Wanted: Clinical Sites for Diagnostic Medical Sonography Students

Why being a clinical site is important and how it can benefit you and your facility.

The Bureau of Labor Statistics has projected that employment of diagnostic medical sonographers will increase 46 percent from 2012 to 2022, much faster than the average for all occupations. This explosive growth in opportunities for diagnostic medical sonographers is attributable to:

• Evolution of Imaging Technology - As imaging technology continues to evolve, it will replace more invasive, costly procedures.

• Increase in Outpatient Care - Due to a push towards outpatient care whenever possible, physicians’ offices and medical and diagnostic laboratories will start to employ diagnostic medical sonographers.

• Aging Population - As the baby-boom population ages and remains active, the need to diagnose medical conditions non-invasively will increase.

• Federal Health Legislation – An anticipated increase in the number of patients with health insurance due to federal health legislation could lead to an increase in medical procedures needed.

As opportunities for diagnostic medical sonographers increase, there is concern that accredited sonography programs will not be able to meet the demand.

What can you do to help? One of the biggest impediments to an accredited sonography program's expansion is the lack of quality clinical sites to place students. You can help by encouraging your facility to allow students from accredited sonography programs to fulfill their clinical requirements at your organization.

Being a clinical site brings with it a host of benefits. One of the biggest benefits is that working with students enables you to create an applicant pool and reduce the costs associated with staff recruitment and retention. During the students’ clinical site rotation, you and the students will have ample time to determine if future employment would be mutually beneficial. If hired, the student’s familiarity with the facility's scanning protocols, policies, and procedures will also decrease the time typically devoted to new employee orientation and enable them to start contributing to the team more quickly.

Another benefit of acting as a clinical site is increased patient satisfaction and decreased workload for staff. In the first few weeks, in addition to learning the scanning protocol of your facility, students can assist sonographers by preparing the next scheduled patient for examination creating shorter wait times and increasing patient satisfaction. Students can also help reduce staff’s workload by assisting with daily tasks and paperwork. As the students’ scanning skills improve, staff sonographers will spend more time observing and supervising and less time scanning enabling them to take breaks, which is highly recommended for preventing or reducing musculoskeletal injury (MSI).
Lastly, SDMS CME credit is available when a facility participates as a clinical affiliate site. The CME credit application must be submitted by the program director of a CAAHEP-accredited educational program affiliated with the clinical site. For additional information, visit: http://www.sdms.org/cme/default.asp

According to the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS), programs should provide students with a variety of care settings in which sonographic and/or other diagnostic vascular procedures are performed on inpatients and outpatients. Below is a breakdown of the recommendations for a clinical site. To view the standards and guidelines in their entirety, visit: http://www.jrcdms.org/pdf/Standards2011.pdf

If your facility/institution is interested in becoming a clinical affiliate site, visit the Commission on Accreditation of Allied Health Education Program (CAAHEP) website at http://www.caahep.org/Find-An-Accredited-Program/ to locate accredited sonography and cardiovascular technology educational programs in your area. When you locate an accredited program, contact the program director to start the process of becoming a clinical site. Typically, the educational institution will provide the clinical facility with an affiliation agreement that will detail the guidelines and respective responsibilities that will form the structure of the relationship.

The future is bright for sonographers. Support the sonography community and help ensure that future diagnostic medical sonographers have the skills and education necessary to succeed. You, your facility, the students, and the patients you serve will all benefit from this arrangement.

<table>
<thead>
<tr>
<th>Institution/Facility Type</th>
<th>Guideline for Completed Patient Exams</th>
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<tbody>
<tr>
<td>General Imaging (a mix of abdominal and OB/GYN procedures)</td>
<td>~1500 (with a minimum of 30% OB/GYN procedures and a minimum of 30% abdominal procedures)</td>
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<tr>
<td>Abdominal Imaging</td>
<td>~1500 Representative of the range of abdominal/general imaging</td>
</tr>
<tr>
<td>Cardiac Learning Concentration Affiliate or Clinical Education Center</td>
<td>~800 Overall volume of procedures in which students participate should be representative of the range of cardiac procedures.</td>
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<tr>
<td>Pediatric Cardiac Learning Concentration Affiliate or Clinical Education Center</td>
<td>~ 150 transthoracic echocardiograms (at least 50 in infants age &lt; 1 year) ~50 adult echocardiograms ~25 fetal echocardiograms.</td>
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<tr>
<td>Women's Health Imaging (a mix of OB or GYN or breast or reproductive procedures)</td>
<td>Consult with the program for details on requirements for completed patient exams</td>
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<tr>
<td>Vascular</td>
<td>~1000 Overall volume of procedures in which students participate should be representative of the range of non-invasive vascular procedures.</td>
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*At least one of the sonographers must be certified in the area in which they supervise students.

