapy, Hydrotherapy), Nuclear Medicine, Education & Training (Research & CPD), Proffered Papers.

Please submit your abstract electronically to kenyaradiographers@yahoo.com

Or post to Conference Secretariat, PO BOX 30401, GPO 00100 NAIROBI, KENYA. Acknowledgement of receipt will be sent to the corresponding author.

Typing instructions:

- Abstracts must be prepared as a Microsoft Word document
- The title must be centred in capital letters at top of page, using Arial 14, bold
- Authors must be listed by surname, followed by initials, Arial 12, left aligned.
- Underline presenting author
- On next line, list the institution or affiliation of authors, Arial 12, left aligned
- Type body of the abstract in single space, Arial 10, left aligned
- Abstract should not exceed 300 words, including title and authors
- Do not include any subtitles, tables or graphs

Registration

The deadline for the submission of registration forms is 31st January 2006. Please submit your registration form electronically or mail to the conference Secretariat. For Early Registration refer to the **Registration Form** attached. Any payment made after 28th February 2006 shall attract an administrative fee of USD 15 (KES 1000). Registration includes Conference bag, Materials, Buffet Lunch, bottled water and teas/snacks.

Official Accommodation

AT SUN n SAND (5-Star Hotel). These rates are only applicable if you book through the Conference Secretariat.

Enquiries

Please contact the Conference Secretariat, P.O BOX 30401, GPO 00100, NAIROBI, and KENYA.

Mail: kenyaradiographers@yahoo.com / info@radiography.or.ke

Website: www.radiography.or.ke

Deadline for submission of Abstracts: **15th February 2006**

Deadline for submission of Registration Fee: **28th February 2006**

Preliminary Programme

Friday 28th, April 2006 in the evening: Arrival of RASCO delegates

Saturday 29th, April 2006: Registration and opening of RASCO 2006 congress. Academic Program/Oral Presentations, Posters/ Technical Exhibition, Congress Dinner at FAHARI with a breathtaking view of the Ocean.

Sunday, 30th April 2006 Academic program/Oral presentations, Special Excursion Tours.

Monday 1st, May 2006 Academic program/Oral Presentations, Closing Ceremony (Key note speeches) Post Congress activities and Departure of delegates.



GABUNGAN PERSATUAN-PERSATUAN SAINS DAN TEKNOLOGI MALAYSIA CONFEDERATION OF SCIENTIFIC AND TECHNOLOGICAL ASSOCIATIONS IN MALAYSIA (COSTAM)

Inaugurated on 26 June 1980 and registered under the Societies Act 1966 (Reg. No. 3489/83 Selangor) on 8 December 1983 for the Advancement and promotion of science and technology in Malaysia

BACKGROUND OF COSTAM

The Confederation of Scientific and Technological Associations in Malaysia (COSTAM) is the national umbrella organisation of more than thirty-two professional, scientific and technological organisations. The Malaysian Society of Radiographers is a member of COSTAM and sits on the COSTAM Council for 2005/06. COSTAM was inaugurated on June 20th 1980 and registered under the Societies Act 1966 on December 8, 1983. It is represented in the National Council for Scientific Research and Development (MPKSN), and holds an annual dialogue with the Minister of Science, Technology and the Environment who is also the Patron of COSTAM. COSTAM has also established the Diners-COSTAM Science and Technology Promotion Fund and Nobel Laureate Foundation.

Objectives

1. To bring together the resources of member associations for the advancement of science and technology.
2. To facilitate the cooperation between and provide a common forum for member associations.
3. To promote the effective utilization of science and technology for human welfare and national development, in a manner consonant with the conservation of nature and natural resources.
4. To increase public understanding and appreciation of science and technology for human progress.
5. To consolidate, formulate and declare the opinion of scientists and technologists on issues of national importance.
6. To encourage and maintain relations between Malaysia and international scientific and technological bodies.

Activities

- Organising scientific and technological conferences, seminars and workshops on issues of national and international interest-including the Malaysian Science and Technology Congress (MSTC) annually and the UNESCO-COSTAM-SFRR Workshop every 3 years.
- Promoting public understanding and appreciation of science and technology.
- Publishing jointly with the Ministry of Science, Technology and the Environment, a popular science and technology magazine entitled Science and Technology Malaysia or STM.
- Organising the Annual COSTAM Public Lecture which is usually delivered by a prominent person in the government/scientific community.
- Providing a forum for Malaysian researchers, scientists and technologist to network and collaborate.

Contact:

COSTAM Secretariat

Damansara Intan, C-3A-10 (4th Floor), Block C, No.1, Jalan SS 20/27, 47400, Petaling Jaya, Selangor,

General enquiries: +603 7118 2062

Fax: +603 7118 2063

E-mail secretariate@costam.org.my

RASCO 2006 Conference 29th April – 1st May 2006 MOMBASA KENYA

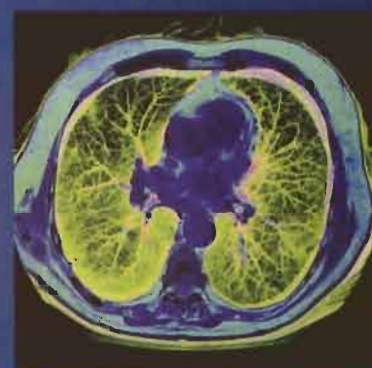
CONFERENCE OPTIONS	PRICE
Mandatory Registration Fee:	USD 130
Option 1: Full Registration Package With Full Board Accommodation At SUN n SAND (3 Nights & 4 Days)	USD 320 (SINGLE) USD 300 (P P SHARING)
Option 2: Full Registration Package, Including Transport From Other Approved Conference Accommodation To SUN N SAND	USD 190 PER PERSON
Option 3: Registration Package Per Day, Including Teas & Lunch, and Transport From Other Approved Conference Accommodation To SUN n SAND	USD 70 PER PERSON
Option 4: Registration Package Per Day Including Teas & Lunch Without Transport To SUN n SAND	USD 50 PER PERSON
Option 5: Dinner At FAHARI For Accompanying Persons	USD 30 PER PERSON



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References: (1) J. Petersein, C. R. Peters, M. Wolf, B. Hamm. *Eur Radiol* (2003) 13:2006-2011.

(2) H Kolehmainen M Soiva "Comparison of Xenetix 300 and Visipaque 320 in patients with renal failure" *ESUR* 2003 vol 13 n.8 p.B32 n.P27.

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