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Congratulations

To our graduates who became Mom's or will become a Mom in 2012. It is always exciting to hear when our graduates become engaged, married or begin their family. We have had several graduates who had a child during 2011.

To our graduates and affiliate sonographers who earned the RVT credential or additional specialties. From the class of 2011, Bethany Daron earned RVT and Bailey Reedy is credentialed in Breast Sonography.

To Jennifer Windt, RDMS as she completes her last semester of the bachelor degree in Diagnostic Medical Sonography. In May, she will be the first graduate to earn the new Bachelor of Science degree offered at Misericordia University.



Keep the Date on Your Calendar

March 1, 2012—RSVP due if attending the Class of 2012 Completion Ceremony.

March 16, 2012—Completion ceremony for class of 2011 at 6:00 pm at Misericordia University Insalaco Hall.

March 24, 2012 — NEPASU Spring Conference Colarrusso's, Moosic PA

March 29-April 1, 2012 AIUM annual Conference, Phoenix, Arizona

June 7-9, 2012 Society for vascular Ultrasound (SVU) Annual Conference, National Harbor, Maryland

June 30, 2012—Course registration due for Advanced Vascular Course or Breast Sonography course for fall semester. Tuition forms are due if requesting to use our clinical tuition benefit.

September 20-23, 2012 - SDMS annual conference, Seattle, Washington

December 15, 2012—SDMS clinical Instructor CME deadline for year 2012.



December 2011

MU Sound Byte

Misericordia University
Diagnostic Medical Sonography



Issue 4

Accreditation

The department is in the process of finalizing the certificate program's continuing accreditation application. Like ACR or IAC accreditation, it is a time consuming endeavor, but well worth the time to continually improve the program through the peer review process.

The peer review process takes an in-depth look at the program's Master Plan and relationship to Outcomes. What is a Master Plan? It is a consortium of organized documents that allow for delivery of a quality program.

The Master Plan must include, but not limited to:

- ♦ Philosophies and goals of the program and institution
- ♦ Curriculum sequence
- ♦ Course syllabi, to include objectives and grading policies
- ♦ Clinical education plan demonstrating correlation with the didactic curriculum
- ♦ Clinical competency method and evaluation tools
- ♦ Program policies
- ♦ Internal and external mechanisms for evaluating program effectiveness.

Accreditation outcomes benchmarks are:

- ♦ 60% or higher of graduates obtain

RDMS credential within first year of completion

- ♦ Attrition rate of 20% or lower
- ♦ Employer and graduate survey return rate of 50% or higher
- ♦ 80% of graduates obtain employment within six months of completion
- ♦ A well organized master plan and the dedication the program receives from its clinical affiliates equals the success and reputation of the program.

Thanks to the devotion from our clinical affiliates, the program's outcomes meet and typically exceed the established benchmarks.

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Ring in 2012

The Sonography Department hopes that everyone was granted their holiday wishes. Our wishes for you for 2012 are for a happy and healthy year for you, your family and friends.

Recently someone shared, "we tend to make New Year resolutions focusing on loss, such as losing weight, breaking bad habits, etc". Why not think about gains? Gaining health, focusing on the positive, gaining a new friend, gain an intrinsic reward by helping someone who is falling on difficult times or just simply gain more quality time with family by leaving work at work. Be grateful for the intangibles in life.



(1981) Then andNow (2012)

2011 marked my 30th anniversary of embarking on my career in sonography and marriage. In 1981, the week after my wedding, I began my cross training from radiologic technologist to ultrasound technologist/sonographer. I have been blessed to have been asked by my department manager to cross-train into ultrasound after having worked for one year in radiology. Like most aspects of my life, I tend to say yes to opportunities with little knowledge of what is involved. I am sure glad that I did. I can't imagine what other career would have offered me the opportunities that sonography has.

Reflecting between the early 80's to now there have been tremendous changes and challenges. First and foremost are the **technological advancements**. Learning on a Rohe® B-Scan machine with black echoes on a white background and a Smith-Kline M-mode for echocardiography makes one appreciate the distinct difference in image quality and enhancement of diagnostic information the current equipment can provide. A new graduate would be awestruck at thinking there was ever any diagnostic information in the early technology of static B-scan and M-mode, but it is amazing the impact sonography had on diagnosis, then and now. As the saying goes, nothing ever goes out of style, the current panoramic imaging feature is similar to static B-scan and provides the advantageous extended field of view for measuring large masses or showing anatomical relationships.

With advances in technology, **expansion in the types of exams** evolved. In addition to fetal positioning, early ultrasound imaging was documentation of gallstones and sonography eventually replaced radiographic oral cholecystography. Duplex technology reduced the number of angiograms by correlating symptoms to disease processes while venous duplex replaced venography. That says sonography provides high sensitivity and specificity. Entering into sonography, I thought I was leaving behind the days of barium enemas and hysterosalpingography, but along came endocavitary transducers and applications, so knowledge of my radiologic experiences transferred well. Three-dimensional (multi-planar) offers great hope, if the opportunities are provided for sonographers to fully utilize the technology. Just like the 80's, the up rise of sonography began with obstetrics with great expansion beyond and so can 3D when utilized beyond OB.

