

## ***Quotations About The Profession of Sonography:***

The following are quotations with references that concern the profession of sonography and the responsibility sonographers have in doing their jobs. These quotes may assist in writing and negotiating job descriptions. These quotations are also one of the driving reasons to promote higher education in sonography. If you are interested in obtaining an online Bachelor of Science in Diagnostic Medical Sonography, please visit our web page for our degree completion program:

<http://www.uams.edu/chrp/sonography/ARDMS/ardms.asp>

If you find additional quotes that support the professionalism of sonographers, please forward them to:

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Thanks, Terry

## ***Quotations and Bibliography:***

The extraordinary responsibilities and skills required of sonographers have been well known for over 25 years. Below are some published statements from leading medical experts about the profession of Diagnostic Sonography:

***".... There is a very important difference between sonographers and other imaging technologists. Other technologists may reject an image because of sub-optimal technical quality, but the sonographer usually rejects over 95% of the scans because they do not provide the diagnosis. The sonographer must make the diagnosis and be able to interpret the scan to document the presence of any abnormalities. This is the unique responsibility of the sonographer."***

Ken Taylor, Yale University, addressed this question in the Nov/Dec., 1982, issue of the SDMS Newsletter.



## Medicare Ultrasound Procedures: Consideration of Payment Reforms and Technician Qualification Requirements

US GAO-07-734 June 28, 2007

<http://www.gao.gov/products/GAO-07-734>

"The skill of the sonographer conducting an ultrasound [sic] is critical for its use to support a physician's correct diagnosis; poorly captured images can lead to misdiagnoses or unnecessarily repeated exams. Findings from several peer-reviewed studies, the Medicare Payment Advisory Commission, and ultrasound-related professional organizations support requiring that sonographers either have credentials or operate in facilities that are accredited, where specific quality standards apply. In some localities and practice settings, CMS or its contractors have required that sonographers either be credentialed or work in an accredited facility. Medicare's inconsistent requirements undermine assurance that beneficiaries are receiving high-quality services across the country."

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From: FETAL MEDICINE FOUNDATION OF THE UNITED STATES OF AMERICA

July 2007: Volume 3 Issue 2, p. 4

**Should credentialing organizations require all accredited sonographers be supervised by physicians who are accredited as well?**

N. Greene MPH RDMS RDCS, J. Sonek MD RDMS, A. Nadel MD

The Fetal Medicine Foundation and Fetal Medicine Foundation USA concur that each person involved in fetal ultrasound examinations should be appropriately trained to do so. This applies to ultrasound-based diagnosis and screening in all trimesters. In the case of specialized evaluations such as the nuchal translucency measurement, nasal bone evaluation, tricuspid valve and ductus venosus Doppler, and fronto-maxillary facial angles, standardized views and additional training with ongoing quality assurance are imperative. We are of the opinion that the interpreting physicians should be aware of the requirements for such views. **However, it is also our opinion that requiring the interpreting physicians to have the same skills as the sonographers to obtain such views, though highly desirable, is not practicable. In the United States, physicians commonly depend to a large extent on the skill of the sonographer. This applies to not only general obstetricians/gynecologists but to maternal-fetal subspecialists and radiologists as well. This situation is not likely to change any time soon. Requiring sonologists, in addition to the sonographers, to be accredited in the specific situation of nuchal translucency measurement would lead to significant limitation of access of American women to nuchal translucency screening. At this point in time, the most**

*effective approach is to make sure that the person who is performing the nuchal translucency measurement, (as well as the nasal bone and tricuspid flow assessment) is properly trained and that he or she participates in ongoing quality assurance. It is our belief that it is better to offer standardized screening (accreditation of the sonographer OR the sonologist) to a much larger number of women than it is to insist on restrictive screening strategies (accreditation of the sonographer AND the sonologist) which reach a much smaller number of women. (emphasis added)*

<http://www.fetalmedicine.com/usa/pdf/Newsletter%20volume%203%20number%202.pdf>

<http://forums.obgyn.net/ultrasound/ULTRASOUND.0707/0039.html>

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**DuBose TJ; Sonographers: Highly experienced, vastly underappreciated;** 2/6/2007;

