

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.

Sonographer Credentialing Bodies to Require Recertification

More Details to be Announced in 2010

By Beth W. Orenstein

The three organizations that credential sonographers are developing recertification requirements that will include an assessment component (i.e., an exam.) In the future, sonographers will have to periodically meet requirements above and beyond Continuing Medical Education (CME) credits to maintain their credentials – whether their credentials are from the American Registry for Diagnostic Medical Sonography (ARDMS), the American Registry of Radiologic Technologists (ARRT) or Cardiovascular Credentialing International (CCI).

“It’s coming. It’s not a rumor,” says Dale R. Cyr, CEO and Executive Director for ARDMS, the largest of the three credentialing bodies for the sonography profession.

However, the credentialing bodies say recertification requirements are no reason for panic or concern: The recertification requirements will be simple, easy to access (online from a home or office computer) and very affordable – taken at little cost to the registrants.



“Recertification assessments are meant to further assure the public that current practice standards are being employed when a sonogram is performed by a credentialed sonography professional,” Cyr says.

“Our expectation is if you’re actively practicing, you simply have to keep up with changing technology,” says Jerry Reid, PhD, Executive Director of ARRT. “So it shouldn’t be that much of a burden to any ARRT certified sonographers to meet the requirements and document their continued qualifications.”

Likewise, says Aaron White, Executive Director of CCI: “The recertification examination will test the registrants’ fundamental knowledge

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– knowledge that a sonographer, who has been credentialed for years, should be able to ‘spit out’ without long hours of preparation. It should be that second nature to sonographers who are credentialed. Everything in the recertification requirements will be related to what sonographers in their field do on a day-to-day basis.”

White says he would be surprised if the pass rate isn’t in the high 90s – double its current pass rates for vascular and cardiac exams. “This is not like some fields where the profession only wants 60 percent to pass,” he says. “We in the field of sonography believe that anyone who meets or exceeds the bar of fundamental knowledge should pass.”

ARDMS to announce details in January

ARDMS expects to announce more of the mechanics of its recertification assessment program exam in January. “In the coming months, we will be able to start telling people the specific dates for recertification with more details of how the program is going to work,” Cyr says.

ARDMS is expecting all its current and future registrants will be required to take recertification assessments in their specialties on a set cycle.

The recertification assessments will consist of minimal number of questions and, Cyr says, “you will be able to take it at your home or office or wherever you access the Internet. You will not need to go to testing centers as you do with the initial credentialing examinations.”

ARDMS is not rolling out its recertification assessment program for several years. More details will be released in 2010.

The recertification assessments, which will apply to current and new registrants, will not change ARDMS’ requirements for CME credits in any way, Cyr notes.

CCI also to require current registrants to demonstrate knowledge

Like ARDMS, CCI also will be requiring current CCI registrants to abide by the pending revised recertification policy, which it will outline to the cardiovascular field in 2010.

“While we understand the issues that have arisen in public opinion, CCI’s board feels that it cannot exclude current registrants from this policy because the responsibility lies on CCI to verify the maintenance of fundamental knowledge by those who hold our credentials,” White says.

Unlike ARDMS and CCI, ARRT will not require current registrants to be recertified. With ARRT only those who become certified in 2011 and after will face recertification requirements including retesting.

ARRT is not planning on requiring its registrants to retake their entry-level certification exams, Reid says.

“Although certificants often hear ‘recertification’ and automatically think that they will be required to re-take the entry-level certification exam, that is not the current plan for ARRT,” he says. “Although there will be an assessment included, there will also be a portfolio component to document qualifications.”

ARRT announced now that it would be implementing recertification requirements for those who earn their certifications starting in 2011 so that they can prepare. Anyone who applies for certification in 2011 and thereafter will be affected, Reid says.

ARRT is issuing time-limited certifications with the term being 10 years. Registrants will have to prove their continued qualifications by documenting that they have met the requirements during the last five years of the 10-year period, Reid says. “So starting in 2016 those who earn their credentials in 2011 will begin to do their online documentation of continued qualifications.”

Reid is hoping that registrants will use the assessment component to identify their areas of weakness and tailor their continuing education courses to those areas. “There will be an assessment component to find if there are any areas of weaknesses in the areas in which they are certified,” he says. “If so, they will have to do CME’s specifically related to those areas of weakness and then we will follow-up to make sure those areas have been addressed.”

