

SDMS News Wave is published to inform SDMS members of meetings, events and policies as well as trends and issues in the sonography profession. Comments, questions or concerns about the articles appearing in SDMS News Wave, should be directed to newswave@sdms.org.

Sonography Quality Standards for the Profession: Certification and Accreditation

The purpose of this article is to describe and compare the two most frequently used tools for establishing quality standards in the delivery of sonography services; sonographer certification and lab accreditation. Additionally, we are providing information related to the various providers of certification and accreditation processes. Another objective of this article is to describe the health care and political environments in which these issues are being played-out, and reaffirm the Society's interest in and commitment to the establishment of quality standards for the sonography profession.

Congress overrides Presidential veto to pass Medicare bill, H.R. 6331, "Medicare Improvements for Patients and Providers Act of 2008" (the Medicare bill)

On July 15, 2008, the Medicare bill of 2008 became law. In an overwhelming bipartisan action, both the U.S. Senate and House voted to override a Presidential veto enacting a Medicare bill thus eliminating a physician Medicare reimbursement cut of 10.6 percent that took effect July 1, 2008. This same bill included "Section 135, Imaging Provisions" establishing standards for personnel who perform advanced diagnostic imaging services. These 'advanced imaging' services were defined to:

- Include Computed Tomography (CT), Magnetic Resonance Imaging (MRIs), Nuclear Medicine (NucMed), and Positron Emission Tomography (PET) scans; and to

- Exclude X-ray, Fluoroscopy, and Ultrasound (Sonography) from the standard setting requirement.

By arbitrarily establishing a two-tier system for imaging services, 'advanced' and 'routine' services, the federal government appears to be reflecting a national trend by third-party private payers to differentiate between higher and lower cost diagnostic imaging services. For example, in a January 11, 2007 press release, UnitedHealth Group announced a new nationwide "quality initiative for diagnostic imaging services," called the 'United Healthcare (UHC) Imaging Accreditation Program.' This program focuses on "Computed Tomography, Computed Tomography Angiography, Magnetic Resonance Imaging, Positron Emission Tomography, and Echocardiography...performed in freestanding outpatient facilities and physician offices."

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(Note: In an update on UHC's website, posted August 20, 2008, UHC announced, "Compliance with this policy will become a condition for [Medicare] reimbursement...in the fourth quarter of 2009.")

Further, the Medicare bill's imaging provisions require *accreditation* of facilities that provide 'advanced diagnostic imaging services' "by an entity identified by the Secretary prior to January 1, 2012." This requirement is often called the "lab accreditation" provision meaning that Medicare payment is dependent on the supplier or "lab" performing the "advanced diagnostic imaging service" being accredited by an accreditation organization approved by the Secretary of Health and Human Services.

The SDMS objected to this exclusionary language for a number of reasons.

- Sonography is **not** a less advanced technology than those technologies arbitrarily designated as 'advanced diagnostic imaging services.'
- Ultrasound and X-ray, according to a study published in the Radiological Society of North America's *RSNA Journals Online*, "Utilization of Radiology Services in the U.S.: Levels and Trends in Modalities, Regions and Populations," on March 17, 2004, radiography and ultrasonography represented nearly 75% of all diagnostic [imaging] procedures performed for Medicare recipients. While the SDMS agrees with Congress that Medicare costs should be managed, it would seem that developing standards that impact the vast majority of imaging services would have been a reasonable approach rather than targeting only those that cost more.
- The SDMS supports nationally recognized accreditation of sonography laboratories and clinical practices in its position statement (right). It has long been the belief of the SDMS that the individual whose hand controls the transducer must have documented minimal level competence through certification.

After the Medicare bill passed with the 'advanced imaging' language (accreditation standards for CT, PET, MRI, NucMed), the SDMS leadership again considered the issue of the Intersocietal Accreditation Commission's (IAC) lab accreditation process which do not require certification for the sonographer. This includes the Intersocietal Commission for the Accreditation of Vascular Laboratories' (ICAVL), and Intersocietal Commission for the Accreditation

"In light of the 2008 Medicare bill imaging provisions, sonography certification and education requirements are more important than ever. We must continue our efforts to pass the CARE bill that when enacted will establish certification and education standards for diagnostic medical sonography. We cannot allow the current situation, where no quality control standards exist, to continue. In a nation that requires a barber or hairdresser to meet regulatory or licensure standards, one would think similar requirements would be established for the person performing medically indicated sonograms."

– Shannon Boswell, BS, RDMS, RDCS, RVT, FSDMS, President, SDMS

SDMS Position Statement

Accreditation of Sonography Laboratories and Clinical Practices

The SDMS supports accreditation by a nationally recognized accrediting body of all facilities and clinical practices that employ sonographers and provide sonography services. Additionally, all sonographers in an accredited facility should be credentialed in each of the sonography specialties in which they provide patient services.

Approved by SDMS Board of Directors,
12/6/2006

Source:

<http://www.sdms.org/positions/labaccreditation.asp>

of Echocardiography Laboratories' (ICAEL). This deficiency, from our perspective, continues despite repeated requests from SDMS and others within the professional community to change their accreditation standards to incorporate a sonographer certification requirement.

