

NCUS Newsletter

Summer 2016

Editor's Note

Hello, NCUS general members! I hope you enjoy the Summer 2016 edition of our newsletter. In it, you will have the opportunity to meet our new Board President, Mike Foster and get his recap of this year's Spring Symposium including information on the activity winners and award recipients. With great excitement, we also officially unveil the new NCUS Foundation and its annual symposium grants available to sonographers to pay meeting registration fees.

This year, we welcomed David Wood, RDCS and Dr. Helena Summers, MD to our board as new members. David was gracious enough to provide us with an interesting article, 'Scanning Against the Clock.' We also say goodbye to last year's board student mentoree, Emily Bouchard who submitted a Case of the Day to test your diagnostic skills.

Other wonderful news of the day: According to Dr. Kremkau, NCUS has grown larger than the Michigan Society and we are officially the largest state sonography association in the country! We owe that to you, dear members, and your continued participation.

In addition, look for a mention of NCUS in Steven Penny's new sonography book. We appreciate his long-term support and involvement in NCUS and look forward to many more collaborations.

Mark Saturday, October 22nd on your calendars and join us in Greenville, NC at the Eastern Carolina Heart Institute Conference Center for our fall symposium!

As always, I am available for your questions, comments, criticisms, submissions, and suggestions at okeefehudson@gmail.com. The newsletter is print ready and easy to share with your co-workers, so get the word out!

Have a great summer!
Hudson O'Keefe, RDMS, RVT, BA

President's Letter

After another successful Spring Symposium and my first as NCUS Board President, my first objective is to look at the members' feedback regarding our lectures, activities, and facilities. Your suggested topics, future speakers, likes, and dislikes are all taken into consideration by the board members as we plan future symposiums. I really appreciate all who took the time to fill out the evaluations. We continually strive to meet your needs and provide a fun, informative environment for all North Carolina sonographers.

Whether as a society, sonographer, or a private person, receiving feedback gives us all opportunities to improve what we offer and how we interact with other healthcare professionals, patients, and each other. Personally and professionally, I look for ways to use feedback to become a better sonographer, board president, and person.

As such, I work to remain open to criticism. Some past feedback is easy to absorb such as "The speakers were so much fun and informative!" or "Love Friday offerings, please continue!"

Other feedback such as "Some topics didn't apply to me" or "Topics seemed to repeat too much" require us to reflect on and brainstorm new solutions that address these criticisms. After all, these meetings are for you – our NCUS general members and as your representatives, it is our #1 job to meet your needs.

So what I ask of you, NCUS member, is to keep the feedback coming. Continue to express yourself through the symposium evaluations and, in between meetings, feel free to contact me through our [Facebook page](#) or the [NCUS Central Office](#). Help us keep the North Carolina Ultrasound Society the largest and most active sonography association in the country.

I look forward to working with you!

Mike Foster RCS, RCCS, RDCS, FASE

"To avoid criticism say nothing, do nothing, be nothing."
— Aristotle

The NCUS Foundation is Live!

The North Carolina Ultrasound Society is currently the largest and most active state level professional sonography organization in the country. We strive to offer educational opportunities that feature nationally known speakers as well as sonography professionals within our own communities. There is no doubt that there is a positive influence and benefit of attending these conferences; but unfortunately for some, attendance is impossible due to financial hardship. To address this concern, on behalf of the North Carolina Ultrasound society, I would like to introduce, new for 2016, the North Carolina Ultrasound Society Foundation!

The NCUS Foundation mission is to provide educational opportunities in the field of diagnostic medical sonography to North Carolina sonographers and sonography students who otherwise may not be able to attend due to financial hardship. There is a lot of growth and potential for this Foundation moving forward. I envision one day the Foundation being a significant contributor to many deserving recipients annually. At this time, this Foundation will provide for the registration fees of 2 individuals to attend Spring Conferences, specifically one sonographer and one sonography student per year. There is an application process, and an application period, which is November 1st to December 31st. Check out ncus.org/foundation for all the information.

On the [NCUS website](#), you will also see how you can help build the foundation through donations. All donations go to fulfil the mission of the foundation and all donations are 100% tax deductible. As the Foundation grows there will be even more opportunities to significantly impact the members of our great organization.

Again thank you for your support of the foundation in its inaugural year. It's important to me that you know that we as a board work hard to try to create a society that you want to belong to.

We appreciate you and look forward to a great new year. In addition, we hope that anyone you know that is not attending symposiums due to finances knows that we care and encourage them to look into the opportunities this foundation offers.