Recertification standard among health care professionals

Recertification seems to alarm many sonographers, especially those who haven’t taken tests in years. Some see it as a “money grab” scheme by the registries. Recertification is one of the most active and controversial topics on SDMS’ discussion forums.

However, the sonographer registries explain that recertification is already standard among many health care and other professions that have or require credentials. They point out that they are just keeping up with the times.

Most mature, larger credentialing organizations

already have recertification assessments in place, Cyr says. ARDMS, which has more than 65,000 active registrants who are sonography professionals, is one of the few larger credentialing organizations in a sophisticated health care profession that does not. "It really is considered common practice in the health care field," he says.

Technology changes so fast that "what you learn in an education program today has a shorter shelf-life than it did in years past," Reid says. "Because pace of technological change is so rapid nowadays, there really needs to be a mechanism to make sure individuals maintain their competency. "

Also, Cyr explains, organizations like ARDMS are themselves accredited. For years, the main organization that accredits the ARDMS and CCI as an independent credentialing organization – the International Organization for Standardization (ISO)/American National Standards Institute (ANSI) – has strongly recommended some form of post-credentialing recertification assessment be in place.

"To maintain ISO/ANSI accreditation in the future, all personnel credentialing organizations, such as ARDMS, will have to require some type of recertification assessment," he says.

"CCI is also ANSI/ISO accredited like ARDMS and thus it is highly recommended under our accreditation standards that we have a way to verify maintenance of knowledge," White says.

Registries: Cost of recertification shouldn't be an issue

Cyr says the cost of the recertification exam should not be a concern as it will be very low.

Reid and White also say their organizations are not looking to make money from the recertification requirements.

Reid expects the price ARRT sets for meeting its continuing qualifications requirements will do no more than cover the cost of developing and administering the requirements and because satisfaction of the requirements is documented online that cost should be very reasonable.

None of the organizations is concerned about its registrants having access to computers to be able to take the test. Sonographers work with computers all day long, they say. Also, they say, they have been requiring that students register for their certification exams online for some time now and computer

access hasn't been an issue for them. If someone were to have a problem, arrangements could be made for him or her to take the test.

Developing fair and accurate recertification requirements takes time

ARDMS has heard from many sonographers on the issue of recertification assessments, Cyr says. "Some totally understand the need for it and some aren't pleased," he says.

"ARDMS is not going to develop a program that alienates our community or makes it overly burdensome for our community members," Cyr says.

Developing the recertification assessments and the guidelines has been a long process and will continue to take time, Cyr says, because ARDMS has wanted to involve all stakeholders and develop an assessment that is fair and meaningful.

A task force made up of volunteers from the sonography profession has been researching, discussing and guiding the development of the exam. "We have pulled the sonography community together for this," Cyr says. "That includes SDMS, [and] all the other professional societies to be sure we are thinking and planning this through properly. That group has been putting the major pieces of this puzzle together."

Efforts to develop the exam had been discussed for sometime but they began in earnest at the recommendation of ARDMS's accrediting body, ANSI-ISO, Cyr says.

"We are building this program meticulously and methodically so that when we do roll out recertification assessments, which will be several years from now, it will be meaningful and affordable for our registrants," he says.

Sonography credentials available from ARDMS, ARRT, CCI

ARDMS offers examinations for four sonography credentials: Registered Diagnostic Medical Sonographer (RDMS), Registered Diagnostic Cardiac Sonographer (RDCS), Registered Vascular Technologist (RVT), and Registered Physician in Vascular Interpretation (RPVI.)

ARRT offers 15 certifications, three of which apply to sonography: general, breast and vascular.

CCI administers examinations and awards credentials in the field of cardiovascular technology, including

the areas of vascular technology and diagnostic cardiac sonography. It now offers seven credentials: Registered Cardiac Sonographer (RCS); Registered Vascular Specialist (RVS); Registered Congenital Cardiac Sonographer (RCCS); Registered Phlebology

Sonographer (RPhS); Registered Cardiovascular Invasive Specialist (RCIS); Registered Cardiac Electrophysiology Specialist (RCES); and Certified Cardiographic Technician (CCT).

Beth W. Orenstein is a writer for SDMS.



