



Society of Diagnostic Medical Sonography
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February 12, 2004



Prerequisite 2 Review
ARDMS
51 Monroe Street
Plaza East One
Rockville, Maryland 20850

Dear Mr. Cyr,

Attached is our organizational response to the questions posed by the ARDMS regarding pre-requisite number 2. I believe that we have completed our responses in conformance with the required format and we are submitting our original response along with the required number of copies. Should there be any problem with our submission or should you need additional information please contact me. I may be reached during the day at 800-970-7419 or at: landrist@sdms.org

Sincerely,

Laurinda Andrist
President

Attachment: Society of Diagnostic Medical Sonography, Board of Directors, Response to Pre-Requisite number 2 questions 1-5

Society of Diagnostic Medical Sonography Board of Directors

Response to Question #1:

It is imperative that accreditors recognized by ARDMS Prerequisite 2 are accountable and receive recognition from the United States Department of Education (USDE) or the Council for Higher Education Accreditation (CHEA) or the Canadian Medical Association (CMA) that validates the quality of the educational accreditation process. There is no evidence that USDE recognition is superior to CHEA in assuring quality of accreditors in the United States. As of December 2002, there were 56 accreditors recognized by USDE and 58 accreditors recognized by CHEA, with 36 accreditors recognized by both. Additionally, CHEA is reviewed by the USDE.

In addition to USDE, CHEA, or CMA recognition, accreditors recognized by ARDMS Prerequisite 2 must be recognized as programmatic or specialized accreditors. Institutional accreditation focuses on financial, administrative, and operational processes. Institutional accreditation cannot guarantee reasonable benefit to those who apply to programs seeking specific occupational competencies required for post graduation employment.

Programmatic accreditation focuses on discipline specific education strategy and outcome competencies. As this applies to sonography education specifically, the accreditor should evaluate education strategies recognized as essential by organizations who understand the complexities of sonography education. These organizations should seek input from sonographers and physicians who have a clear grasp of the professional standards of sonography. Essential strategies have been incorporated into a minimum standard by the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). This standard has been reviewed and adopted by organizations including the ACC, ACR, AIUM, ASE, ASRT, CAAHEP, SDMS, SVU and SVS.

Programmatic accreditation is essential and should be conducted through a peer review process by qualified sonography educators. Sonography accreditation focuses specifically on didactic and clinical education of the sonography student. Programmatic accreditation validates that a minimum level of sonography education is being employed. This is currently the most effective method of insuring the quality and competence of graduates. National standards for healthcare accountability are finding that process as well as outcome measures are essential. Similarly, quality education must incorporate standardized process components and demonstrate outcomes consistent with optimal patient care.

In summary:

- an accrediting body recognized by the ARDMS within Prerequisite 2 should be recognized and accepted by the sonography community at large;
- the sonography education program must be accountable to the accreditor for process and outcome measures and document the desired goal of graduating competent sonographers.
- Programmatic accreditation should be accomplished through a peer review process.
- there should be accountability for accrediting processes through CHEA, USDE, or CMA.

Society of Diagnostic Medical Sonography Board of Directors

Response to Question #2:

Accreditors recognized by ARDMS Prerequisite 2 need to be recognized by USDE or CHEA or a similar Canadian organization (CMA). Newly formed accreditors must be engaged in the process of seeking such recognition and acquire recognition within a reasonable timeframe. The accreditors also need to be recognized by a broad segment of organizations familiar with the complexity of sonography education and should have processes that incorporate input from sonographers and physicians.

The validity of programmatic accreditation is insured by a review process involving organizations representative of the community of interest in sonography. Currently, CAAHEP and the JRCEDMS utilize an extensive review process that includes knowledgeable representatives from organizations that are recognized as having a level of expertise in sonography such as the ASE, SDMS, ACR, AIUM, SVU and SVS. The approved minimum standards insure that process and outcome components are acceptable and that students are provided integration of didactic and clinical education required to achieve adequate scanning skills coupled with the critical thinking skills necessary to become competent sonographers. Programmatic accreditation not only insures integration of didactic and clinical education but also insures that clinical education is adequate in volume and variety necessary to attain the skill level necessary to pass the credentialing examinations and provide quality care to the public.

