News wave

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.

Prospects for Sonography in the Healthcare Reform Environment

Whether a healthcare reform bill finally emerges from the United States Congress or not, one thing is already clear; some fundamental changes are likely coming to the American healthcare system. These changes will include:

- Strong interest in cost-effective diagnostic technology
- Renewed interest in the 'least invasive' approach to diagnostic medicine
- System preference for the most clinically efficacious, yet cost-effective diagnostic tools

Given these reform-driven issues, sonography enjoys a unique position within the field of medical imaging to take advantage of its inherent attributes:

1. Clinical efficacy
2. Cost effectiveness
3. Non-ionizing
4. Real-time adjustability

Sonographers are quite likely to benefit from being at the 'right place, at the right time' as the healthcare changes take hold within the healthcare system and the medical community.

These points were captured and strongly reinforced in a benchmark research review study published in the *Journal of Diagnostic Medical Sonography (JDMS)* in the May/June issue of 2009 (available to SDMS members in the *JDMS* online archive at **http://www.sdms.org/jdms/default.asp**. This article authored by Michelle Bierig, MPH, RDMS, RDCS, FSDMS and Anne Jones, RN, BSN, RDMS, RVT, FSVU: *"Accuracy and Cost Comparison of Ultrasound Versus Alternative Imaging Modalities, Including*

In this issue

CT, MR, PET, and Angiography", consolidated, for the first time, the body of research related to Ultrasound and other widely used medical imaging modalities as it related to clinical efficacy and cost effectiveness. Further, the study also concluded that; "The effective use of US (ultrasound) has also been linked to having the US examinations performed by personnel who have demonstrated a minimal level of competency." This finding is consistent with the Society's focus on establishing national certification standards for sonographers as a condition to practice and reimbursement.

The authors of the study focused on seven (7) different parameters in which ultrasound was compared to other medical imaging modalities; these included:

- Obstetrics & Gynecology
- Abdominal
- Vascular
- Echo (Echocardiography)
- Emergency Medicine
- Disease Diagnosis
- Cancer

Key findings under each of these parameters included the following:

Obstetrics & Gynecology

- Ultrasound is the imaging method of choice for pregnancy because of its low cost, real-time capabilities, and safety
- Ultrasound provides the optimum method of fetal viability and identifying ectopic abnormalities
- Ultrasound avoids the risks associated with ionizing radiation and invasive amniocentesis
- Ultrasound evaluation of fetal blood flow has been shown to be more accurate than amniotic fluid testing
- Transvaginal ultrasound is a cost effective diagnostic screening tool for women with vaginal bleeding
- Ultrasound is recommended as the initial imaging modality for women with uterine tumors
- Ultrasound is an accurate and efficient diagnostic tool compared to hysteroscopy
- Ultrasound has been suggested as the only necessary evaluation tool for patients with a history of recurrent miscarriage

Abdominal

- Ultrasound is the preferred screening tool for patients suspected of having an abdominal aortic aneurysm
- Ultrasound has been shown to be a cost effective and clinically effective diagnostic tool for patients with suspected gall bladder disease, acute biliary pancreatitis, and acute cholecystitis
- Ultrasound has demonstrated comparable sensitivity and specificity to CT and MRI in evaluating patients with adrenal tumors
- Ultrasound provides an effective alternative to colonoscopy in screening for colon cancer
- Ultrasound is the recommended diagnostic tool for patients with inflammatory bowel disease to reduce excessive radiation exposure

Vascular

- Ultrasound has been shown to be as sensitive and specific as CT in evaluating patients with suspected venous thromboembolism…ultrasound is the most frequently used diagnostic tool in evaluating patients with suspected Deep Vein Thrombus (DVT) due to its accuracy and low cost
- Ultrasound has demonstrated a higher level cost effectiveness in evaluating patients with peripheral arterial disease (PAD) compared to MR, CT and angiography
- Ultrasound has been used effectively in assessment of peripheral vascular disease (PVD)
- Ultrasound has been found to be a cost effective tool in determining the need for carotid endarterectomy, and the intraoperative use of Ultrasound on patients undergoing endarterectomy is more cost effective either angiography or no imaging