Your Role in Preventing Health Care Fraud

The ongoing debate in Washington, D.C. regarding health care reform highlights the significant problem of health care fraud in the United States. Health care fraud affects every American. Not only is waste, fraud and abuse taking critical resources out of our health care system, it contributes to the rising cost of health care for all Americans and harms the short and long-term solvency of essential programs like Medicare and Medicaid. Eliminating fraud will cut costs for families, businesses and the federal budget and increase the quality of services for those who need care.

The Federal Bureau of Investigation (FBI), along with its federal, state, and local law enforcement partners, the Centers for Medicare and Medicaid Services (CMS), and other government and privately-sponsored program participants, work closely together to address vulnerabilities, fraud, and abuse. The National Health Care Anti-Fraud Association (NHCAA), the leading national organization focused exclusively on the fight against health care fraud, estimates **conservatively** that 3% of all health care spending—or **\$68 BILLION**—is lost to health care fraud each year. That is more than the gross domestic product of 120 different countries, including Iceland, Ecuador, and Kenya. Worse, some estimates of fraudulent billings to public and private health care programs are even higher, at between 3 and 10 percent of total health care expenditures.

While all health care programs are subject to fraud, Medicare and Medicaid programs are particularly vulnerable given the size of these programs and the amount of money involved (estimated at \$484 billion per year). The fraud schemes are not specific to any area but are found throughout the entire country. The schemes target large health care programs, public and private, as well as beneficiaries. The



fraud schemes have become more sophisticated and complex and are now being perpetrated by more organized crime groups.

One of the most significant trends in recent health care fraud cases includes the willingness of medical professionals to risk patient harm to patients in their schemes. Recent reductions in health care reimbursement rates and changes to reimbursement payment systems may create pressure on health care providers to order or perform even more procedures (even when unnecessary) to meet business performance goals. Some of the most prevalent schemes include:

Billing for Services not Rendered – These schemes can have several meanings and could include any of the following:

- No medical service of any kind was rendered.
- The service was not rendered as described in the claim for payment.
- The service was previously billed and the claim had been paid.

Upcoding of Services – This type of scheme involves a billing practice where the health care provider submits a bill using a procedure code that yields a higher payment than the code for the service that was truly rendered (e.g., unilateral procedures being billed as bilateral procedures).

Duplicate Claims – A duplicate claim usually involves a certain item or service for which two claims are filed. In this scheme, the claim is modified slightly so

the exact claim is not filed twice, but one service is billed two times, in an attempt to be paid twice for one service.

Unbundling – This is the practice of submitting bills in a fragmented fashion in order to maximize the reimbursement for various tests or procedures that are required to be billed together at a reduced cost. Billing exams as though they were done individually on subsequent days is an example of unbundling.

Excessive Services – These schemes typically involve the provision of medical services or items which are in excess of the patient's actual needs.

Medically Unnecessary Services – A service is medically unnecessary and may give rise to a fraudulent scheme when the service is not justified by the patient's medical condition or diagnosis.

Kickbacks – A health care provider or other person engages in an illegal kickback scheme when he or she offers, solicits, pays, or accepts money, or something of value, in exchange for the referral of a patient for health care services that may be paid for by Medicare or Medicaid. Although kickbacks are often paid in cash based on a percentage of the amount paid by Medicare or Medicaid for a service, kickbacks may take other forms such as jewelry, free paid vacations, or other valuable items.

Whistleblower Protections and Benefits

The Federal False Claims Act allows a private individual or "whistleblower", with knowledge of fraud on the federal government (i.e., Medicare or Medicaid fraud), to sue on behalf of the government (a *qui tam* suit) to recover civil penalties and triple damages. If successful, the suit not only stops the dishonest conduct, but also deters similar fraudulent conduct by others. The whistleblower generally receives between 15 to 30 percent of the federal government's total recovery as a reward (plus attorney's fees and costs). The False Claims Act also prohibits an employer from harassing or retaliating (including discharge, demotion, suspension, threatened, etc.) against an employee for attempting to uncover or report fraud on the federal government. If retaliation by an employer does occur, the whistleblower may sue and be awarded reinstatement, two times the amount of back pay (plus interest), litigation costs, and

attorney fees. [Please consult an attorney for more information and/or legal advice regarding this issue.]

