



SCTA ANNUAL MEETING

May 2, 2015
Saskatoon, SK

The meeting was called to order on May 2nd at 1340hours by the SCTA secretary Lynn Zinger. The SCTA President Nola Pierlot was unable to attend today's AGM. At an Executive meeting in April Lynn Zinger was appointed act as chair of this meeting. The minutes of the last annual meeting were emailed to each member and per decision at our 2014 AGM minutes will not be read aloud and members were encourage to read and send correction to the secretary prior to the meeting. Lynn Zinger stated there was one motion with incorrect name this error has been corrected. There were no other errors or omission.

MOTION: Lynn Zinger made a motion to accept the minutes as corrected. Seconded by Doreen Schneider. CARRIED.

It was noted that there will be 1 motion to accept all reports.

President's Report: It has been a busy and exciting year with a few new changes which will be covered in other reports today. Since the 50th Anniversary we have had students write their exams and congratulations to all for passing. The Bylaws are ready to be presented and the Student Handbook has been compiled. Thank you to everyone who was involved, it is nice to have these done in time for the AGM. Val Deichert and I attended the Multidiagnostic Advisory Committee meeting at the Saskatchewan Polytechnic Saskatoon Campus in December. We wanted to let the other program advisors know that we have some concerns with the Med Lab and Med Rad techs doing ECGS without any clinical training or interpretation skills. We told they were not the ones to talk to. SCTA will be looking into this further in the future. At this time as I will not be running again for President I would like to say that it has been a privilege to work with this Executive. They all have worked very hard for the good of the Association, thank you all so much.

Submitted by Nola Pierlot

Registrar's Report: SCTA will have a new website soon and in an effort to go green our annual professional dues notice will be emailed and more info on our website. We plan to have online registration and payment. Notice will go out in Facts and Artifacts and a separate notice again before December 31st.

94	Active Members
12	Inactive Members
1	CSCT Life Member
9	Students
116	Total Members

Submitted by Carla Regush

Treasurer's Report: Val Deichert resigned as SCTA Treasurer earlier this year and at an Executive meeting Patti Budnick was appoint as Treasurer until the election today. Patti Budnick presented the report. Total revenue for 2014 was \$21964.40. Total expenses for

the year 2014 was \$26705.54. At complete breakdown of assets and expenditures was present for members on screen. There were no question or concerns.

MOTION: Elisa Sunholm that a annual review all assets and expenditures be audited by SCTA members Shelly Brick and Susan Marquis no later than Jan 31, 2016. Seconded by Lisa Brewer. CARRIED.

Educational Report: 2014 was a busy and exciting year for education in our province. The CSCT national exam was challenged by four students in April and six students in September. I am happy to report that all of the students in were successful. One of the students, Shelly Brick from Stenberg College was runner up for the student of the year. We are very proud of Shelly and pleased that she has joined the cardiology technologist team in Saskatoon. In October I attended the Canadian Cardiovascular Congress in Vancouver. The CSCT had a joint meeting for the PEC's to and a meeting with the CSCT college program representatives. At the meetings more details were given regarding Yardstick. CSCT has hired Yardstick to deliver our for exams, perform psychometric evaluation of the exam bank questions and revised exam based on NOCP exam blueprint. This may include a new pass mark (presently 65%). SCTA will need to work with the programs and ensure students are informed of changes and new processes which will include online registration in the near future. CSCT is hoping to have pilot project with Yardstick in September 2015.

Acting as the provincial education coordinator has been such a fun, exciting and fulfilling position, I have enjoyed my two year term. Being on the board of the SCTA has made me feel connected to the CSCT and my provincial association, the SCTA. However at this point my family life has become very demanding and fitting in the time that is required as the PEC has become difficult. During my term I have had a great deal of help from one of my coworkers especially Samantha Litvenenko. Samantha has helped me with emails for the students and all other correspondence, as well as with the education days and has sat in with me proctoring all the exams. I would like to recommend Samantha for the position of provincial education coordinator. She is ambitious, knowledgeable and very personable for all the students to have interactions with. Thank you to all the members that voted me into my position in 2013. I have thoroughly enjoyed my time on the board and look forward to continuing to promote our profession.