Cardiac

- Ultrasound has been shown to generate a cost-savings of $900 per patient for those patients presenting to emergency departments with chest pain
- Ultrasound (stress echocardiography) decreased the cost of patient evaluation ($803) compared to SPECT ($1,634) and angiography ($29,999)
- Ultrasound was shown to be more accurate and cost effective than ECG testing in evaluating patients presenting with chest pain

- Ultrasound (stress echocardiography) generated a lower cost per quality-adjusted life year ($31,500) compared to SPECT nuclear imaging ($326,000)
- Ultrasound (stress echocardiography) had higher sensitivity (85%) and specificity (70%) for predicting perioperative cardiac death and non-fatal myocardial infarction

Emergency Application

- Ultrasound provides greater accuracy in detecting lung contusions in patients compared to X-ray
- Ultrasound has been shown to be an effective diagnostic tool in the diagnosis of pneumothorax, and is as accurate as lung CT while providing more information compared to X-ray in determining the extension of the disease
- Ultrasound has been shown to be a clinically effective, more cost effective diagnostic tool than other imaging modalities in evaluating patients with acute injury and trauma

Disease Diagnosis

- Ultrasound has been shown to produce significant cost savings in evaluating patients with musculoskeletal disorders compared to MR imaging; some studies suggest a potential cost savings of more than $6.9 billion
- Ultrasound was shown to be as reliable as MR in detecting epicondylitis and tears and more cost effective
- Ultrasound has been suggested as a more cost effective imaging tool for invasive biopsy procedures with greater accuracy

Cancer

- Ultrasound has been suggested as a more cost effective diagnostic tool in evaluating patients with suspected endometrial cancer when compared to MR
- Ultrasound has been shown to be effective in detecting cancer in patients with Graves disease
- Ultrasound has been shown to be an effective and cost effective imaging tool in screening patients for various cancers

The authors of this benchmark research review study offered the following comments:

"The take away message from this article is clear; Sonography provides a clinically accurate and cost effective alternative to the more expensive imaging modalities, and with the future holds the very real prospect of bedside access to disease evaluation and diagnosis."

- Michelle Bierig, MPH, RDMS, RDCS, FSDMS

"This literature review substantiates what ultrasound professionals have always known: ultrasound can provide definitive diagnostic imaging data-immediately and accurately- when performed by a qualified and certified medical sonographer, and interpreted by an experienced physician. Its usefulness, adaptability, repeatability and cost effectiveness are unparalleled in the medical imaging arena."

- Anne Jones RN, BSN, RDMS, RVT, FSVU

In summary, the prospects for the expanded use of ultrasound as a preferred medical imaging modality in a post healthcare-reform environment are quite encouraging.

2009 Advanced Practice Sonographers

Sandra Butler, BS, RDMS
Raymond DeMuth, ThM, RVT
Gina James, BA, RDMS
Deborah Richert, BS, RDMS, RVT
Stephanie Wilson, BS, RDMS, RVT

***Congratulations*!**

Major Gift to New SDMS Foundation Announced

Don and Joan Baker

The Society of Diagnostic Medical Sonography (SDMS) Foundation is pleased to announce that Joan and Don Baker of Kirkland, Washington have made a major gift to the new SDMS Foundation to support its mission and goals. Ms. Baker was a founder of the SDMS in 1970, the American Registry of Diagnostic Medical Sonography (ARDMS) in 1975, and served on the Board of the SDMS Educational Foundation from 1989-1991 (which remained affiliated with SDMS until May 2009). She has twice served as SDMS President and served as the chair of Allied Health at Seattle University and Program Chair of the Ultrasound Technology Program at Bellevue Community College (now known as Bellevue College). Her husband, Don Baker, is an electrical and bio-engineer credited with the discovery, development, and medical application of continuous wave and pulsed Doppler technology. He helped form one of the country's leading ultrasound equipment companies and worked tirelessly to promote the adoption and use of medical ultrasound throughout the world. In recognition of these accomplishments, he received the University of Washington Alumnus Summa Laude Dignatus Award in 2002.

Shannon Boswell, BS, RDMS, RDCS, RVT, FSDMS, the SDMS Foundation's President, expressed the SDMS Foundation's Board's sincere appreciation and gratitude for the unsolicited gift stating, "Joan and Don Baker's donation sets the bar for professionalism and dedication to the sonography community." The gift will help support the Foundation's Certification Examination Grant program, which provides financial and educational assistance to SDMS members who are working to become credentialed in diagnostic medical sonography. The grant program helps both students seeking their first credential as well as experienced sonographers wishing to advance their career by earning another sonography credential.