Health care fraud is not a victimless crime as it increases healthcare costs for everyone. Participation in health care fraud is a crime and it has left many thousands of people injured. Keeping our health system free from fraud requires active participation from each of us.



Federal Bureau of Investigation

If you suspect health care fraud, please contact your local FBI field office (see <http://www.fbi.gov/contact/fo/fo.htm>) or submit a tip online at: <https://tips.fbi.gov/>

Office of Inspector General Hotline

The Office of the Inspector General maintains a hotline, which offers a confidential means for reporting Medicare fraud. The Hotline can be contacted:

By Phone: 1-800-HHS-TIPS (1-800-447-8477)

By Fax: 1-800-223-8164
(no more than 10 pages please)

By E-Mail: HHSTips@oig.hhs.gov

By Mail: Office of the Inspector General
HHS TIPS Hotline
P.O. Box 23489
Washington, DC 20026

Please provide as much identifying information as possible regarding your concern. Such information should include subject's name, address and phone number, etc. Details regarding the allegation should include the basics of who, what, when, where, why, and how. Please note that it is current Hotline policy not to respond directly to written communications.

Insurance Companies

Most insurance companies also maintain fraud hotlines to facilitate reporting health care fraud. Visit the applicable insurance company website for more information on how to report fraud.

Letter From the President

By Charlotte Henningsen, MS, RT(R), RDMS, RVT, FSDMS

Happy New Year! I thought that I would start out the new year by sharing with you some of our goals for SDMS in 2010. First and foremost, we will continue to work on mandatory credentialing for sonographers. The SDMS Position Statement on Sonographer Credentialing (Approved by SDMS Board of Directors, April 2009) is as follows:

“Provision of Diagnostic Medical Sonography (DMS) procedures, including those performed for screening purposes, requires that the sonographer performing the sonographic examination be credentialed by a nationally recognized sonography credentialing organization.

In the view of the Society of Diagnostic Medical Sonography (SDMS), there is a strong need for requisite sonographer credentialing because medical sonographic services are highly operator dependent. To ensure consistency and patient safety, the sonographer shall demonstrate broad-based knowledge, good judgment, and appropriate real-time discretion to assess and evaluate anatomy, and to acquire and optimize the appropriate images and data for sonographic screening and interpretation by the interpreting physician.”

To that end, the Society will continue to diligently work with our Government Relations Committee and our lobbying team to introduce legislation that will mandate credentialing for sonographers. For purposes of continuity, it is our preference that this standard be set at the federal level.

You might ask; “How does the Board of Directors decide which goals to pursue?” The short answer is that we are guided by the SDMS Strategic Plan (<http://www.sdms.org/members/plan.asp>) and the Core Purpose: “Enhance the art and science of medicine by advancing medical sonography to ensure quality patient care.” The decisions made by the Board of Directors are founded upon knowledge-base governance, meaning that our initiatives all link back to our Strategic Plan which is the road map which we follow. One of the key goals contained within the Strategic Plan is that “sonographers will be recognized as medical professionals who are certified by a nationally recognized certification body” This is the source for our current focus on mandatory

credentialing for sonographers.

One of my personal goals is to continue to share my journey as the SDMS President with you, the members. As I travel, attend meetings, and represent the Society and YOU, I will post new messages and pictures on the SDMS President’s Blog (<http://www.sdms.org/blog>). I hope that the SDMS President’s Blog becomes an interactive communication vehicle where the members share their stories with me as well.

I have received emails from some of you asking how you can become involved in professional service. For me, my introduction to the professional community was through the encouragement of mentors who guided me to various activities within sonography and sonography education. My professional service with national organizations began as a site visitor for the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS). I became involved in the SDMS initially as a member of the Continuing Medical Education Committee. I served on that committee for several years and then chaired that committee prior to being elected to the Board of Directors. I might also mention that I was not successful in my first attempt at Board service; there is benefit in perseverance.

There are many opportunities for volunteers in the sonography community, whether it is in your local/state community or with our national associations. The committee work of SDMS volunteers is valuable in developing membership benefits, setting policy, awarding CME, developing the SDMS Annual Conference, monitoring and responding to the governmental environment, and many other services. SDMS puts out a call for volunteers prior to the beginning of each new presidential term. If you are interested in becoming involved, I would encourage you to complete the volunteer application when it becomes available.