Submitted by Tami Forrest

Director's Report: Good Afternoon, it is great to see everyone here today. I would like to start off by thanking Patty, Samantha, and Tracy for the great job organizing our today's education sessions and AGM. This October, at the CSCT AGM in Vancouver the updated bylaws were voted on and approved by the membership. The changes to the CSCT bylaws were require and needed to be completed by the end of 2014 to stay in compliance with the new Non-Profit Act, which was passed by the Federal Government in October 2011. The new bylaws are posted on the CSCT website, www.csct.ca. I am excited to announce as the Chair of the CSCT website committee that our NEW CSCT website has gone live this April 30. We are also in the final stages for completely the new SCTA website and it will go live June 1. The CSCT gifted a website to Saskatchewan and 5 other provinces. Our new websites will allow members to renew and pay for membership dues online, check your membership status, register for events such as our AGM and the CSCTs AGM. The website will allow you to stay up to date with everything happening in and around

our province and with the CSCT. In the near future exam candidates will be able to register and pay for the CSCT certification exam online. Within the back end of the website, there is a database that is synced with the main CSCT database, this will allow all the provincial registrar's and the CSCT registrar to keep all members information in one secure location and up to date.
Submitted by Crystal Shendaruk

Northern Education Fund Report: As of January 2015 our Northern Education fund has a balance of \$5,022.18. This is a change from the January 2014 balance of \$5,710.59. All deposits in to this account in 2014 came from the technologists who teach the Medical Office Assistant program at McKay Career Training. The withdrawals from this account went to conference reimbursements, MOA instructor teaching costs, the 2014 AGM and 50th Anniversary, and Cardiology Technologists Day.
Submitted by Tracy Barlage

Southern Education Fund Report: As of March 31, 2015, the account balance is \$2,148.97. Throughout the last year, I have been able to fund many Cardiology Technologists to a variety of conferences including: One individual to the 2014 SCTA AGM in Saskatoon, one individual to the Emergency Medical Practitioners Development Conference in Moose Jaw and two individuals to the 2015 CCC in Vancouver, BC. From the feedback I have received from these individuals the funds have been very beneficial. This spring I am planning a fund raising effort in Regina with details to be determined.
Submitted by Kristin Sali.

Bylaw Report: With the new Federal Non Profit Act that went into effect the CSCT had to change their Bylaws. To minimize any contradictions between the CSCT and SCTA Bylaws the SCTA Bylaws were completely revamped. The SCTA must follow guidelines set out by the Saskatchewan Non Profit Act. Changes were made by incorporating both Federal and Saskatchewan Non Profit rules to minimize conflict between the SCTA and CSCT. Bylaws are an ongoing project and need to be updated as the changes come forth within the SCTA and/or the Non Profit Act. Thank you to Lynn Zinger and the rest of the executive for helping me with this project.
Presented by Michele Reynolds

MOTION: Robin Dobko made a motion to accept all reports as read. Seconded by Jackie Goodtrack. CARRIED.

MOTION: Sandy Maximuk made a motion to accept the SCTA Bylaws as presented. Seconded by Naomi Caoway. CARRIED.

OLD BUSINESS

CEU's Report: The current CEU triennium is from Jan 2014 to Dec 2016. All members must obtain 30 CEU's per triennium this includes Active members who work part-time or casual and Inactive members.

Members are encouraged to send in their CEU documentation in on an annual basis. Submissions can be made at anytime during the three year triennium. The CEU coordinator will confirm and notify each member of their credits obtained until the member's requirements are met.

CEU submission forms can be printed from our website www.scta.ca

The future plans also include being able to submit CEU online. At the present time please send all CEU material to the following address:

Carla Regush
128-901 4th Street South
Martensville, SK
S0K 2T1

SCTA Student Hand Guide - Patti Budnick was the chair and she thanked her fellow committee members especially Tracy Balarge who did the design and added the information. All SCTA members were emailed the document prior to the meeting and it was presented on screen. Any member who have inquires from potential/present students about our profession were urged to direct them to this information on our website.