The donation will also help support a new initiative by the SDMS and SDMS Foundation related to Joan Baker's personal passion of helping sonographers with repetitive stress injuries that have negatively affected their careers. Additional information on this new initiative will be announced later this year. Detailed information about the SDMS Foundation's Certification Examination Grant Program as well as its other grants and scholarships is available online at **http://www.sdmsfoundation.org/programs.aspx**.

Congratulations to the January iPod Touch Winner!

Congratulations to **Heidi Clark** of Derry, NH. Heidi is the winner for our Membership Renewal Campaign for January 2010! Her name was picked randomly from all January members that renewed membership online from December 1 to December 31.

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 eligible for drawing
- Drawings will occur on the first of each month
- Promotion valid January 1 through December 31, 2010

Haiti Earthquake Disaster

When disaster strikes, healthcare workers often feel compelled to respond by sharing their skills, knowledge and compassion with those affected by the disaster. History has shown that in community after community struck by disaster, healthcare workers have stepped forward to assist their communities. But when the disaster is not 'in your backyard' finding a way to assist is much more difficult. And, when the disaster zone is widespread and inaccessible such as after Hurricane Katrina, access to the disaster area can be even more difficult.

The heart-wrenching images coming out of Haiti have stimulated many SDMS members to ask – "How can I help Haiti?" With an estimated 200,000 dead and many more injured, Haiti will need much short-term and long-term healthcare assistance. As the poorest nation in the hemisphere, the fact that it is an island nation with a damaged airport and transportation infrastructure (that was very limited even before the disaster) only compound the tragedy. For now, making donations to reputable charitable organizations who are providing direct emergency aid and relief is the best avenue for most SDMS members to assist.

Here are just a few of the many organizations that are seeking donations to support their efforts in Haiti:

- The American Red Cross has pledged $19 million to assist communities impacted by this earthquake. They expect to provide immediate needs for food, water, temporary shelter, medical services and emotional support.

  www.redcross.org

- Doctors Without Borders is on the ground and has set up clinics to treat the injured in Haiti. Donations are being accepted to aid in their ongoing efforts.

  www.doctorswithoutborders.org

- UNICEF has issued a statement that "Children are always the most vulnerable population in any natural disaster, and UNICEF is there for them." UNICEF request donations for relief for children in Haiti via their Haiti Earthquake Fund. You can also call 1-800-4UNICEF.

  www.unicef.org

- Save the Children has launched an emergency relief effort for Haiti. Donations are being accepted to provide medical attention and clean water to children and families.

  www.savethechildren.org

- World Vision has more than 370 staff in Haiti. Staff members from less-affected regions of Haiti are mobilizing, and World Vision's global experts are expected to arrive in the disaster zone soon. Donations are being accepted to support World Vision's efforts.

  www.worldvision.org

- CARE is deploying emergency team members to Port-au-Prince to assist in recovery efforts. CARE plans to start food distribution using stocks of high-protein biscuits from its warehouses in Haiti. Donations are being accepted to support CARE's ongoing efforts.

  www.care.org

Some SDMS members have offered to travel to Haiti to assist in the disaster. While this may be possible, most healthcare workers who have or will be traveling to Haiti were already part of a disaster response organization. These health care workers are trained, in advance, on how to safely deal with the very difficult conditions in a disaster zone and are usually part of larger coordinated efforts to provide the aid where it is needed most.

If you would like to volunteer to assist when disaster strikes, the best option is to volunteer BEFORE a disaster strikes. There are many organizations who would like to have healthcare volunteers. And in the case of Haiti, healthcare volunteers are going to be needed for a very long time, possibly several years.

Most organizations such as the American Red Cross or Doctors without Borders are NOT taking volunteers during the initial stages of the Haiti disaster. For more information on how you can volunteer in the future, please contact the organization directly.