As you evaluate your goals for 2010, I hope that you will join me in setting a goal to find a venue for professional service. Our sonography community needs YOU!





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PRESS/NEWS RELEASE

For Immediate Release
December 22, 2009

Settlement Agreement Reached in SDMS Lawsuit

DALLAS, TEXAS – Today, the Society of Diagnostic Medical Sonography (SDMS) announced a significant settlement in its lawsuit against the International Foundation for Sonography Education and Research (IFSER), which was formerly known as the “SDMS Educational Foundation” and a former SDMS employee. SDMS filed suit June 8, 2009 in Dallas against IFSER and the former SDMS employee. The settlement will lead to a sizable financial recovery by SDMS and an even larger transfer of monies from IFSER to the recently formed Society of Diagnostic Medical Sonography Foundation (SDMS Foundation). This will enable the new SDMS Foundation to use monies raised from SDMS members for the benefit of SDMS members.

The lawsuit was filed a few weeks after IFSER’s Board of Directors suddenly announced its intent to end its long-time affiliation with the SDMS. The SDMS Educational Foundation was originally formed by the SDMS in 1989; and for more than 20 years, donations from SDMS members and the sonography corporate community helped support charitable programs related to SDMS and the field of diagnostic medical sonography. In response to IFSER’s announced separation from SDMS in May 2009, the SDMS formed the SDMS Foundation and took steps to ensure that the new SDMS Foundation would be permanently affiliated with the SDMS.

Within its first few months of operation, the new SDMS Foundation, with support from the SDMS, established several grant and scholarship programs. The SDMS Foundation has provided more than \$50,000 in educational grants to assist students and sonographers who wanted to attend the 2009 SDMS Annual Conference in Nashville, Tennessee. The SDMS Foundation also awarded \$2,500 educational scholarships and provided grants to aid students and sonographers preparing to take sonography certification examinations.

“The SDMS is pleased with the settlement agreement,” said Charlotte Henningsen, MS, RT(R), RDMS, RVT, FSDMS, SDMS President. “The agreement ensures the money previously donated by SDMS members and the sonography community will be available to the new SDMS Foundation to help fund the Foundation’s future charitable programs and assist SDMS members.”

About SDMS

The Society of Diagnostic Medical Sonography (SDMS; www.sdms.org) is an international professional organization representing more than 21,500 sonographers and other health care providers involved in the use of Diagnostic Medical Sonography. Its goal is to promote, advance, and educate its members and the medical community in the science of Diagnostic Medical Sonography.

About the SDMS Foundation

The SDMS Foundation (www.sdmsfoundation.org) is a nonprofit organization, affiliated with the SDMS, which provides a variety of charitable programs that benefit the sonography community and the patients they serve.



Upcoming 2010 SDMS and SDMS Foundation Deadlines

SDMS Fellow Membership

The SDMS Fellow membership category recognizes individual members who have made outstanding contributions to the field of sonography as well as exhibits professional qualities and attributes by contributing to the advancement of sonography and sustained contribution to the SDMS.



Nominees must be active SDMS members in good standing for a minimum of five years continuous membership. They must also be credentialed in at least one specialty area by a national sonography credentialing body recognized by the SDMS Board of Directors.

Nominators must be current SDMS members and self-nominations cannot be made. A nomination form is available at: <http://www.sdms.org/pdf/fellownomination.pdf> and nominations may be sent to Stephanie Rhymes at srhymes@sdms.org by **February 12, 2010**.

SDMS Foundation Student and Sonographer Scholarship

The SDMS Foundation Scholarship Program provides a \$2,500 scholarship to a deserving sonography student and sonographer.



Students must be accepted or currently enrolled in a 2010 term (semester or quarter) in an educational program in diagnostic medical sonography or cardiovascular technology, which has been accredited by the Commission on Accreditation of Allied Health Educational Programs (CAAHEP).

Sonographers must have a minimum of two (2) years full-time sonography experience and has been accepted or is currently enrolled in a 2010 term (semester or quarter) in an advanced sonography-related* degree program (bachelor's, master's, or

doctoral) in an accredited institution recognized by the U.S. Department of Education.

Scholarships can be used for tuition, books, or educational fees. Scholarship requirements and application can be obtained at www.sdmsfoundation.org. The application submission deadlines are **January 31, 2010**, and **July 31, 2010**.