The **volume of examinations** has significantly increased. Back then, it was maybe 8-10 examinations per day with some breaks in between, even if it was in the darkroom while developing film. How many of you recall the darkroom days? While I love PACS and don't miss the mishaps that frequently occurred with light sensitive film and cassettes, the developing process did provide some break from the musculoskeletal toll of scanning. Expectations for the number of scans performed daily per sonographer have increased creating stressful and tiring days and may even lend to medical errors. It is a complex issue due to healthcare economics, which has also significantly changed from the 1980s.

Equipment is only 5 % of the work environment with 90% being interactions with humans. What about the other 5%, well that has been spent with veterinary sonography, so dogs and cats have been awarded with expansion of sonography in the veterinarian practice. Seriously, interaction with co-workers, administration and patients can be rewarding and challenging. Within departments, there are difference in personalities, work styles, and communication. Some of these traits are inherent in the individual, such as introversion or extroversion. I am sure we can all place a name to someone that likes to keep their personal life private, while others love to share personal activities or struggles, similar to Facebook postings. Some sonographers are highly motivated for promotion while others are very happy working their eight hours and prioritize family. Students are the same as employees and have different personalities and styles. There is not a right or wrong, but rather differences in style. Regardless of differences, the one stability is we are in sonography to provide a high quality diagnostic sonographic examination with utmost respect for our co-workers, administration and patients.

The one factor that has not changed across the 30 years is the **operator dependency of sonography**. Since inception of sonographic imaging, the acquisition of images to produce an accurate outcome for the patient is 100% the responsibility of the sonographer. That is what makes sonography unique and least understood, except by sonographers.

Lastly, reflecting back from when I entered College Misericordia in 1978, I have matured tremendously. It didn't occur without some challenges. I went through the learning phase to the overconfident stage of wanting 'my way' to occur immediately and voiced opinions on my dislikes. It was through educational courses in human resources, management and the old adage of learning from mistakes did I fully realize how challenging it can be to understand why administrative decisions are made that do not always align with our way of thinking. I learned the more sonographers or students there are in the department or classroom, the more diverse the personalities, work styles, and communication styles will be. Focusing on the strengths of the diversity will be sure to create a great team.

Not only have I been blessed seeing changes in sonography, but also with my family of 30 years; a daughter-in law and a son-in-law is coming in 2012. I look forward to what their futures bring for them and for Ken and I.

I hope you will reflect and think about the positive changes that have been brought about because of your experiences.
Sheryl

Class of 2013

Entering the sonography program is challenging, but for the class of 2013, they were abundantly challenged in getting started on pursuing their goal. Their first class (Physics) was cancelled due to Hurricane Irene, so we modified and offered some information on line anticipating getting back on track the second weekend. Well, hurricane Lee resulting in significant flooding closed the University; thus no class again. The first time they came together as a group was later in September and their

full weekend of classes being in mid October. Being a weekend program, learning management of time to complete assignments and exam preparation normally takes about two or three weekends; thus, this group of students were delayed in mastering this, let alone content. Credit is given to the students for their patience and willingness to listen to on-line lectures and review sessions in attempt to stay on track. In the end, all the

students succeeded and are now on to transitioning to clinical. We all know sonographers need to be flexible and adaptable, so this class was put to the test at the start. Hopefully their early experiences and possessing the qualities of flexibility and adaptability will continue to lead them to great success.

The program hopes that you, family and friends were able to escape damage from the storms.

Guest Lecturer for Interventional Sonography

Our second level sonography students were treated to a lecture given by Dr. David Mariner MD, Director of Vascular Surgery and Vascular Lab at Geisinger Wyoming Valley Medical Center. Dr. Mariner has graciously volunteered his time in previous years to guest lecture for the interventional sonography course. He brings his years of experience as well as a different

perspective regarding sonography education and the importance of being a "good sonographer". The program truly appreciates his continuing support of our program.

As a program, we welcome those interested in volunteering their time to guest lecture or assisting in the laboratory setting. If interested, please contact Sheryl Goss at 570-674-6790.



Dr. David Mariner MD

The inclusion of an introduction of vascular sonography into our curriculum is advantageous to our graduates.

Equipment needs

This past semester, we had the unfortunate experience of the Sieman's equipment that was generously donated to us pass away. It led a productive life and produced good quality for our students to learn on, but due to age, parts had been retired and no longer available. Thus, the program is without one of it better imagers for student education. If you have

any opportunities to help us secure equipment or funding, we would greatly appreciate any information you may have.

Because of all of the time and knowledge that you provide on a daily basis, we do not solicit for monetary support. However, if you feel you would like to make a tax-deductible donation, it can be earmarked specific to sonography

equipment. Every donation will help, regardless of amount. Sometimes it is the number of people supporting a program and not always the amount when we ask for capital equipment funding from administration. For more information on donating, contact Sheryl at 570-674-6790 or Karen at 570-674-8013.