Thank you! Marta Thorup, RDMS, RVT

2016 Spring Symposium Recap

The NCUS 2016 Spring Symposium, held April 8-10th, was a truly a great meeting with knowledgeable, engaging speakers, exciting student competitions, and a fun location at the Benton Convention Center in downtown Winston-Salem, NC. Past President Marta Thorup introduced the new NCUS foundation which serves to help a sonographer attend the sessions. Thanks Marta for your work on this very thoughtful addition to our society!

Dr. Joe Kisslo from Duke Cardiology gave a fantastic keynote lecture about the importance of connections, beginning with the people instrumental in moving ultrasound to the main stage as a core modality in healthcare. He reminded us that networking is critical to advancement for the field of sonography and for each of us as professionals. He stressed the need for communication amongst ourselves including sharing information about what we do and how we do it. These symposiums are a great and fun way to do that!

We had a diverse range of speakers who presented on basic and advanced topics. NCUS board members work hard throughout the year to provide information for new and seasoned sonographers and I'm sure all who came learned something to help them in their daily scanning. Dr. Frederick Kremkau led our physics sessions for sonographers studying for their registry exams or needing a refresher on the principles underlying ultrasound.

Past president, Chris Mann and NCUS board member, Amy Safrit moderated the Quiz Bowl Friday night with lots of fun and learning once again. Congrats to the winners and all the teams that participated. In addition, student case study submissions were judged. I always love this night where students put themselves out there. That's the way we learn and grow. To see pictures from the evening's festivities and the names of the winning schools and individual students, visit our [Facebook page!](#)

In addition, Mary Alice Bradley was awarded this year's Sonographer Excellence Award. The submission deadline for next year's recipient is October 31, 2016 so visit www.ncus.org to make your vote count!

The Fall Symposium will be held at Eastern Carolina Heart Institute Conference Center in Greenville, NC on Saturday, October 22nd and the Spring meeting will be in Asheville, NC at the beautiful Grove Park Inn March 17-19th, 2017. Mark your calendars now so you and your fellow sonographers can attend!

Remember, **Image** is Everything!

Mike Foster RCS, RDCS, BA, NCUS Board President

Attention Sonography Professionals in North Carolina! Call for Speakers!

If you are interested in joining North Carolina Ultrasound Society at our Fall 2016 Symposium as a presenter we would love to hear from you! This conference will be held at the East Carolina Heart Institute Conference Center on October 22, 2016. Ultrasound topics will be presented in areas of Adult and Pediatric Echocardiography, General Ultrasound, OB/GYN, and Vascular specialties.

This is a friendly and supportive time/setting to build up your public speaking muscles, and an awesome opportunity to help your fellow sonographers build their professional knowledge!

Contact [NCUS Central Office](#) for more information.

Scanning Against the Clock

By David Wood, RDMS

There is an alarming trend spreading throughout the medical industry and it is filtering down to sonography labs consequently effecting patients, sonographers and students. With increasing frequency hospital and medical center administrators are asking their departments to do more with less. Essentially, the lab is treated like a manufacturing plant where the staff is creating widgets. The staff professionals are asked to become more efficient and to work harder so they can produce more widgets in a shorter period of time. This type of management does not account for the fact that no two widgets, or as we prefer to call them, *patients*, are the same.

On the other side of the equation are professional organizations such as the American Society of Echocardiography(ASE) and the Inter-societal Accreditation Commission on Echocardiography which say that 45-60 minutes should be allotted for each exam and an additional 15-30 minutes should be allotted for reporting afterwards. It is not possible for a sonographer to complete 8-14 scans, or sometimes more, in an 8-hour day and spend the appropriate amount of time with each patient. As sonographers are pushed to do more, the patient, sonographer, and student suffer.

Patients suffer in this equation by having their exams performed hastily. Sonographers are pushed to get studies done and consequently don't spend the time with each patient that is recommended. Because the studies are rushed, subtle and sometimes critical things in the imaging field or in the patient history may be missed. The patient may feel rushed and have lower satisfaction with their level of care.

This hyper-focus on time management is also bad for the sonographer. Work-related musculoskeletal disorders are on the rise. Injuries acquired on the job are the main reason for long-term absences among healthcare workers. Studies have continually shown that nine out of ten sonographers will scan in pain at some point in their career. Almost 20% either retire early or change careers due to pain or career ending injuries such as carpal tunnel syndrome. This is a statistic I can personally attest to as my career as a sonographer was cut short after only five years due to carpal tunnel in both hands. Another problem for sonographers is as they do more and more, they become fatigued and less focused risking scanning errors and compassion burn out.