* including, but not limited to, degrees in management, health, education, etc.

SDMS Foundation Certification Examination Grant Program

The SDMS Foundation Sonography Certification Examination Grant Program provides \$250 grants to deserving sonography students and sonographers who successfully complete a sonography certification*

examination after being approved for a grant (paid as reimbursement). The grant may be used for examination fees, travel to examination site, or study materials.

Applicants may apply for two certification examinations per calendar year - \$500 total grant. The recipients of a SDMS Foundation Certification Exam Grant also receive a free SDMS National Certification Examination Review (NCER) study guide.**

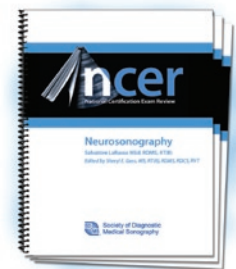
Applications are accepted **January 1** through **September 30, 2010**.

<http://www.sdmsfoundation.org/pdf/grantscholarship.pdf>

* Note: For purpose of this grant program, only applicants for sonography-related examinations administered by the American Registry for Diagnostic Medical Sonography (ARDMS) and Cardiovascular Credentialing International (CCI) are eligible for grants.

** Subject to availability

Note: Only one SDMS Foundation grant or scholarship may be awarded to an individual in a calendar year.



SDMS Member Benefit Spotlight

VPI Pet Insurance

VPI Pet Insurance provides health and accident insurance for dogs, cats, birds and a variety of exotic pets. In addition, pet insurance provides both protection for a pet and peace of mind for a pet owner.

Pet owners shouldn't allow finances to get in the way of giving their pets the care they need. Just like with any other family member they want what is best for the pet and VPI Pet Insurance is there to help.

VPI policies start at just \$10 a month with a \$50 per-incident deductible. The average cost of a plan for a dog is \$25 to \$30 a month. The cost varies by species, age and state of residence. These policies cover a multitude of medical conditions that are not pre-existing, congenital, hereditary or otherwise excluded from coverage. In addition, pet owners are free to visit any licensed veterinarian anywhere, even when away from home.

The optional Pet Well Care Protection

coverage offers benefits for routine care including dental cleanings, physical exams and vaccinations. For an annual fee, policyholders receive additional yearly benefits. A deductible does not apply to these routine care benefits.

To learn how you as a SDMS member can receive a discount on VPI Pet Insurance, visit:

<http://www.sdms.org/members/petinsurance.asp>.



Society of Diagnostic Medical Sonography



Election 2010

Call for Nominations for 2010 Elected Positions



DEADLINE:
February 12, 2010

SDMS members may submit their nominations for the elected positions listed, as well as nominate a SDMS member for Fellow status at:

SDMS Board of Directors:

- At Large Director (3 open positions)
- At Large Director (international)

SDMS Committee Positions:

- Nominating Committee Member (3 positions open)
- Finance Committee Member (1 position open)

<http://www.sdms.org/members/nominateform.asp>



SDMS 2010 Member Renewal Promotion

Renew early online and win!

Any member that renews their membership ONLINE within 30 days of receiving their FIRST renewal notice email will be automatically entered into a drawing to win an Apple® iPod Touch.



- Members must renew online to be eligible for drawing
- Drawings will occur on the first of each month
- Promotion valid January 1 through December 31, 2010

Yearend Clearance Sale!

All 2009 Medical Ultrasound Awareness Month (MUAM) merchandise has been marked down to *half-price!*

Items include t-shirts, mugs, totes, and pens-on-a-rope. Click the link below to start saving now while supplies last!



<http://www.sdms.org/store/AdvancedSearch.aspx?Sale=1>

New Member SCAN



**Stephanie Wilson, BS,
RDMS, RVT**
Yeagertown, PA

Stephanie began her sonography career in 1996 working in a clinical setting until 2005. During that time, she was also able to teach sonography to other sonographers just starting their career and physicians. In 2005, Stephanie moved into education when she was offered the opportunity to assist in the development of a dedicated vascular program in the same institution she received her degree. She has been teaching ever since. Along the way, Stephanie met and married another vascular sonographer and

now has two beautiful children, both under the age of 3 – which keeps them very busy!