Coalition for Quality in Ultrasound (CQU)

Another way that the SDMS has approached the issue of establishing sonographer certification standards is through a coalition with similar patient-care interests. This group is called the "Coalition for Quality in Ultrasound (CQU)". It includes ten professional sonography-related organizations working together to "establish model policies for the accreditation of ultrasound labs and the certification of their personnel." The CQU over the past four years, has "made a dent" in the quality control arena through modifications in the Local Medical Review Policies (LMRP) and Local Carrier Determination (LCD) – the Medicare insurance carriers' coverage policies.

LMRPs and LCDs are defined by Center for Medicare and Medicaid Services (CMS) as "an administrative and educational tool to assist providers, physicians, and suppliers in submitting correct claims for payment." However, as is the case with the new Medicare "advanced imaging" standards, the overarching goal appears to be to prevent overutilization and reduce costs for Medicare provided services.

The CQU is continuing to address the current limited LMRP and LCD requirements for mandatory sonographer certification and/or lab accreditation as a condition of payment for non-invasive vascular exams and, where applicable, echocardiography and general sonography exams.

The CARE bill

Another way in which the SDMS is addressing the issue of quality standards for the sonography profession is through its support of the CARE bill. For the past two years, the SDMS has been part of a broad-based Alliance of professional organizations pursuing minimal educational and certification standards for allied health care professionals performing imaging procedures, including sonography. The vehicle for establishing these standards of care is the Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy (CARE) bill. The bill is patterned somewhat after the quality standards established in the "Mammography Quality Standards Act (MQSA)," standards that

"The public should not be asked to pay for substandard care when the person performing the examination is neither certified nor educated to do the work required," states **Shannon Boswell, BS, RDMS, RDCS, RVT, FSDMS, and President of SDMS.** "We believe sonographer certification and education standards will reduce the number of repeat studies, and the payment dollars associated with these repeat examinations. Everyone agrees that a physician who interprets a diagnostic medical image must be qualified for the task but what if the image the physician is interpreting is flawed? A flawed image can lead to a costly misdiagnosis that could be harmful to the patient. Patient safety demands that the individual performing the examination has the skills and knowledge necessary to properly perform the sonogram. Moreover, Medicare should withhold payment unless those standards of care are met. That is good public policy and reflects true fiscal responsibility."

tied federal reimbursement to personnel and other performance standards.

Part of the national public policy debate surrounding the CARE bill is that for the first time medical imaging examinations, including sonograms, will require certification and education standards for the person performing the examination. These standards are expected to:

- Ensure quality patient care and safety, and
- Provide responsible Medicare reimbursement policies.

Who are the 'advanced imaging and sonography (ultrasound) accrediting bodies?

The two sonography accreditation organizations that have programs for "advanced" imaging (PET, CT, MR and NucMed) are:

- 1) American College of Radiology (ACR) (<http://www.acr.org>), and
- 2) Intersocietal Accreditation Commission (IAC) (<http://www.intersocietal.org>).

An 'Achilles heel' factor in using accreditation as the imaging quality control standard for sonography is that the two largest accrediting bodies for sonography vascular and echocardiography services, ICAVL and ICAEL, do not require sonographer certification. In fact, only the 'technical director' of ICAVL and ICAEL labs/facilities must be certified and that individual is not required to be on-site when the exam is performed.

American College of Radiology (ACR)™

<http://www.acr.org>

ACR Mission Statement

To serve patients and society by maximizing the value of radiology, radiation oncology, interventional radiology, nuclear medicine and medical physics by advancing the science of radiology, providing continuing education for radiology and allied health professions and conducting research for the future of radiology.

Accreditation Offered

"Diagnostic Modality Accreditation Program (DMAP)"

- Breast ultrasound
- Computed technology (CT)
- Magnetic resonance imaging (MRI)
- Nuclear medicine (NucMed)
- Positron emission tomography (PET)
- Stereotactic breast biopsy
- Ultrasound

Note: The ACR accredits these "modalities" separately. ACR no longer offers accreditation for general X-ray services.

Accreditation Requirements

- No specific continuing education requirements for technologists, however, the ACR does require that technologists are either ARDMS or ARRT certified.
- The program "is designed to evaluate the physician's skills."
- Personnel interpreting or performing a given modality must meet the qualifications specific to that modality.

Technical Component Personnel Certification Requirement

The ACR does require that technologists be either ARDMS or ARRT certified.

The Intersocietal Accreditation Commission

<http://www.intersocietal.org>

The IAC (Mission) Purpose Statement

The purpose of the Intersocietal Accreditation Commission (IAC) and its companies is to provide a mechanism for accreditation of imaging facilities which perform comprehensive testing in noninvasive vascular, echocardiography, nuclear medicine/nuclear cardiology/PET, magnetic resonance, and computed tomography.

IAC Organizations

1. ICANL Intersocietal Commission for the Accreditation of Nuclear Medicine (NucMed) Laboratories

Accreditation Offered

- Nuclear cardiology
- Nuclear medicine
- Positron emission tomography (PET)

2. ICAMRL Intersocietal Commission for the Accreditation of Magnetic Resonance (MR) Laboratories

Accreditation Offered

- Body [Pelvis, Abdomen, Chest and/or Breast]
- Cardiovascular;
- Musculoskeletal
- Neurological

3. ICACTL Intersocietal Commission for the Accreditation of Computed Tomography Laboratories

Accreditation Offered

- Coronary Calcium Scoring
- Cardiovascular CTA
- Neuro [Brain, Spine, CTA]
- Sinus and Temporal Bone
- Body CT [Chest (Non-Cardiac), Abdomen, Pelvis, Extremity]
- Body CTA [Chest (Non-Cardiac), Abdomen, Pelvis, Peripheral/Extremity]

In addition to the IAC 'advanced imaging' accreditation programs (ICANL, ICAMRL, and ICACTL), the IAC also provides 'lab accreditation' for sonography-related imaging services. These include:

1. ICAVL Intersocietal Commission for the Accreditation of Vascular Laboratories

ICAVL Mission Statement

The ICAVL is dedicated to promoting high quality noninvasive vascular diagnostic testing in the delivery of health care by providing a peer review process of laboratory accreditation.