**What Your Colleagues Are Saying**

“It has always puzzled us why ultrasound departments do not want ultrasound students. We all know that students are our future. Students cannot learn how to truly perform ultrasound exams by practicing on simulators and each other. Students need to see registered sonographers at work to be inspired by them. They need to see how they interact with patients. They need to scan a variety of body types and pathology. For the clinical site this allows them to evaluate how the student handles stress, works with others, how they learn, how they deal with criticism, and to look at their work habits. We need clinical sites to train our future employees and clinical sites need students to be a future employee.”

Ulrike Hamper, MD, MBA
M. Robert De Jong, RDMS, RVT
Ultrasound Division of the Department of Radiology at The Johns Hopkins Hospital
Myths vs Reality

**Myth: We’re too busy to work with students.**
**Reality:** Students can help reduce staff’s workload by assisting with daily tasks, paperwork, and patient care. In addition, as the students’ scanning skills improve, staff sonographers will spend more time observing and supervising and their actual scanning time will decrease enabling them to take a break from direct scanning which is highly recommended for preventing or reducing musculoskeletal injury (MSI).

**Myth: Teaching students is not part of my job.**
**Reality:** Many facilities actively support employee mentoring. Explain to your facility the benefits of student rotations and let them know how important your expertise and experience is to students and the future of the profession.

**Myth: Patients will be unhappy about having students in the exam room.**
**Reality:** Providing learning opportunities for students is a common practice in hospitals, clinics, and physician offices. Patients are typically willing to participate in the training of healthcare professionals.

**Myth: Discussion and questions during the exam may upset the patient.**
**Reality:** Most patients are very interested in their examination. Simply informing the patient that you will be providing student instruction during the examination will alleviate any patient concerns and the situation becomes a learning experience for everyone. Additionally, the educational program director and clinical coordinator will develop strategies for relaying sensitive information about cases outside of the immediate patient scanning area.

**Myth: I’m afraid the student will ask questions that I can’t answer.**
**Reality:** When teaching, both students and sonographers learn. Students often motivate staff and provide incentive for them to sharpen their skills, review information previously learned, and keep up with new techniques and advancements in the field. For the practicing sonographer, continuing education is essential. Providing clinical instruction is one way to foster continued professional development.

**Myth: My hospital/facility is too small to be a clinical site.**
**Reality:** No site is too small. Discuss your situation with the Educational Program Director. Many programs use smaller sites as long as the program can rotate students between larger and smaller sites and maintain good outcomes for its graduates.

**Myth: We don’t know how to teach students.**
**Reality:** The SDMS Foundation can help. To assist clinical instructors as they prepare to receive students, the SDMS Foundation has developed a series of Sonography Clinical Instructor Program (SCIP) webinars that are available free of charge to any clinical site. SDMS CME credit for the SCIP webinars is available exclusively to SDMS members. To view the SCIP webinars, visit: [https://www.sdms.org/members/SCIP/SCIP/SCIP.aspx](https://www.sdms.org/members/SCIP/SCIP/SCIP.aspx)

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**What Your Colleagues Are Saying**

“The need for clinical sites for diagnostic medical sonography students is growing. As a sonography educator of a CAAHEP accredited program, I recognize that a student’s clinical training is every bit, if not more important than their classroom education. Dr. Rusty Brown, Medical Director for the Mayo Sonography Program, and I are committed to working with our Radiology Department Administration to provide high quality clinical sites for sonography students. Changes in health care reimbursement and the encroachment of training opportunities from other allied health professions that are incorporating sonography into their scopes of practice is affecting the ability to grow the number of students and will eventually affect the workforce if more sites cannot be developed.”

Diane Youngs, MEd, RVT, RDMS

*Mayo School of Health Sciences Sonography Program*