The final group that is negatively impacted by the widget approach is the student. We as sonographers know that the only way to learn is to get your hands on a probe and scan patients. There is absolutely no substitute for scan time. As the sonographer has to do more and more studies, the time to complete them has to come from somewhere and more often this time is being taken away from the student. There is a direct correlation with scan time and improvement in a student. The more scan time they receive, the better they get. The consequence of the student not getting scan time is a

decrease in how well prepared they are to start working on day one. This will negatively affect the clinical site due to increased time training new sonographers. One way clinical sites handle that problem is not to hire students. This is obviously a bad solution for the student and the profession as a whole.

So, what can each of these groups do to affect change in the industry and thereby facilitate better patient care, healthier more satisfied technologists and students better prepared to enter the workforce? For the patient, they can become their own advocate. Demand better care. Use hospital surveys to let administration know the trend is unacceptable. Patients can shop around and find a facility that allots more time for patients and exams. By taking their business elsewhere, they can force the other hospitals and medical centers to change.

The sonographer can bring awareness to their administration of the exam standards set forth by accreditation and professional organizations. The sonographer can practice good ergonomics to protect their career and demonstrate to management the importance of maintaining a healthy workforce. They can join professional groups that lobby on their behalf. Push for change.

Finally, even though many students may feel like they have no control; they too can make their voices heard. Students can also join professional organizations, often at steep discounts. The student needs to make the most of EVERY opportunity they are given. Take the probe every single chance they get. With less scan time available, students need to make the best use of the time they have. Don't waste it. Focus on the things they need the most work on. If the student is great at parasternals, there is less benefit to start their limited scanning opportunity with parasternals. Practice time is better served in the student's areas of weakness.

Learning in the clinical site is not limited to scan time. Students need to embrace every opportunity they get to learn new technology. Every time there is a training session or meeting at the clinical site, if allowed, the student needs to attend. Watch the sonographers as they use new technology. Make notes and ask questions at the appropriate time.

Working together, patients, sonographers, and students can drive change in the industry. Remember, healthcare isn't about building widgets. It's about providing the best studies possible for patient, providing safe work environments for sonographers thereby prolonging their careers, and giving students the best learning opportunities possible to create the professionals of tomorrow.

References:

IAC Standards and Guidelines for Adult Echocardiography Accreditation 26 *Published 8/3/2015*

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American Society of Echocardiography Recommendations for Quality Echocardiography Laboratory Operations

2011 Appropriate Use Criteria for Echocardiography, JASE, March 2011

Michael H. Picard, MD, FASE, David Adams, RDCS, FASE, S. Michelle Bierig, RDCS, MPH, FASE, John M. Dent, MD, FASE, Pamela S. Douglas, MD, FASE, Linda D. Gillam, MD, FASE, Andrew M. Keller, MD, FASE, David J. Malenka, MD, FASE, Frederick A. Masoudi, MD, MSPH, Marti McCulloch, RDCS, FASE, Patricia A. Pellikka, MD, FASE, Priscilla J. Peters, RDCS, FASE, Raymond F. Stainback, MD, FASE, G. Monet Strachan, RDCS, FASE, and William A. Zoghbi, MD, FASE, Boston, Massachusetts; Durham, North Carolina;

St. Louis, Missouri; Charlottesville, Virginia; New York, New York; Danbury, Connecticut; Lebanon, New Hampshire; Denver, Colorado; Houston, Texas; Rochester, Minnesota; Pennsauken, New Jersey; San Diego, California

Introduction to Sonography and Patient Care by Steven M. Penny, MA, RT (R), RDMS (AB, PS, OB/GYN), Wolters Kluwer, 2016, pages 152-178

CASE OF THE DAY

Presented by Emily Bouchard, NCUS Board Mentoree

Patient History

After a checkup with primary physician, 22-year-old female patient presented to the Sonography Department with palpable masses felt in both breasts. Patient states that she noticed the bilateral breast masses 3 years prior. Patient was 9 weeks pregnant. ¹