Accreditation Offered

- Extracranial Cerebrovascular
- Intracranial
- Cerebrovascular
- Peripheral Arterial
- Peripheral Venous
- Visceral Vascular
- Screening

Accreditation Requirements

Though the standards include multiple pathways by which a technical staff member may document experience and training, the ICAVL encourages that all staff members acquire an appropriate credential in vascular testing but it is not required. The Technical Director does not have to be registered to be an accredited laboratory.

Sonographer Certification Requirement

ICAVL does *not* require sonographer certification as part of its accreditation process.

2. ICAEL Intersocietal Commission for the Accreditation of Echocardiography Laboratories

ICAEL Mission Statement

The ICAEL is dedicated to promoting high quality echocardiographic diagnostic evaluations in the delivery of health care by providing a peer review process of laboratory accreditation.

Accreditation Offered

- Adult Transthoracic
- Adult Transesophageal
- Adult Stress
- Pediatric Transthoracic
- Pediatric Transesophageal
- Fetal

Accreditation Requirements

All members of the technical staff must be qualified sonographers.

Sonographer Certification Requirement

ICAEL does *not* require sonographer certification as part of its accreditation process.

The American Institute of Ultrasound in Medicine (AIUM)

AIUM Mission Statement

The American Institute of Ultrasound in Medicine is a multidisciplinary association dedicated to advancing the safe and effective use of ultrasound in medicine through professional and public education, research, development of guidelines, and accreditation.

Accreditation Offered

- Abdominal/General Ultrasound
- Breast Ultrasound
- Gynecologic
- Obstetric

Accreditation Requirements

Physicians and sonographers must have verifiable education, credentials, experience, and continuing medical education.

Sonographer Certification Requirement

Sonographers must be or become certified by the American Registry of Diagnostic Medical Sonographers (ARDMS) in all areas for which the

practice seeks accreditation. For sonographers applying for breast ultrasound accreditation, American Registry of Radiologic Technologists (ARRT) is also acceptable.

Who are the sonography credentialing (certifying) bodies?

American Registry for Diagnostic Medical Sonography® (ARDMS)

ARDMS Mission Statement

ARDMS promotes quality care and patient safety through the certification and continuing competency of ultrasound professionals.

Credentials Offered

- RDMS – Registered Diagnostic Medical Sonographer, specialty areas include abdomen, breast neurosonology, obstetrics and gynecology, and fetal echocardiography
- RDCS – Registered Diagnostic Cardiac Sonographer, specialty areas include adult, pediatric and fetal echocardiography
- RVT – Registered Vascular Technologist, includes noninvasive vascular technology
- RVPI – Registered Physician in Vascular Interpretation

ARDMS has earned ANSI-ISO 17024 accreditation for certifying bodies from the International Organization for Standardization (ISO). Accreditation is granted through the American National Standards Institute (ANSI). ARDMS has also earned National Commission for Certifying Agencies (NCCA). NCCA is the accrediting arm of the National Organization for Competency Assurance (NOCA)

Sonographer Certification Requirement

To be certified by the ARDMS, required examination prerequisites must be met; then the applicant is required to pass two examinations (physics principles and instrumentation and a corresponding specialty exam).

Cardiovascular Credentialing International (CCI)

CCI Mission Statement

To be an innovative, cost-effective organization, driven by professional ethics and integrity, through the repre-

sentation of the profession(s) in providing recognized high quality, competency-based examinations.

Credentials Offered

- RCS – Registered Cardiac Sonographer
- RVS – Registered Vascular Specialist
- RCIS – Registered Cardiovascular Invasive Specialist
- RCES – Registered Cardiac Electrophysiology Specialist
- CCT – Certified Cardiographic Technician

CCI is the “resultant corporation of the merger of the testing components of the National Alliance of Cardiovascular Technologists (NACT), the American Cardiology Technologists Association (ACTA) and the National Board of Cardiovascular Testing (NBCVT).”

Sonographer Certification Requirement

To be certified, “registry level credentials...require two-part examination including the Cardiovascular Science exam...and the Registry examination” in the requested credentialing specialty.

American Registry of Radiologic Technologists® (ARRT)

ARRT Mission Statement

The ARRT “promotes high standards of patient care by recognizing qualified individuals in medical imaging, interventional procedures and radiation therapy.

Credentials Offered

- Registered Technologist R.T.(*)(ARRT)
- Registered Radiologist Assistant (*) R.R.A. (ARRT)

The category designations (*) include:

Primary Pathway

1. (R) for Radiography
2. (N) for Nuclear Medicine Technology
3. (T) for Radiation Therapy
4. (MR) for Magnetic Resonance Imaging (Both a primary and post-primary track)
5. (S) for Sonography (Both a primary and post-primary track)

Post-Primary Pathway

- (CV) for Cardiovascular-Interventional Radiography
- (M) for Mammography
- (CT) for Computed Tomography
- (QM) for Quality Management
- (BD) for Bone Densitometry

(VS) for Vascular Sonography
 (CI) for Cardiac-Interventional Radiography
 (VI) for Vascular-Interventional Radiography
 (BS) for Breast Sonography
 (RA) for Registered Radiologist Assistant

Sonographer Certification Requirement

ARRT uses “certification” to describe the one-time awarding of a certificate after an individual satisfies all eligibility requirements including the certification exam. Certification requires evidence of continuing competency.