In summary

- accreditors should be recognized by USDE, CHEA, or CMA
- the review process should include programmatic accreditation
- programmatic accreditation standards should be derived through input from physicians and sonographers and supported by organizations that have expertise specifically in sonography.
- minimum standards must insure integration of clinical and didactic education
- outcomes should verify and insure that graduates are competent sonographers who can pass credentialing examinations and provide safe care to the public.

Society of Diagnostic Medical Sonography Board of Directors

Response to Question #3: A programmatic accrediting body should require a program to demonstrate process and outcomes measures consistent with minimum standards for sonography. Determination of minimum educational standards is determined by consensus among professional organizations with a history and interest in sonography education. An accrediting agent for sonography will require programs to be accountable with both process and outcome. A program will demonstrate processes that include fair practices relative to admission, financial support, record keeping, and other administrative tasks. The program will demonstrate an educational plan that encompasses a review process for the student and the program to validate that desired outcomes are being met. The curriculum content and sequence will be in keeping with minimum standards for the profession. Didactic and clinical education will be integrated. Educational strategies deemed essential for students will include clinical experiences that are adequate in volume and diversity, documented clinical competencies, and a didactic background that supports development of critical thinking and teamwork necessary in healthcare. A program will also be able to document that outcomes are consistent with the minimum standards of the profession. Outcomes measured will minimally include employment rates and employer evaluations, alumnae evaluations, and certification outcomes.

In summary

- programs should demonstrate process and outcomes consistent with minimum accepted standards
- minimum educational standards should be determined by a consensus of professional organizations with a history, interest, and level of expertise in sonography and sonography education
- didactic and clinical education should be integrated
- programs should be accountable

Society of Diagnostic Medical Sonography Board of Directors

Response to Question #4: The answer to question #4 is yes to all of the above. Any agency added to Prerequisite 2 should have to demonstrate: 1) adequate programmatic evaluation to ensure a minimum standard of didactic and clinical competency has been met; and 2) peer reviewed programmatic accreditation incorporating process and outcome measurement tools that ensure a minimum standard of didactic and clinical competency. Students should receive regular feedback and guidance relative to their progress. Clinical instructors and supervisors should have standards and guidelines to follow to insure the quality of clinical education and that the clinical education is meeting established professional standards. Clinical education sites should be evaluated on a regular basis with an established process for feedback of the value of the clinical site relative to the quality of the education and the volume and variety of sonographic procedures. An adequate clinical instructor/student ratio should be a minimum of 1:1 to provide quality education for each individual student.

In summary

- the answer to question #4 is yes to all of the above
- an agency added to Prerequisite 2 should demonstrate adequate programmatic evaluation to ensure a minimum standard of didactic and clinical competency is being met
- an agency should incorporate a peer-reviewed programmatic accreditation process
- an agency should require a minimum clinical instructor/student ratio of 1:1

Society of Diagnostic Medical Sonography Board of Directors

Response to Question #5: No revision should be made. Currently, Prerequisite 2 insures that a minimum standard of sonography education is being achieved and maintained. This requirement of programmatic accreditation should be maintained as to not dilute the value of the current recognition of accreditation agencies. An accreditor listed for Prerequisite 2 must demonstrate recognition by USDE or CHEA and input and acceptance by a variety of professional organizations knowledgeable of the complexities of sonography education. ARDMS should consider that there are other prerequisites available to institutions and individuals desiring to take the credentialing examinations and allow Prerequisite 2 to remain as written to encourage programmatic accreditation for sonography education. This insures optimal patient care.