Another alternative is the U.S. Department of Human Services' National Disaster Medical System (NDMS) that is designed to support the federal response to disasters in the United States. The NDMS temporarily supplements federal, tribal, state and local capabilities by funding, organizing, training, equipping, deploying and sustaining a specialized and focused range of public health and medical capabilities. NDMS personnel are even paid while serving as "part-time federal employees" and their non-NDMS employment is protected for approved trainings and deployments under the Uniformed Services Employment and Reemployment Rights Act (USERRA) as long as they meet the eligibility requirements. To learn how you can join the NDMS, visit http://www.hhs.gov/aspr/opeo/ndms/join/index.html.

SDMS Discussion Forums

In a recent post to the SDMS Discussion Forum, Terry Ware, the Diagnostic Medical Sonography Program Director at Western Career College in Citrus Heights, CA, offered these additional possibilities for volunteering*:

- http://www.healthcarevolunteer.com/
- http://www.assistinternational.org/medicalprojects.htm
- http://www.samaritanspurse.org/index.php/wmm/donating_materials/
- http://www.amrf.com/
- http://www.hidaya.org/health-care/hospital-assistance/

** Disclaimer: SDMS does not endorse any specific aid or relief organization mentioned in this article but offer the information as a service to our members.*

President Signs Accelerated Tax Deduction For Haiti Earthquake Relief Into Law

On January 22, 2010, President Obama signed into law H.R. 4462, which allows taxpayers who make monetary contributions to the victims of the earthquake in Haiti after January 11, 2010, and before March 1, 2010, to claim an itemized charitable contribution deduction on their 2009 federal tax return. Consult your tax advisor for more information.

Society of Diagnostic Medical Sonography

Election 2010

2010 SDMS Fellow Nominations and Elected Positions

DEADLINE: February 12, 2010

SDMS Fellow Nominations
To nominate a SDMS member for Fellow status visit **http://www.sdms.org/membership/fellow.asp**

SDMS Elected Positions
SDMS members may submit their nominations for the elected positions listed below at: at: **http://www.sdms.org/members/nominateform.asp**

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)

SDMS Member Benefit Spotlight -

Journal of Diagnostic Medical Sonography (JDMS)

The Journal of Diagnostic Medical Sonography (JDMS) is published bimonthly by SDMS, and is provided as a free SDMS member benefit. The JDMS offers SDMS members a wealth of information, **FREE** SDMS CME credits and opportunities to publish articles.

Each issue features the latest research and information on sonography through original articles, research project updates, case studies, letters to the editor, and book reviews. The JDMS is available in print and online through HighWire®. HighWire provides SDMS members electronic access to JDMS as well as the ability to search millions of academic and research articles in thousands of journals online and MEDLINE.

At least one (1) article in each issue offers **FREE** SDMS CME credits to members. Readers can review the article and complete a post-test online. More information on JDMS CMEs can be found at **http://www.sdms.org/members/JDMS/default.asp.** Please note that SDMS CME credits are not available to non-members.

Another way to obtain SDMS CME credits is to publish an article in the Journal. JDMS authors can receive 10 **FREE** SDMS CME credits through the SDMS Individual CME Credit Request System at **https://cme.sdms.org/individuals/**.

The SDMS CME credits will be awarded in the applicable specialty/content areas when possible. Otherwise, the credits will be awarded in the "Other" category. Authors must request SDMS CME credits within one (1) year of the article's publication.

SDMS members who are interested in submitting an article for publication in the JDMS can do so either electronically through the ScholarOne website, **http://mc.manuscriptcentral.com/sdms-jdms**, or in print format. Complete author instructions for submission are available at **http://www.sdms.org/pdf/jdmsauthor.pdf**.

One other benefit of publishing in the Journal of Diagnostic Medical Sonography (JDMS) is the prestigious Kenneth R. Gottesfeld Award. This award encourages sonographers to share their expertise with the sonography community by recognizing sonographer authors for his/her publication of outstanding research or review articles. Kenneth R. Gottesfeld Award recipients are chosen by the Editor-in-Chief and select members of the JDMS Editorial Board. Recipients are then announced and recognized during the SDMS Awards Dinner held at the SDMS Annual Conference each year.

The JDMS is a great resource for SDMS members, whether it is used to research a current topic or receive **FREE** SDMS CME credit.

The current issue of the journal can be viewed at:
http://www.sdms.org/members/JDMS/highwire.asp

Change in Mammography Guidelines Questioned

SAGE publishing, publisher of Journal of Diagnostic Medical Sonography, has issued the following press release.