Multidiagnostic Report: At the April meeting it was reported there will be shortage of CXLT's and MRT's provincially, in both the city hospitals and the rural areas.

The number of applicants for the MRT program is very high therefore Saskatchewan Polytechnic may change to a high demand admission, which means the first to register with all the pre-requisites will be enrolled in the course. Several committee members disagreed with this process because not everyone has the aptitude to work in the health care industry.

The Mentorship Conference has been postponed until 2017.

Saskatchewan Polytechnic now has a preceptor preparation course. It is free to take and is online. If anyone would like more information they can contact

catherine.baerg@saskpolytech.ca

The next meeting will be October 21, 2015

Submitted by Jackie Goodtrack

NEW BUSINESS

As there were no other candidates the following members were elected by acclamation.

SCTA Executive Elections 2015-2017:

President:	Lynn Zinger
Vice President:	Susan Marquis
Director:	Crystal Shendaruk
Educational Coordinator:	Sam Litvenenko
Treasurer:	Patty Budnick
Secretary:	Sarah Muyres
Registrar:	Carla Regush
CEU Coordinator:	Jackie Goodtrack

CSCT/ SCTA Revised Website: Crystal Shendaruk presented the new CSCT website was activated as of May 1, 2015 and the SCTA to be ready to go as of June 1, 2015. We will be able to pay our annual membership dues online.

CSCT exam changes in delivery: It was discussed Yardstick, an examination company, would take over the national CSCT exam with a few pilot test sites in other provinces this September and a fully functional test site for April 2016. The new test will operate in conjunction with the CSCT website and all exam fee should be able to be paid online.

Communication: Lynn Zinger discussed some ways on how the SCTA can encourage more of our members get involved and take pride in our profession. Suggestions included other sites (besides Saskatoon) taking over some tasks or responsibilities such as producing the Facts and Artifacts newsletter, Tech Corner (submit interesting cases see example below) hosting Cardio Tech Days and presenting at our AGM or other health care professional in-services, conferences or workshop. Anyone interested please contact the executive.

Template for presentations Tech case studies:

ECG OF THE MONTH

Weakness and Near Syncope in a 79-Year-Old Woman

Kian Ehsan, MD; Glenn M. Johnson, MD; D. Luke Glancy, MD

A 79-year-old woman with a past medical history of systemic arterial hypertension, paroxysmal atrial fibrillation, and chronic kidney disease (stage 3) was admitted for evaluation of weakness, malaise, and near syncope. An electrocardiogram was recorded and is shown in the figure below.



Figure. Electrocardiogram recorded on admission.

What is your diagnosis?
Explanation is on page 49.

ECG of the Month
Presentation is on page 38.

DIAGNOSIS: Sinus bradycardia and arrhythmia, high-grade second degree atrioventricular (AV) block with only one conducted P wave, a slow junctional escape rate, left atrial enlargement, and nonspecific T-wave changes.

The P waves are upright in all of the limb leads, except aVR where they are inverted. Therefore, the rhythm is sinus, but the rate of the sinus node is only 37/min, and its rhythm is slightly irregular. Of the 6 R-R intervals, five are regular, and all of the P-R intervals are different; thus, there is AV dissociation with a junctional escape rhythm at a rate of 39/min. The first five P waves occur when the AV conduction system should not be refractory, but only the fourth P wave is conducted to the ventricles as indicated by the shorter fourth R-R interval and by the slightly different configuration of the fifth QRS complex compared to the others. Accordingly, the incomplete AV dissociation is due to high-grade second degree AV block, and the overall ventricular rate of only 41/min is the cause of the patient's weakness and presyncope. The narrowness of the QRS complexes and the long P-R interval (0.92s) of the one conducted complex indicate that the site of the AV block is almost certainly in the AV node. The P waves are broad (0.12s) with a +/- configuration in the inferior leads and a bifid contour, with >0.04s between the two peaks, in the mid and lateral precordial leads. All of these are features of left atrial enlargement or intraatrial block.¹

The patient had felt weak for several days. She admitted to having mistakenly taken an extra dose of her medications, which included extended-release diltiazem 360 mg daily, clonidine 0.3 mg tid, and digoxin 0.125 mg daily. All of these were taken by mouth. This last drug had been discontinued by her primary care physician, but the patient failed to stop it.