In summary

- currently, Prerequisite 2 insures that a minimum standard of sonography education is being met
- this requirement of programmatic accreditation should be maintained
- there are other prerequisites available for individuals and institutions without diluting the value of programmatic accreditation
- minimum educational standards set by the accreditor should be determined by a consensus of professional organizations with a history, interest, and level of expertise in sonography and sonography education.
- currently, Prerequisite 2 serves the profession by encouraging programmatic accreditation for sonography education



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May 27, 2004

Prerequisite 2 Review
ARDMS
51 Monroe Street
Plaza East One
Rockville, Maryland 20850

Dear Mr. Cyr,

Attached is our organizational response to the additional three questions posed by the ARDMS regarding pre-requisite number 2. I believe that we have again completed our responses in conformance with the required format and we are submitting our original response along with the required number of copies. Should there be any problem with our submission or should you need additional information please contact me. I may be reached during the day at 800-970-7419 or at: landrist@sdms.org

Sincerely,

Laurinda Andrist
President

Attachment: Society of Diagnostic Medical Sonography, Board of Directors, Response to Pre-Requisite number 2 questions 6-8

**Society of Diagnostic Medical Sonography
Board of Directors**

Question #6: In the United States, as a condition for listing in Prerequisite 2, should ARDMS require that an accrediting agency be recognized for the scope of diagnostic medical sonography / vascular technology by either DOE or CHEA? Please state the reasons for your conclusions.

Response: No, ARDMS should not require that the Joint Review Committee on Education in Diagnostic Medical Sonography (JRCEDMS) be recognized for the scope of diagnostic medical sonography / vascular technology by either Department of Education (DOE) or the Council for Higher Education Accreditation (CHEA). JRCEDMS is sponsored by the following professional organizations:

- American College of Cardiology
- American College of Obstetricians and Gynecologists
- American College of Radiology
- American Institute of Ultrasound Medicine
- American Society of Echocardiography
- American Society of Radiologic Technologists
- Society of Diagnostic Medical Sonography
- Society for Vascular Ultrasound
- Society for Vascular Surgery

These professional organizations represent hundreds of thousands of professionals in the United States engaged in diagnostic medical sonography. It is the responsibility of the sponsoring organizations, not ARDMS, to govern the standards required of JRCEDMS. The sponsoring organizations will require JRCEDMS to seek and meet the requirements of DOE and / or CHEA. During the interim, the sponsoring organizations will insure quality and equity in the accreditation process.

ARDMS should demand greater accountability from accrediting organizations that do not have professional sponsors and oversight recognized within the diagnostic medical sonography community.

Question #7: Because ARDMS is a certification organization --- and not an accrediting body or accrediting body recognition agency --- should issues such as those in Questions #3 and #4 properly be addressed to, and resolved by, an accrediting body, an accrediting body recognition agency , or both, rather than by ARDMS as a certification organization? Please state the reasons for your conclusion.

Response: The ARDMS should require a programmatic accrediting body to assess the process and outcome measures consistent with minimum standards for sonography. Determination of minimum educational standards is determined by a consensus among professional organizations. Only JRCEDMS represents, within its sponsoring organizations, a consensus of professional organizations who may determine minimum educational standards. If ARDMS supports the consensus of the sponsoring organizations represented in JRCEDMS and the accrediting process determined by JRCEDMS, there is no need for ARDMS to address the issues in Questions #3 and #4.

Question #8: Is it premature to consider any change in Prerequisite 2 with respect to JRCEDMS until it has received recognition by DOE or CHEA for the programmatic scope of diagnostic medical sonography / vascular technology?

Response: The discussion by JRCEDMS of separation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) was underway before ARDMS announced consideration of a change in prerequisite 2. If JRCEDMS separates from CAAHEP, prerequisite 2 must be changed immediately to reflect acceptance of graduates from JRCEDMS or CAAHEP accredited programs. It is essential that JRCEDMS accredited program graduates have uninterrupted access to the ARDMS examinations.