The American public expects that medical facilities providing diagnostic medical sonography examinations are properly accredited and that the personnel performing those examinations have demonstrated minimal level competency through certification.

Patient safety and improved financial responsibility are outcomes of establishing the appropriate quality control standards for providers of sonography services. Until such time that all of the sonography-related lab accreditation organizations include mandatory certifications standards for sonographers, this goal of patient safety and fiscal responsibility will not be realized.



Who benefits from accreditation and certification requirements?

- Patients – safety standards and improved examinations
- CMS – reduced Medicare reimbursement related to repeat exams
- Third-party payers – more efficient and cost effective patient services

SDMS and ARDMS Restart CME Credit Reporting Program

On July 1, 2008 the SDMS launched the new *SDMS CME Management System* and *SDMS CME Tracker* system. In conjunction with ARDMS, SDMS has also re-implemented the automatic reporting of SDMS CME credits for SDMS members to the ARDMS. The expanded *SDMS CME Tracker* system allows CME credits from all SDMS CME activities approved under the new *SDMS CME Management System* to immediately appear in the member's online *SDMS CME Tracker* transcript.

A press release is available at:

<http://www.sdms.org/news/release08272008.pdf>



Disaster Planning: A Case Study for a Sonography Education Program



Delgado Community College

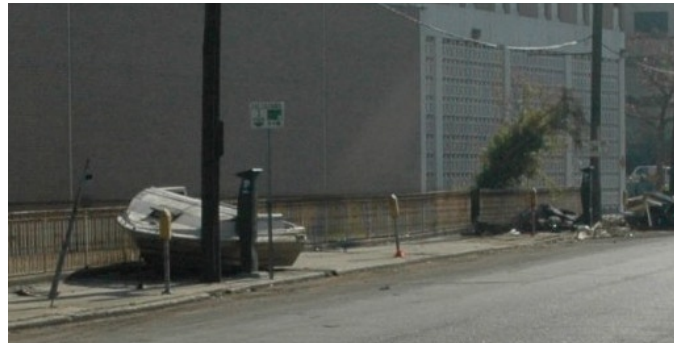
Sonography Education Programs' Emergency Preparedness Planning: "Think you have an emergency preparedness plan for your work location? After you read this article, you might want to check it again!"

We are reminded this August 29, 2008, that it was only 3 years ago this day that, according to the National Hurricane Center, "one of the five deadliest hurricanes in the history of the United States" made landfall on the north central Gulf Coast with the hardest hit area the city of New Orleans, Louisiana. With hundreds of lives lost and billions of dollars in damage, it is difficult for any of us to imagine what terror and destruction was felt by those caught in the storm.

The news stories both during and after the hurricane gave all of us in the sonography profession a sense of the loss, anger and frustration of residents and business attempting to cope with the unprecedented destruction.



Delgado Community College (immediately after Hurricane Katrina)



Delgado Community College (boat on campus street)

Michael Toups, BS, RDMS, Associate Professor and Clinical Director and Lisa Schuler, BS, RDMS, RVT, Assistant Professor and Clinical Director of Delgado Community College shared their experience with Hurricane Katrina.

On August 29, 2005, New Orleans' Delgado Community College's City Park Campus sustained flooding and wind damage to "approximately 70% of its facilities; including the facilities for the Delgado's Diagnostic Medical Sonography Program (Program). The Program directors reported this meant a "very big problem" for its students and classes as the city was evacuated during September and October due to lack of power, water and necessary services.

The Program's classrooms, scanning lab and faculty offices are located in downtown New Orleans only one block from the Louisiana Superdome. After the storm, arrangements were made for classes to be held in Metairie, Louisiana, a New Orleans suburb, in conference rooms and makeshift teaching conditions. At the time of the storm, the Program had ten



City Park Avenue (front of Delgado City Park Campus)

students. After the storm, the students were scattered across the United States: one in Atlanta, one in California, three in Houston, one in Tennessee and the rest in northern Louisiana.

The three students that temporarily relocated to Houston, in September 2005, were staying together in a hotel without Internet access and no computers. They visited a coffee shop across from the hotel where the store manager gave them his computer and let them use his Internet access to complete their classes. They were seniors and had jobs awaiting them in December, so they obtained email addresses and went on-line to complete their coursework.

The Delgado Diagnostic Medical Sonography Emergency Plan follows on the next page.

With faculty and student dedication and a willingness to learn in extraordinary circumstances, all ten students graduated from the Program and all but one returned to the New Orleans area to practice sonography. This was a vital piece in the city's recovery as there were 27 sonographers displaced as a result of the storm.

By November 9, 2005, all the Program's students had returned to the New Orleans area and classes began again. From their experiences, Mr. Toups and Ms. Schuler offer their Program's plan for "emergency preparedness."

"Does your Allied Health Program have a disaster plan? Do you even have an emergency plan? Could your emergency plan take on a catastrophic event such as Hurricane Katrina? I would assume it is safe to say, no.