When asked what inspired Stephanie to choose a career in sonography, she replied, “Health care careers always inspired me in high school probably because of my exposure to athletic training and physical therapy through high school sports. I was initially in search of a radiology program and accidentally stumbled upon a sonography program. Once I learned about the field, I was instantly fascinated. My sonography program director guided me towards vascular technology”.

Stephanie joined the SDMS to become a more active contributor to the advancement of the sonography profession. Her favorite SDMS benefit is the networking opportunities SDMS provides its members. Since becoming a member, she has been able to make many connections with other sonographers through SDMS and teaching. Stephanie said, SDMS has provided her with such a broad range of sonographers to share and exchange ideas.

Stephanie, welcome to the SDMS!



Upcoming SDMS Webinars

Participate in live presentations or watch the recordings at your convenience. Then take the test for instant CME credit, **absolutely free** for SDMS members.

The SDMS Webinar Series is a series of live or recorded CME presentations delivered via the Internet to SDMS members conveniently to their home or work computer. Using your computer and a phone, you have access to exciting information presented by world-class sonographers.

The SDMS Webinar Series is available FREE to current SDMS members.

If you are unable to participate in these live webinars, visit <http://www.sdms.org/members/webinars.asp> for information on viewing a recording of the webinar.

Registration: The SDMS Webinar Series is FREE to current SDMS members and is not available to non-members (For information on joining SDMS, visit <http://www.sdms.org/membership/>)



All SDMS Webinars are tracked by SDMS CME Tracker.

<http://www.sdms.org/members/webinars.asp>

Evaluation of the Fetal Heart – A Review for Sonographers

Date: Thursday, January 14, 2010

Time: 8:00 pm (Eastern); 7:00 pm (Central); 6:00 pm (Mountain); 5:00 pm (Pacific)

CME Credits: 1.0 SDMS CME Credit (FE)

FEATURED SPEAKER:

Lisa Allen BS, RDMS, RDCS, RVT, FAIUM

Optimization in Vascular Ultrasound

Date: Thursday, February 18, 2010

Time: 8:00 pm (Eastern); 7:00 pm (Central); 6:00 pm (Mountain); 5:00 pm (Pacific)

CME Credits: 1.0 SDMS CME Credit (VT)

FEATURED SPEAKER:

Cindy Owen, RT, RDMS, RVT, FSDMS



SDMS Fellow Spotlight

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



Terry DuBose, MS, RDMS, FSDMS, FAIUM

Year awarded fellow status: 1999

Current position: Associate Professor and Director of the Diagnostic Medical Sonography Program at the University of Arkansas for Medical Sciences in Arkansas

What inspired you to make a career of sonography?

It's a long story. Basically, my first degree was in business (1966) before I went to Vietnam. When I came back from Vietnam in the late 60s, I resigned from my position as tax examiner for the Texas State Comptroller, and protested that war for two or three years with the Vietnam Veterans Against the War (VVAW). As the war wound down, I began to realize that there was a thin line between being a full-time protestor and a street person. I decided I wanted to do something to recoup my karma. Living in Austin, Texas, I went to a career counselor at the Texas Hospital Association. He looked at my background. I had done a lot of photography, a lot of silk screen and home movies and other art projects. He said, "Why don't you try radiologic technology? It's just like photography except you don't use visible light." So I immediately enrolled in school in Austin and got an associate's degree in radiologic technology. While I was there, I started hearing about sonography. I was doing a paper for physics on the wave motion nature and the crystallography of the double helix and kept looking for the wave motion nature of ionizing radiation, that dichotomy of quantum mechanics versus wave motion. Every time I would do a search at the library, going through journals and other print sources – we did not have Internet searches then – I kept coming up with ultrasound. I went to one of the radiologists and asked, "What is this ultrasonic imaging?" And he said, "Well it's coming but it wasn't in our curriculum." The hospital where I was working agreed to order a sonographic machine, and I was on the loading dock when it showed up. I started working

with it and never looked back.