Clonidine is a centrally acting agonist of alpha2-adrenoceptors in the brain stem, and thereby decreases sympathetic outflow, which slows heart rate and lowers blood pressure.^{2,4} Diltiazem is a nondihydropyridine calcium channel blocker that inhibits calcium ions from entering the "slow channels" during phase 2, the plateau phase, of the action potential, prolongs the AV nodal refractory period, slows the sinus node, and causes arterial vasodilatation.^{5,6} Digoxin is a cardiac glycoside that inhibits Na/K-ATPase, thus causing a transient increase in intracellular sodium and then an increase in calcium by way of the sodium-calcium exchange mechanism. Increased intracellular calcium lengthens phase 4 of the action potential, which leads to a decrease in heart rate. Digoxin also activates the parasympathetic nervous system, which slows the sinus node and inhibits AV conduction.^{7,9}

This patient was on three drugs which can slow the sinus node, and diltiazem and digoxin can also impair AV conduction.^{2,6} In addition, clonidine and diltiazem also reduce blood pressure. Thus, her symptomatic bradycar-

dia was no surprise, and similar cases of severe bradyarrhythmias have been described in patients on similar drug combinations.^{10,11} Furthermore, clonidine, digoxin, and active metabolites of diltiazem depend on the kidneys for elimination,^{4,5,9} and her 79 years and stage 3 kidney disease set the stage for toxic accumulation of the drugs. Because the patient was in no acute distress, withdrawal of the drugs was the only treatment needed.

REFERENCES

1. Surawicz B, Knilans TK, Chou's *Electrocardiography in Clinical Practice: Adult and Pediatric*, 9th edition. Philadelphia, PA: W.B. Saunders; 2001:28-48.
2. Byrd RB III, Collins HW, Frimm RK. Risk factors for severe bradycardia during oral clonidine therapy for hypertension. *Arch Intern Med* 1988;148:729-732.
3. Materson RJ, Reda DJ, Cushman WC, et al. Single drug therapy for hypertension in men. A comparison of six antihypertensive agents with placebo. *N Engl J Med* 1993;328:904-911.
4. Phillips RG, Somers VK. *Drug Information Handbook for Cardiology*. Hudson, OH: Lexi-Comp;2000:181-185.
5. Ibid:240-244.
6. Spedding M, Paoletti R. Classification of calcium channels and calcium antagonists: progress report. *Cardiovasc Drugs Ther* 1992;6:55-59.
7. Goodman DJ, Rossen RM, Cannon DS, et al. Effect of digoxin on atrioventricular conduction. Studies in patients with and without cardiac autonomic innervation. *Circulation* 1975;51:251-256.
8. Marcus FI, Opie LH, Sonnenblick EH, et al. Digibain and other inotropes. In: Opie LH (editor). *Drugs for the Heart*, 4th edition. Philadelphia, PA: W.B. Saunders; 1993:145-175.
9. Phillips RG, Somers VK. *Drug Information Handbook for Cardiology*. Hudson, OH: Lexi-Comp;2000:250-256.
10. Mills TA, Karck MM, Cataldo VD, Pappas ND, O'Malley LP, Breaux DM, Glancy DL. Profound sinus bradycardia due to diltiazem, verapamil, and/or beta-adrenergic blocking drugs. *J La State Med Soc* 2004;136:927-931.
11. Fackler M. Combined beta-adrenergic and calcium-entry blockade in angina pectoris. *N Engl J Med* 1989;320:705-718.

Dr. Ehsan is the Chief Cardiology Fellow of the Louisiana State University Health Sciences Center in New Orleans. Dr. Johnson is in the private practice of cardiology in New Orleans. Dr. Glancy is a Professor in the Section of Cardiology, Department of Medicine, LSUHSC-New Orleans.

MOTION: Crystal Shendaruk to adjourn the meeting 1615 hours.