The faculty and students of the Diagnostic Medical Sonography Program at Delgado Community College in New Orleans, Louisiana, just as many others in the Gulf Coast region, had to face many challenges when Hurricane Katrina hit.

This monumental disaster opened the eyes of many and made us all realize how unprepared we were for a true 'disaster.'

From article "Is Your Disaster Plan Katrina Proof?", by Michael D. Toups, BS, RDMS, Associate Professor/Clinical Director and Lisa G. Schuler, BS, RDMS, RVT, Assistant Professor/Clinical Instructor, Delgado Community College Diagnostic Medical Sonography Program, New Orleans, Louisiana.

Read the full article at:

<http://www.sdms.org/pdf/delgadokatrina.pdf>



Stains on the walls of the building show the water level on the Delgado Community College campus.

The Delgado Community College, now the "oldest and largest community college in the state", originally opened its doors in 1921 as the Delgado Central Trades School. After many name changes over the interim period, in 1970, the Louisiana state legislature "transferred Delgado College from control by the City of New Orleans to the Louisiana State Board of Education...in 1982 the central administration of the College was moved into a new building...adjacent to the City Park Campus (metropolitan New Orleans.)"

Delgado offers a "Diagnostic Medical Sonography (Ultrasound) Program" that is a 16 months full-time program whose graduates are eligible to take the American Registry of Diagnostic Medical Sonography examination in Obstetrics-Gynecology, Abdomen and Physics.

Before the hurricane, Delgado had over 17,000 students enrolled; after the storm in the spring of 2006, the number was 10,000.

Delgado Diagnostic Medical Sonography Emergency Plan

The faculties of the Diagnostic Medical Sonography program have devised their own plan, pertinent to their students. Our new plan is outlined below:

- The college will make announcements via campus-wide e-mail, text messages through the colleges' e2Campus emergency alert system and local television and radio news programs.
- Students must monitor the college's web site and local news media to keep abreast of any situations, especially weather, that may warrant the cancellation of classes or closure of the college.
- The college has set up a general disaster information alternate Website, www.dcc911.edu, which will be activated, if deemed necessary.

Upon class cancellation, all students are encouraged to seek safety through evacuation outside of the threatened area. Should any student in good conscience decide to leave prior to the official cancellation of classes, the student is responsible for making provisions for missed classes and assignments with their instructors directly.

- All students must have an e-mail account (preferably Yahoo!). This enables us to set up groups and a chat room for the students more easily.
- Students must submit all local contact information (cell phone and land line) to faculty. This will be distributed so that all pertinent faculty and fellow students have an updated contact list.
- If students evacuate during an emergency, they must contact faculty. When they arrive at their destination, they must contact faculty with location and land line information.
- Students must evacuate with all educational materials used in program, one uniform, and their college ID.

Faculty must have all pertinent information for students and faculty on thumb drive. The thumb drive must be secured and the files encrypted according to FERPA (Family Educational Rights and Privacy Act) guidelines. This information should include: Affiliation agreements and liability and student documents (drug testing, background checks, immunization, HIPAA training, orientations attended, etc))

Note: As of August 2008, Delgado Community College is using Xythos for secure online document management. It can be accessed anywhere via the internet through www.xythos.dcc.edu. This is a secure and FERPA compliant document management Website which allows safe file access.

Faculty must evacuate with laptop and pertinent educational information, including:

- All program documents, procedures, class rosters, grade books, syllabi, catalogs, stationery, program textbooks and any other items that may be used in the event of displacement.
- A copy of the college wide, departmental and program emergency plans for reference.
- Faculty college identification card.

Faculty must keep in contact with students and other faculty via cell phone, land line and e-mail:

- All pertinent documents, equipment, and supplies must be stored in a safe place and off the ground in case of flooding.
- Voicemail and answering machine messages must be changed to reflect the appropriate emergency and contact information.
- Faculty must contact the college via the college website, emergency alternative website or emergency college number as soon as possible after the event but no more than 5 to 7 calendar days after the event.

2009 SDMS Annual Conference Call for Course and Faculty Proposals

PROPOSALS DUE BY OCTOBER 31, 2008



The SDMS Conference Management Committee (CMC) will begin planning the 2009 SDMS Annual Conference shortly after the conclusion of the 2008 Conference in Mashantucket, CT. To assist the CMC in its continuing efforts to provide a conference that meets your needs and exceeds your expectations, you are encouraged to submit course and faculty proposals for the 2009 SDMS Annual Conference in Nashville, TN. All proposals will be considered by the CMC during the 2009 Annual Conference planning meetings.

Course proposals should contain the following:

- Course Title
- Course Learning Objectives
- Brief Course Description
- Suggested Length
- Suggested Format (lecture, case presentation, etc.)
- Suggested Faculty Names and Contact Information

The CMC reviews all proposals and may:

- Accept the proposal as submitted
- Accept the proposal as submitted but choose a different speaker to present the course
- Modify the proposal
- Not select the proposed course

The CMC will consider many factors when reviewing the proposals. For example:

- Needs assessment data
- Appropriateness of the course
- Attendees' evaluation of previous courses and faculty
- Number of courses allotted in each educational track
- Availability of faculty in geographic proximity to the 2009 Annual Conference in Nashville
- Ability of faculty to present several courses
- Budgetary issues

By January 31, 2009, you can expect a letter from the CMC regarding the action taken on your proposal(s). The CMC will carefully consider each submitted proposal. It is important to understand that the faculty you recommend will not automatically be chosen if your course proposal is accepted. However, if the CMC selects the faculty you recommend, that person will be contacted by one of the committee members with an invitation to present the course.