When we first got the machine, we were doing one to two cases a day, but it grew rapidly. We got that machine in '76, and I received my RDMS registration in '78. In '79, I was approached by a mobile company from Missouri wanting me to drive a van around central Texas performing scans. Of course, in the '70s, we had the first oil crisis. I had gotten married in '79 and we had purposely looked for a house within bicycle distance of the hospital district of Austin where my wife also worked. I didn't want to drive all over Texas, so I didn't take the job. But I went to the radiologists I was working with and said someone is going to come in and take all these OB and walk-in cases away from me and leave me with all those people dying down in ICU. I said I wanted to do out-patient OB. They said they weren't sure there was enough business for that. I replied that if they didn't think it would be profitable I would buy the machine, but I needed someone to read films. They came back and agreed to buy a machine. So I moved across the street to start the first out-patient sonographic laboratory in Austin. I was there 14 years.

In the mid '80s, we had two sonographers and our practice had grown to a point where we needed to hire someone else but we couldn't find anyone who was qualified. We decided to approach the college, and, in 1989, we started the accredited Diagnostic Medical Sonography Program at Austin Community College. It was the third or fourth sonographic program in Texas. I was there five years, teaching evenings, and scanning days, before I came here in '96 to start the first DMS Program in Arkansas. I recently submitted my resignation as DMS Program Director at UAMS, effective the end of May 2010, after commencement. We will be returning to Austin to be near family and friends, but I plan to teach part-time online and perhaps scan part-time.

Did you have a memorable role model/teacher? Who was it?

There was a group of radiologists that I worked with in Austin including Robert Snider, Robert Ellzey, Edward Poole, James Cunyus, William DeGinder and Larry Hill. We had one of the first sonographic instruments,

if not the first, in town. Even though it was a private office, the radiologists were interested in academics. They encouraged me and the other sonographers to experiment with the equipment. They knew the more we worked with it, stretched the modalities, the better we would be. So we all got in there and learned together. I remember looking at difficult cases – when we got beyond gallstones – we would play sort of a game between the sonographers and the radiologists to see who could name the most realistic differential diagnoses. That was a good exercise; we all learned from that. They encouraged us to push the limits and the first medical paper I published was one on transducer quality. We had bought a couple of machines – all the same kind of equipment as was at the hospital where I had been supervising and then for the outpatient office. Each instrument had transducers that were supposed to be identical; however, they had slightly different characteristics and I did a comparison. That was the first medical paper I ever published. It was published in the journal, *Medical Ultrasound*, the predecessor to the *JDMS*, (DuBose TJ; A Simple Test for Excessive B Scanner Transducer Ring; *Medical Ultrasound*; 7:169-172, Nov. 1983). Shortly after that we followed with several more, and I've been publishing ever since.

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

I just think Doppler is remarkable and it's helping all aspects of sonography – obstetrics, vascular and cardiac. Blood flow has everything to do with life and death, and to be able to measure that non-invasively is just a remarkable achievement and without Doppler it would not have been possible.

Were there any memorable developments, cases or events that changed the way you practiced sonography?

Realizing there was a way to measure the cranial volume is my personal achievement that I think was most significant. We've measured cranial volumes on more than 10,000 cases, and I know it's a

much more accurate measurement of fetal head circumference than biparietal diameter (BPD.) If you go from a one-dimensional BPD to a 2D head circumference you get an incremental increase in accuracy because of molding of the head shape. If you go to the 3D measurement, you get the same incremental increase in accuracy because of the molding in the vertical axis, which no one is really paying much attention to right now.

What changes do you predict in the immediate future?

Technologically, we will move into 3D volumetric studies. Professionally, I think sonographers are going to be recognized as having much more responsibility and having to use their individual judgment to assess cases than their educational requirements would indicate. Most sonographers are operating much like a physician's assistant does because the sonographer decides which images are significant. They take and analyze the measurements and discuss the case findings with the physicians, and that's significantly different from most imaging technologies. I think very soon diagnostic sonographers will be recognized as professionals rather than just a technical occupation by the U.S. Department of Labor.

What advice would you give to students/ future sonographers?

Learn to acquire and manipulate 3D volume studies, including Doppler in those studies. It's here and we have to do it. If we don't learn to manipulate those volume studies, then the physicians, physician's assistants and nurse practitioners will be taking over these tasks when, by rights, sonographers should be doing them. They understand the technology more than anyone else.

What's your favorite part of your job?

Teaching students right now, although I do miss the clinical work; and I look forward to getting back to scanning soon.



SDMS Welcomes New Members

November 2009

Richard Abbott, RDMS,RVT	Julie Blesch, RN,RDMS	Neelam Chohan, RDMS	Elishau Dotson
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