Los Angeles, London, New Delhi, Singapore and Washington DC (January 28, 2010)

The methodology and evidence behind a widely publicized change in national mammography guidelines is questionable, according to a review in the *Journal of Diagnostic Medical Sonography* (JDMS), published by SAGE.

In November 2009, the US Preventive Services Task Force (USPSTF) published a report in the Annals of Internal Medicine discussing the screening techniques for the early detection of breast cancer. A few isolated portions of that report, regarding recommended changes for the use of mammography, were widely discussed in the media, and garnered tremendous public attention.

This new JDMS article provides an evidenced-based review of the work and recommendations contained in the USPSTF report and raises the question whether the controversial conclusions for breast cancer screening were supported by established scientific measurement and research standards. The JDMS review found low methodological scores in the USPSTF report, which may place in question the recommendations generated from the report.

The article concludes that, despite the report's depiction as a systematic review, the USPSTF report was actually just a review of literature, which reduces the overall scientific impact of the report to a much lower level in the hierarchy of evidence.

"Even though the methodology used by the USPSTF is not clear and the level of evidence is questionable, the proposed recommendations have been highly publicized." writes author Kevin D. Evans. "The most appropriate way to guarantee patients are receiving quality health care is to become adept at reviewing published research and implementing information that will change current practice patterns."

The article "Review of the US Preventive Services Task Force's Statement on Screening for Breast Cancer" in *Journal of Diagnostic Medical Sonography* is available free for a limited time at:

http://jdm.sagepub.com/cgi/reprint/26/1/19

SDMS Makes Donation to Sonography Community in Africa

The November edition of SDMS "Sound News" highlighted Ann Polin's work in Nigeria and Ghana. In response, SDMS donated over 100 SDMS National Certification Examination Review (NCER) books to students and sonographers in Africa who are currently studying for their ARDMS certification exams.

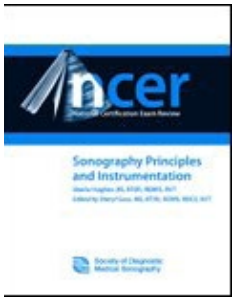
The program is also in need of medical books (especially anatomy and physiology, medical physics, medical terminology, pathology, chemistry and biology), as well as scholarships and funding for students. If you would like to assist with any of these needs, please contact Ann at: WestAfricaAnn@comcast.net.

To read the full article about Ann Polin's work in Africa, visit http://www.sdms.org/members/news/NewsWave/NW-November-2009.pdf#page=6.

To purchase current editions of SDMS' *National Certification Examination Review Series*, please go to http://www.sdms.org/store/.

SDMS Product Spotlight – *New editions for the ARDMS SPI exam!*

To purchase these products, please go to: **http://www.sdms.org/store/**



NCER - Sonography Principles and Instrumentation (SPI)

Sheila Hughes, BS, RT(R), RDMS, RVT
Edited by Sheryl Goss, MS, RT(R), RDMS, RDCS, RVT

Item #: 7708

CME Credits: 6
(Members only. Non-members are not eligible to earn CMEs with this product.)

This publication features an easy to read and learn format on sound and pulsed wave principles, instrumentation, hemodynamics, Doppler concepts, artifacts, and bioeffects. Unique to this publication is the examples and 'helpful hint' boxes to help the reader understand relationships and formulas necessary to fully comprehend the complexity of sonographic physics. 165 questions.

Ultrasound Physics CD-ROM Mock Exam, An Interactive Q&A Review for the ARDMS SPI Exam

Cindy Owen, RT, RVT, RDMS, FSDMS, and James A. Zagzebski, PhD

Item #: 8618

CME Credits: 15 (CMEs expire 12/21/2012. Processing fees may apply.)

Here is the new SPI edition of the single best-selling mock exam devoted to the ARDMS exam in ultrasound physics! Powerful, featuresome, and fun, this multimedia wonder simulates the exam experience right down to the automatic timer, and it delivers CME credit conveniently and inexpensively. Written by an internationally renowned sonographer who not only loves ultrasound physics but delights in—and excels at—explaining it to others.

*Compatible with Windows 98 and above. Not compatible with Windows 95, or Apple Macintosh systems.

Ultrasound Physics Review, A Q&A Review for the ARDMS SPI Exam

Cindy Owen, RT, RVT, RDMS, FSDMS, and James Zagzebski, PhD

Item #: 8600

CME Credits: 12 (CMEs expire 10/26/2012. Processing fees may apply.)