To submit a proposal:

Please email your proposal to meetings@sdms.org or mail it to:

SDMS
Attn: Meetings
2745 N Dallas Pkwy Ste 350
Plano, TX 75093-8730



2009 SDMS Annual Conference
Gaylord Opryland • Nashville, TN • October 15-18, 2009



What are you waiting for?

Register by September 10 and save \$100 or more!

Experience the breath-taking fall foliage – yellow, orange, red, and green come to life in the amazing countryside of the Northeast.

The 2008 SDMS Annual Conference offers up to 24 CME credits, world-renowned faculty, networking with other sonography professionals, over 100 exhibiting companies showcasing their sonography industry products and services, and LOTS of FUN!

Foxwoods Resort Casino houses the largest casino in the world, along with lounges, theatre, and concerts, making it easy to find entertainment for any mood that strikes.

For more information or to register, visit:

<http://www.sdms.org/meetings/>



Celebrate Sonography!

October is Medical Ultrasound Awareness Month. Need Help Planning Activities?

SDMS is here to help. We offer a full line of MUAM products featuring this year's *Sonography - sound it out!* design. You can view all available MUAM products at <http://www.sdms.org/pdf/catalog.pdf>

We also recommend using the SDMS Medical Ultrasound Awareness Month promotion kit which includes a fact sheet, samples of a press and news releases, letter to the government official, official proclamation, suggestions on how to plan your activity and much more. You can access the promotion kit at:

<http://www.sdms.org/resources/muam/MUAMkit.pdf>



Medical Ultrasound Awareness Month is a joint effort of the American Institute of Ultrasound in Medicine (AIUM), American Registry for Diagnostic Medical Sonography (ARDMS), American Society of Echocardiography (ASE), Cardiovascular Credentialing International (CCI), Society of Diagnostic Medical Sonography (SDMS), and Society for Vascular Ultrasound (SVU).



SDMS Fellow Spotlight

This is a continuing series of interviews of our distinguished SDMS Fellow members.



**Marie DeLange, RT, BS,
RDMS, RDCS**

Year made fellow: 1992

Current position:

Program Director,
Ultrasound/Vascular
Manager, Loma Linda
University Medical Center
School of Allied Health

What inspired you to make a career of sonography?

I had been performing X-ray for six years, when the radiologist that I worked with, Dr. Joseph Weiss, decided that it was time to retire. He had become a mentor and family friend and suggested that I look into this "new field" of ultrasound. A course was being given at UCLA with Dr. Fred Sample and I enrolled. I met a physician at the course who needed a sonographer so we agreed that I would complete training and work at their hospital. I have been at Loma Linda Medical Center for 30 years working as Ultrasound/Vascular Manager in the Radiology Department and Program Director for the School of Allied Health. The only reason I am able to do both jobs is that I work with incredible staff that I appreciate beyond words.

What was the most significant advance in the technology that you have experienced?

Over 30 years there have been many technical advances in our field. From bi-stable to gray-scale, static imaging to real time, Doppler, power Doppler and many more. Currently 3-D/4-D of the fetus is incredible. We are able to assist the family with bonding and to better understand when abnormalities are present.

What changes do you predict in the immediate future?

We will continue to see improvements in the transducer technology as well as other software changes that will enable us to perform exams with high resolution and decrease scan time.

What advice would you give to students/ future sonographers?

Make sure you are obtaining comprehensive training at an accredited CAAHEP program. Give all that you have during that time to really learn the many aspects of the field. At the end of training you want to achieve excellence so that patients can be cared for as if they were your family member with complete and accurate diagnosis.

What's your favorite part of your job?

Working with fellow sonographers and faculty who value excellence and are not afraid of change. The best benefit by far is the long-term memories and friendships with staff, students and alumni.



**Kathy Gill, MS, RT(R),
RDMS, FSDMS**

Year made fellow: 1993

Current position:

Program Director,
Institute of Ultrasound
Diagnostics, Spanish
Fort, Alabama

What inspired you to choose a career in sonography?

I was introduced to sonography as a second-year radiologic technology student at Sacred Heart Hospital

in Pensacola, Florida. The technology was very new and few hospitals had purchased the equipment at this time. We were cutting-edge and, as a student, I wanted to be one of the first to learn the new modality. I am currently the Program Director for the Institute of Ultrasound Diagnostics and I teach full time. I have always wanted to be a teacher. Teaching is fun for me so, I looked at what I had learned in various schools and programs and decided to try to improve upon my educational experiences by developing my own system of teaching. Twenty-eight years later, here I am! While I loved being a radiologic technologist, as a young female, the radiation factor concerned me. Sonography offered me the opportunity to continue my career in imaging but without the radiation concerns.

Another consideration was the challenge. I get bored easily with hobbies and such so I needed a career that would constantly challenge me. Sonography certainly has and continues to provide that challenge.

Did you have a memorable role model/teacher?