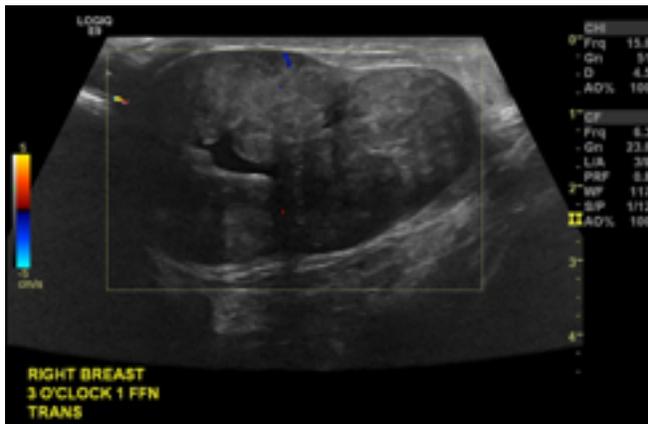
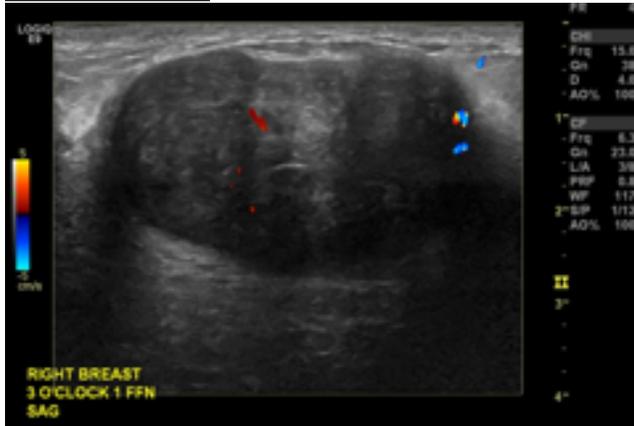
Other possible signs and symptoms

Painful or painless palpable breast mass(es)
Mass may be large enough to stretch skin

Sonographic appearance

Heterogeneous, solid-appearing mass with cleft like cystic spaces and demonstrating posterior acoustic enhancement. Often contain both stromal and glandular tissue. Vascularization present in the solid components. ²

RIGHT BREAST:



SAG RT BREAST - 3:00, 1 FFN

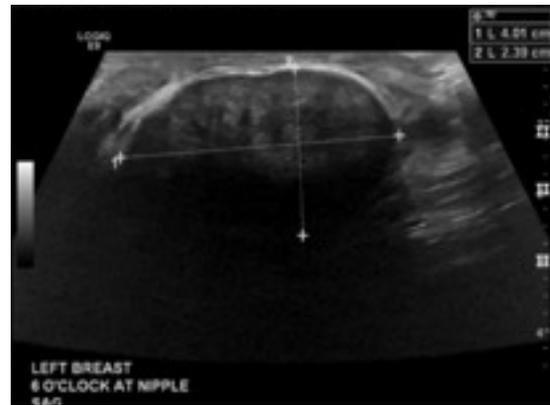
TRANS RT BREAST - 3:00, 1 FFN (Cochran, 2013)

NODULE 1 IN RT BREAST MEASURED 5 cm X 5 cm X 3 cm ¹

LEFT BREAST:



SAG LT BREAST – 6:00, 1 FFN
NODULE 2 MEASURED 1 cm X 1 cm X 1 cm ¹



SAG LT BREAST – 6:00, AT NIPPLE
NODULE 3 MEASURED 4 cm X 4 cm X 2 cm ¹

Other Diagnostic Methods

Mammography and breast MRI are other diagnostic tools. Biopsy or fine needle aspiration are not often indicated since wide local excision is common course of treatment.

Treatment Options

Wide local excision is most common treatment

Partial or total mastectomy may be recommended for very large masses. ³

Prognosis

These masses are normally benign with only 5-25% found to be malignant. A minute percentage are classified as borderline. Recurrence rate can be as high as 25% following wide local excision with 10% metastatic potential. ²

DIAGNOSIS: Phyllodes Tumor

References

1. Cochran, J. (Sonography Student). (2013). *Case Study 2013: Breast Ultrasound* [Ultrasound Images]. Retrieved from Johnston Community College, Smithfield, NC.
2. Knipe, B, Gaillard, F, et al. Phyllodes tumour. *Radiopaedia.org*. 2016. Available at: <http://radiopaedia.org/articles/phyllodes-tumour>. Accessed March 9, 2016.
3. Treatment of Phyllodes Tumors of the Breast. (2013, September 15). Retrieved March 09, 2016, from <http://www.breastcancer.org/symptoms/types/phyllodes/treatment>.

Parting Thought

JarOfQuotes.com

Nobody can do
everything, but
everyone can do
something