Here is the new SPI edition of the single best-selling mock exam devoted to the ARDMS exam in ultrasound physics. If you are looking for guidance and a clear understanding of the principles and facts you must know to pass the SPI exam, this is the review for you. Written by a sonographer who not only loves ultrasound physics but delights in—and excels at—explaining it to others, this mock examination hones your test-taking skills, measures your progress as you study, and assesses your strengths and weaknesses by exam topic so that you can focus your effort where it counts

New Member SCAN

Lauri Redus, RT(R)(M)(CT), RDMS, RVT began her sonography career 14 years ago; she currently is the PACS Administrator at McCurtain Memorial Hospital in Idabel, OK. Lauri has many responsibilities as administrator, but performing vascular sonography exams are her favorite. Prior to Lauri's sonography career she was a radiologic technologist, however Lauri always knew she wanted to become involved with sonography. Lauri set a goal for herself; to learn multiple modalities and become multi--credentialed. She has achieved both.

In addition to Lauri's full-time job, she has been teaching didactic courses in the Radiologic Technology program at Paris Junior College for the past five years. Lauri said, "Educating people in the profession I love is very rewarding. I enjoy it greatly."

Lauri's husband, Jason is also a radiologic technologist. They have an American Pit Bull named Jasper, which is considered their own child and they enjoy a variety of sports, hunting, and entertaining friends.

We asked Lauri why she decided to join SDMS. She said she joined SDMS to become more involved in the ever-changing sonography profession and to obtain free CME credits. She finds the JDMS CME articles very interesting. Lauri stated, "The JDMS CME articles are not only educational but interesting. Learning new information drives me to be a better sonographer."

Lauri has also been impressed with the abundance of online CME activities on the SDMS website. "When you live outside a metropolitan area, it is difficult and costly to travel to a lot of seminars and conferences to obtain CME credits." Fortunately, Lauri will be able to attend the 2010 SDMS Annual Conference in Denver, CO this year and get a large portion of her CME credits at the meeting.

Lauri, welcome to 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

Fusion Imaging in Ultrasound – What is it? Why you should know about it!

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

Understanding the Other Imaging Modalities

Date: Thursday, March 11, 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 (OT)

FEATURED SPEAKER: Salvatore LaRusso, MEd, RT(R), RDMS

SDMS Fellow Spotlight

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

Laurinda S. Andrist, MBA, RDMS, RDCS, FSDMS

Year awarded fellow status: 2000

What inspired you to make a career of sonography?

It was a combination of things. I was a volunteer at the local hospital on the maternity floor. I had an uncle who was a cardiologist, in Portland, and he knew I wanted to do something in the medical field but I didn't want to be a nurse. He was encouraging me to consider sonography. Also, a physician I was seeing at the time had a son-in-law who was doing ultrasound. Between the two, they convinced me to pursue sonography. My first sonography position was in a rural radiology department where we did cardiac, vascular, obstetrics & gynecology, and general sonography – pretty much anyone who walked in the door and needed an ultrasound we would provide the service. Being right out of school, I really enjoyed being able to practice in all specialties of ultrasound. As I gained experience my greatest area of interest became fetal sonography, especially fetal cardiac studies. I sought a position working in a perinatal center. I moved to Eugene in 1991 and was the Fetal Diagnostic Center's only sonographer for several years. The collaborative team work and love of teaching by the physicians really elevated my skills and knowledge to build into a lead position eventually. I started having problems with a repetitive strain injury in my shoulder in 2000. I got physical therapy and that helped a little. Because of my early experience doing cardiac sonography, which is performed left-handed, I taught myself to scan my OB patients left-handed and alternate right and left hands every other patient. That really helped me survive another eight years. I love sonography and seeing patients, but physically I knew I could not continue to scan for another 25 years. I was at crossroads: Did I want to go to law school or get my MBA? In the fall of 2006, I elected to get my MBA. I went to graduate school while I was working at the Center for Genetics. In July 2009, I became the Director of Clinical Operations at Oregon Imaging Centers working with all the different clinical managers which I feel allows me to utilize my clinical background combined with my MBA.