I have to say that award goes to Dr. Kenneth Carter, a radiologist in charge of the sonography lab at Mississippi Baptist Medical Center in Jackson. He interviewed me for my first job as a sonographer and recommended me for employment. Although I had an appointment to interview at Ochsner Clinic in New Orleans, I decided to accept the position at Baptist and cancel all other options. Some might say that would be limiting ones options but, fortunately, it turned out to be a very wise choice for me. Dr. Carter loved sonography and was a patient teacher. Although I came to Jackson with limited previous experience and even a little formal education, I credit Dr. Carter for molding me into the sonographer I am today. He fielded many questions from me about medical management, treatment options, pathophysiology and even sonography. He had an inquiring mind of his own and sometimes we learned things, together, through experiments. When I was studying for my ARDMS exams, he even tutored me and another sonographer colleague in ultrasound physics. Once I really began to come into my own as a sonographer, we would challenge each other over a diagnosis by betting lunches. We both won some and lost some and were always ready for the next debate. I know I tried his patience from time to time as I could be tenacious and emotive when pressed but I hope he knows that my sonography skills are the product of his blood, sweat and tears. Thank you, Dr. Carter.

What was the most significant advance in the technology that you have directly experienced?

At the risk of sounding ancient and stuck in the '70s, I think the most significant advance in technology was the introduction of real time. Our scan technique changed from a systematic "step and sweep" of the articulated arm to "organ scanning," which required us to be more knowledgeable of anatomy,

hemodynamics and vascular relationships. Real time technology improved our productivity by decreasing the amount of time required to perform a study. We have had and continue to enjoy many improvements in technology and technique but, in my mind, real time has been the most significant.

What changes do you predict in the immediate future?

I am afraid we are going to see a severe shortage of sonographers as those of us who are more "seasoned" look to retirement. If school accreditation and sonographer certification became mandated today, we would not have enough of either to supply the demand. To complicate things further, I am worried that we will not be able to provide adequate clinical experiences for the same reasons, not enough certified sonographers willing to give back to the profession through participation as a clinical instructor. A school cannot meet accreditation requirements without adequate clinical affiliations. The number of students that can be accepted will be severely diminished if we have no where for them to receive clinical instruction and experience.

What advice would you give to students/future sonographers?

My advice is: "Don't forget how you got where you are." Someone took the time to help you learn your clinical skills. Had they not been willing to do so, you may not have had the opportunity to learn sonography. Once you become a full-fledged registered sonographer, be willing to consider becoming a clinical affiliate. Share your knowledge and skills and, by doing so, you will find that you will benefit as much as your student(s). It can be so self-satisfying.

What's your favorite part of your job?

Watching the light bulbs flicker and finally come on. It is so rewarding when a student can be seen to grasp a difficult concept or skill. Their faces seem to glow and you can see the pride shine in their eyes. It is my favorite part of teaching.





SDMS Answers Your Calls

SDMS shares its answers to our members' most frequently asked questions!

“How can I prepare for the new Sonography Principles & Instrumentation (SPI) Examination?”

The American Registry for Diagnostic Medical Sonography (ARDMS) will be releasing its new physics exam (Sonography Principles & Instrumentation (SPI) Examination) in the Spring of 2009. This exam will replace the individual physics principles & instrumentation examinations currently required for the Registered Diagnostic Medical Sonographer (RDMS), Registered Diagnostic Cardiac Sonographer (RDCS), and Registered Vascular Technologist (RVT) credentials.

For more information on the Sonography Principles & Instrumentation (SPI) Examination plus its content outline, visit <http://www.ardms.org>.

SDMS offers a variety of products that can be used as study guides for the new exam. In the SDMS Product Catalog under the Exam Review section (pg 6), you can find books, CDs, DVDs and other resources to help prepare for the Sonography Principles & Instrumentation (SPI) Examination.

Here is a sample of just a few of the products SDMS has to offer. For a complete listing of SDMS exam review material, visit <http://www.sdms.org/pdf/catalog.pdf>.



National Certification Examination Reviews

Cardiovascular Principles & Instrumentation, Ultrasound Physics & Instrumentation and Vascular Physical Principles & Instrumentation available.

Note: SDMS is currently revising its National Certification Examination Reviews (NCERs) publication series which will include an all-inclusive physics principles & instrumentation exam review. The revised publications will be available in early 2009.

Ultrasound Physics and Instrumentation, 4th Edition Self Instructional Program

All-inclusive ultrasound physics & instrumentation review book published by Pegasus Lectures



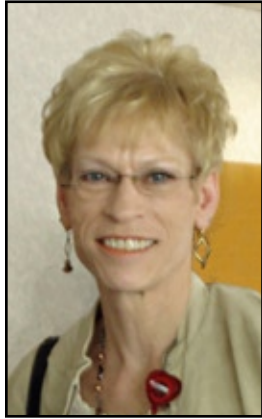
Ultrasound Physics Review and Vascular Physics Review

Published by Davies Publishing



SDMS makes every effort to provide superior customer service to its members. If you have a question that you would like featured in *SDMS Answers Your Calls*, please email membercall@sdms.org.

New Member SCAN



This month we are highlighting **Cris Davis Kikkert, BS, RDCS, FASE** from Charlotte, North Carolina. Cris became involved in sonography as a cardiac sonographer in 1978 and attended the Cardiopulmonary Technology Program at Santa Fe Community College in Gainesville, Florida. Cris says regarding her start in sonography, “As a student

I found I loved the challenges of echocardiography and received additional education in echo at Shands Teaching Hospital at the University of Florida. Although I didn’t know it then, choosing echo was one of the best decisions in my life since I have had a challenging, yet very satisfying career.” After graduating and relocating, Cris worked with Dr. Harvey Feigenbaum at the Indiana University Hospital Echo Lab and became involved with SDMS and ASE. Cris was one of the original members of the Sonography Coalition whose objective was to draft the Sonography Scope of Practice – the one that is still in use today! Today, Cris and her husband live in Charlotte and Cris is the Administrative (Clinical) Director of Echocardiography at the Sanger Clinic.

