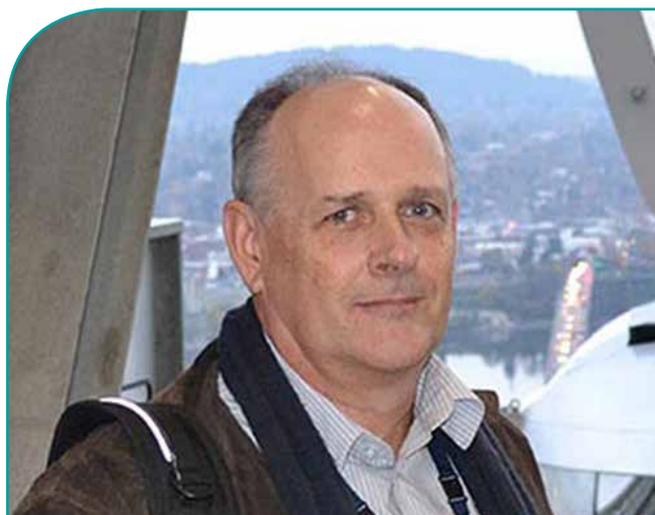


# The Cloud 2015 Invited Speaker: Michael Fuller

**Michael Fuller, Radiography Clinical Educator at Flinders Medical Centre, South Australia (SA), is an Invited Speaker at the 2015 NZIMRT-AIR Scientific Meeting being held in Wellington, New Zealand, from 24-26 July 2015.**

With a Meeting theme of “The Cloud: Shaping our Future”, Michael will give two presentations: “The New Radiography: Coming out from Behind the Cloud”, in which he will characterise the evolution of the profession into a ‘progressive and optimistic’ field; and a further talk titled “How Can Radiographers Mitigate Diagnostic Errors in the Emergency Department?”



**Can you please share with us a brief outline of your professional background?**

I graduated from Sturt College of Advanced Education (SA) with an Associate Diploma in Diagnostic Radiography in 1981 and subsequently completed a Bachelor of Health Administration from the University of New South Wales in 1990. My first radiography appointment following graduation was at Northwick Park Hospital in London. I was awarded the AIR International Travel Scholarship in 2011 which allowed me to gain further perspectives on the state of radiography in Australia by contrasting radiography in Australia with radiography in the USA.

My current role is a combination of clinical work and student clinical education both at Flinders Medical Centre in Adelaide, as well as frequent student-visiting at other public hospitals in South Australia. My professional interests include image interpretation, trauma radiography, and radiography education.

**We are delighted to have you as an Invited Speaker at The Cloud 2015 – what has motivated you to participate in this Meeting?**

I have a positive view about the future of radiography and want to explain the basis of my optimism. I consider clinical radiography to be progressively catching up with the academic degree required to enter the field. I would summarise the change in my work role with a simple aphorism- I image *pathology* rather than *anatomy*. The apparent subtlety of that change belies the impact that it has had on my professional role.

**Your keynote presentation will consider the changing nature of the radiography profession – please explain more for our readers.**

The radiography I practice now is not the same as it was in 1982 - I still hold the same professional title but the work role has changed. I am experiencing high levels of integration, camaraderie, and cooperative endeavour with other health professionals. The professional cringe which was once reflected in that awful phrase “... *I’m just the radiographer*” is rarely heard now in my workplace (except perhaps with tongue planted firmly in cheek).

The evidence of professional change in Australia is also reflected in the passage of recent federal legislation protecting the title “Radiographer” and the first official recognition by the Australian Institute of Radiography of Advanced Practitioners in the fields of radiography and radiation therapy. The establishment of a requirement for continuing professional development for both AIR membership and government registration also provides evidence of a changing profession.

**How important is it for members of the clinical team to be confident in their professional role and in their interprofessional communication?**

If you want to be accepted into the clinical team and engage cooperatively and meaningfully with the other health professionals you must have something to offer the team. If radiographers have specialist knowledge that is recognised and valued by the clinical team they will be integrated into the clinical team by osmosis - it is an inevitable organic process. Professional confidence, a research base, relevant skills and knowledge, and

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confidence in communication are the building blocks upon which radiographers make their case for acceptance into the clinical team. Your perceived self-worth and professional job-satisfaction will be enhanced considerably when offering a radiographic service to the clinical team from the *inside* rather than from the *outside*.

### What steps can radiographers take on an individual level to keep up with cultural and professional shifts?

Professional education and communication are critical. Radiographers need to possess relevant and valued knowledge and they need the confidence to communicate that knowledge when it is most needed. Acquiring knowledge is the easier task - there are now numerous post-graduate courses in a variety of areas of interest for radiographers and radiation therapists. Education and communication are closely linked - you cannot communicate confidently and effectively if you do not speak the professional language of the other members of the clinical team.

Improving professional communication skills may be the more difficult challenge for some. There is much to be said for developing communication, knowledge, perspectives and other relevant skills through engagement in the AIR state branch committees and AIR national boards and advisory panels.

### Your second presentation will consider the importance of 'patient-focused' clinical thinking – please explain more for our readers.

In the past there has been a tendency towards *goal displacement* in radiography. I am referring to a conception of the radiographer's role as one of producing images in a manner that emphasises the image as the only goal (this is another way of looking at the proverbial *button pusher* radiographer). The focus in radiography has shifted from simply producing images, towards producing images that answer the clinical question. You may still be producing essentially the same images but another dimension is present - your imaging techniques,

supplementary projections, self-imposed imaging standards, and professional communications will be influenced by the potential benefit to the patient. This places the patient at the centre of your efforts and provides you with your entry ticket into the clinical team.

### How would you characterise the future of the medical radiation science profession?

My perception is that we are heading in the right direction, but the progress to paradigm change is inevitably slower than we would like and the path is bumpy. There is anecdotal evidence that the divide between radiographers and radiologists is narrowing as our professional goals converge. I saw supporting evidence of this at a recent conference when several radiologist speakers independently implored the largely radiographic audience to “... *speak up and communicate with the radiologists when you see something abnormal on your imaging*”. I interpret this repeated plea as evidence of alignment of professional roles and goals.

### Are there any issues relating to cultural and technological advances that you think are of particular concern?

One of the difficulties that I perceive now and into the future is that radiography students are engaged in critical thinking during the course of their studies but may be mentored on clinical placement by radiographers who were originally educated at a level that did not require or encourage critical thinking. Students on clinical placement will find some radiographers who share their desire for critical thinking and professional engagement and others whose professional views are somewhat unchanged and anachronistic. There is potential for *professional culture conflict*.

Technological advances have been a double-edged sword for radiographers. It is arguably easier now to produce high quality diagnostic images in a digital imaging environment - this is particularly true for plain film radiography. This has allowed radiographers the luxury to refocus on the *clinical* rather than the *technical* aspects of radiography.

We need to continue the conversation about where we have been, where we are going, and how we will get there. It is in our professional interest to continue to engage in open and frequent dialogue amongst ourselves and with other stakeholders.

Michael Fuller is Radiography Clinical Educator at Flinders Medical Centre, South Australia