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

Several people: Diane Luwe, BS, RDMS. She was an instructor and clinical coordinator at Seattle University's Diagnostic Ultrasound program that I attended. Diane really had a way of making learning fun and exciting even doing cross-sectional dissections. Joan Baker, MSR, RDMS, RDCS, FSDMS. I became Joan's Oregon State Representative for SDMS in 1992. Joan encouraged me to run for an SDMS Board position in 1995 and talked me into joining the first Government Relations Committee for SDMS in 1998. Both of those opportunities changed my area of interest as far as going beyond the clinical practice of sonography. Don Haydon, CAE, SDMS Executive Director. He has been a great mentor to me especially when I was president, and later as I have moved from the clinical to the business side of sonography. Don has been so supportive and has extremely valuable insight.

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

I actually have been able to experience two significant advances in sonography. I was very fortunate when I was intern at the Oregon Health Sciences University's Echo Lab. We were the first site on West Coast to get color Doppler from Hewlett-Packard. So I got to learn that along with everyone in the lab. One of the cardiologist's was also researching fetal echocardiography and she taught me the intricacies of that examination which proved a significant development later in my career when I went into high-risk OB sonography. The other technical advance I was experienced was in 1997 at the Fetal Diagnostic Center, we participated in the pre-market FDA approval for 3D-imaging for Aloka. It was very exciting to be in the very early stages of surface 3D-imaging. Later, we worked with two other companies looking at volume imaging.

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

Being on the board of SDMS was one of the greatest experiences of my professional life. It opened so many doors for me in so many ways. I could not do the job I do now effectively if I had not had all those experiences. Participating in the many SDMS Board discussions, on critical issues that affected sonography, definitely changed the way I practiced. Because of those experiences, I did testimony and case review for some law practices as an expert witness. That changed my perspective even more. I was looking at things from another view, which sparked my interest in re-evaluating policies and procedures to prevent errors, in compliance issues and in risk management. I began looking more at the business side of imaging.

What changes do you predict in the immediate future?

It's hard to say. Technically, I know there is lots of research about miniaturization of ultrasound and related technologies. Volume imaging could potentially change the role of sonographers in the future or at least the way we practice. Also, it will be interesting to see what happens with health-care reform, especially as far as how insurance companies will pay for procedures. My sense is that health care is more likely to go to lower cost modalities like ultrasound. I think physicians will have less freedom to order imaging studies and may go to ultrasound and then determine if the patient needs a higher-end study.

What advice would you give students/future sonographers?

Be prepared to be flexible. There appears to be a trend to become very specialized, like I was at the Center for Genetics. At the same time, with health-care reform looming at the time of aging Baby Boomers, it may be better to be much more multispecialty and anticipate a significant increase in volumes. Whatever you do, watch what's going on in the health-care environment around you. From a business perspective, patients are looking for satisfaction in their imaging experiences. They're not just going to the doctor's office and are out the door until the office phones with their test results. Patients are demanding they have a good experience, that they're talked to and engaged in their treatment. Students should focus on learning how to communicate with patients and comfort them. Make sure your patients are having a good experience while you're spending time with them as a sonographer. The other change I foresee is mandatory credentialing of sonographers. Two states, Oregon and New Mexico, passed state licensure laws in 2009, requiring a state license permitting the sonographer to practice. In Oregon, paired with the licensure requirement, I expect there will be a standard that requires a recognized national credential as well. I envision that the momentum from the Oregon and New Mexico examples will be incorporated into other state licensing bills for medical imaging. I recognize there is also work on the national level to achieve the same goal. Either mechanism is leading to the same end. To practice sonography, you need to be properly credentialed. My advice is to be prepared and take your credentialing exams. I don't believe insurance companies and regulatory agencies are going to accept the practice of sonography without a required standard. Ultimately, it is what is best for patients and our profession.

What's your favorite part of your job?

When I was a clinical sonographer, scanning and seeing my patients was really the best, and I miss that. I am trying to figure out how to get back into clinical work at least a couple days each month. I currently enjoy working with the clinical managers solving problems so that patients have premier imaging and customer experiences every time they have an examination. I enjoy looking at how to operate more efficiently to the benefit of patient care.

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December 2009

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News Wave (ISSN 1541-7581) is published to inform SDMS members of meetings, events and policies as well as trends and issues in the sonography profession. Please send comments and suggestions to:

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