Cris feels it is one of her responsibilities as a senior member of the profession, to mentor new cardiac sonographers, “One facet of mentoring is to help them get involved in regional, state and national organizations. This is a first-step in showing them what SDMS is all about.” Additionally, Cris’ decision to join SDMS was influenced by the Society’s salary survey, “... I am currently working to re-evaluate our compensation ladder and know that SDMS puts together the finest salary survey for sonographers that is available.”

Cris believes technology will play a major role on the future of sonography. “Technology is changing

“Personal growth, whether it be career related or otherwise comes from being informed and being proactive about the information received. SDMS can continue to help disseminate pertinent information to all sonographers, those from small town, one physician practices and to those who work in a major university or multipractice laboratories.”

ultrasound at such a rapid pace that it is difficult to look ahead 10 years to see where the technology will be taking us in the future. I believe obtaining ultrasound images will be more automated, and I believe that sonographer roles will be quite different than they are now. We will still need the human factor when obtaining images but I think its sonographers will spend more time interpreting images. Just as the nursing field advanced from care-giver (nurse) to decision-maker (nurse practitioner), I believe that the field of ultrasound will move in the same direction.” Cris also believes it to be crucial to have enough trained sonographers, “Remember, baby-boomers will need to be cared for so we really need to make sure there are adequate numbers of new sonographers to take the place of retiring sonographers!”

When asked how SDMS could help with Cris’s future career goals, she says “Personal growth, whether it be career related or otherwise comes from being informed and being proactive about the information received. SDMS can continue to help disseminate pertinent information to all sonographers, those from small town, one physician practices and to those who work in a major university or multipractice laboratories.”

Thank you Cris for sharing your history and professional insights – and welcome!

Be sure to watch this space in next month’s issue of News Wave for another SDMS new member profile!



SDMS Welcomes New Members

July 2008

Denisse Abreu	Dennis Bouillion RDMS	Angela Cox RCS, RVS	Kristen Fairchild
Kathryn Adams RT(R), RDMS	Leslie Bowden RDMS	Jessica Craig	Alexandra Famularo RDCS, RVT
Abdi Adan RDCS	Kelsey Bowden	Jennifer Crean RCS	Whitney Farver RDMS
Suparna Aggarwal	Michelle Bowers RT(R), RDMS	Jennifer Creech	Mary Fee
Bashir Ahmed RDMS	Amanda Breuer RT(R), RDMS	Christine Crompton RDMS	Lori Feeney RDMS
Alaa Alahmad MD	Becky Brewer RT(R), RDMS	Sharon Crooks	Elise Ferguson
Malek Al-Hawwas MD	Cheryl Brotherton RCS	Loretta Crosby RDMS	Nicola Fishell RT(R), RDMS
Kimberly Allen	Deborah Buckbee	Robert Crossman RDCS, RVT	Donald Fisher RCS
Deborah Alley RT(R), RDMS	Danielle Budreau BS, RT(R)	Sara Cullion RT(R), RDMS	Karen Flint RDCS
Jeanne Anderson	Elise Bunker	Michael Cusick RDCS	Karen Flint RDCS
Deborah Andreason RDMS	Barbara Bunnelle RCS	Larry Dalmas	Emily Fooskas RCS
Mehmet Arbatli RDMS	Carol Burdine RDMS, RDCS	Jacqueline Daly	Rebecca Fowler RT(R), RDMS
Alice Archambault RDMS	Malinda Burns	Judith Darling	Mindy Frank
Shannon Ash	JoAnn Byas-White	Eugene Daugherty BS	Betty Freeman RDMS
Carrie Atchley RT(R)	Acacia Byerley	Sandra Daughtry	Brian Gallaher RT(R)(CT)
Randall Auclair RDMS, RDCS	Jennifer Byrne BS, RDMS	Mark Davenport RDMS	Margarita Galperina
Christina Avalos	Bonnie Calton	Peggy Davidson RT(R), RDMS	Kelly Gamble
Laura Bachus	Tina Campbell	Casey Davis RT(R), RDMS, RVT	Nicole Gaspard BS, RDMS, RVT
Danielle Baliano RT(R), RVT	Christine Cannon RDMS	Spencer Dearing RDMS, RDCS	Denise Gaynor
Rebekah Bankston RT(R)	Fernanda Carlson RDMS	Valerie DeCesare	Meagan Gebhardt
Barbara Barker RDMS, RVT	Timothy Carrell RDMS	Carla Decoskey RT(R)(M), RDMS, RVT	Laura Gendreau RDMS
Jessica Barr	William Carson	April del Campo RDMS	Melisa George
Carlota Bastos RDMS	Denise Chapman RDCS	Maria Luisa del Rio	Corinne Giannullo BA, RDCS
Megan Baugher RT(R), RDMS	David Charbonneau RDMS, RDCS	Anne Dennis RT(R), RVT	Gila Gitlevich RDMS
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SDMS Headquarters
 2745 N Dallas Pkwy Ste 350
 Plano, TX 75093-8730
 Phone: (214) 473-8057
 FAX: (214) 473-8563

Executive Director
 Donald F. Haydon, CAE
Production Editor
 Chris Alcott