<http://www.auntminnie.com/index.aspSec=sup&Sub=ult&Pag=dis&ItemId=74524>

AuntMinnie.com

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**Advance for Imaging & Rad Therapy Professionals;** 2006 June 26; Vol. 19 Issue 14

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**Words are Golden** by Terry J. DuBose, M.S., RDMS, FAIUM, FSDMS

[http://www.uams.edu/chrp/sonography/Sonography\\_what\\_is\\_it\\_06May22-Advance\\_fini.pdf](http://www.uams.edu/chrp/sonography/Sonography_what_is_it_06May22-Advance_fini.pdf)

Confusion about whether to use "ultrasound" or "sonography," "sonographer" or "ultrasound tech," has done the profession a disservice.

*The link above to "Words are Golden" is the unedited version of the manuscript submitted, including references. The version referenced above was edited.*

*Also see streaming video of this lecture "The Profession's Identity: Words and Actions Matter"*

<http://www.sdms.org/seminar/ac2007/sa-61/>

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"The accuracy of the [sonographic] exam is almost exclusively dependent on the skill and experience of the sonographer, no matter how knowledgeable the interpreter. If the sonographer misses the disease during the scan, it is unlikely that it will be detected. This places a unique responsibility on the sonographer." Parhar, Gordon; Director Sonography Business Unit, Toshiba America Medical Systems, Inc. in RT IMAGE, May 1, 2006, p. 20-21.

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The following five quotations are from: Harris J. Finberg, MD: "Whither (Wither?) the Ultrasound Specialist"; J Ultrasound Med 2004 Dec; 23:1543-1547 0278-4297

"In sonography, the image acquisition is complex and operator dependent, and it becomes the diagnostic process. The subsequent reading confirms the completeness of the examination and validates the diagnosis but generally cannot go beyond the provided images. Thus, in large measure, the one who holds the transducer makes the diagnosis. "

"Sonographers are our most adept scanners, but they have less depth of medical knowledge than physicians. They are also frequently being pushed to increase their throughput, completing ever more scans within their shifts."

"Once the physicians have gone into practice, additional pressures tend to pull them away from active involvement in sonographic scanning. The real-time acquisition of images is seen as time-consuming, and it is often left to the sonographer alone. Competing duties are seen as more time-efficient and financially rewarding. The radiologist may favor time spent interpreting computed tomographic and magnetic resonance imaging scans and doing procedures such as biopsies. The obstetrician is frequently occupied with deliveries, procedures, and consultations."

"I believe it is time to recognize the added benefit they [*sonographers*] could provide as physician extenders. Therefore, I support the creation of the new category of sonographic practitioner, analogous to the nurse practitioner or nurse anesthetist, who would be able to function independently within defined areas of responsibility, including rendering diagnoses and generating reports."

"The Society of Diagnostic Medical Sonography has supported the formation of an Ultrasound Practitioner Commission, which has published a detailed proposal for such an advanced sonographic care provider."

Harris J. Finberg, MD: "Whither (Wither?) the Ultrasound Specialist"; J Ultrasound Med 23:1543-1547 0278-4297

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World renowned expert, Dr. Roy Filly of the University of California in San Francisco. PrimeTime Live, "Sound Advice" National Headliner Awards: Investigative Reporting First Place: ABC News - Prime Time Live; Diane Sawyer:

**Dr. ROY FILLY: *"Diane, I have studied all of the major imaging technologies over the last 25 years -- CAT scanning, magnetic resonance imaging, angiography, and nuclear medicine. All of these technologies are very complicated in their own right. But among those, there is no question in my mind that ultrasound is the most difficult to learn."***

ABC Primetime Live; January 14, 1998; DIANE SAWYER...

Watch and hear the Filly interview:

[High Speed BroadBand](#),

<http://www.uams.edu/chrp/sonography/images/RoyFilly-onDMS-BB.wmv>

or [Dial Up Internet](#)

<http://www.uams.edu/chrp/sonography/images/RoyFilly-onDMS-DU.wmv>

See the entire 24 minute PrimeTime and other coverage on this topic:

<http://www.sdms.org/news/primetimevideo.htm>

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***"Many ultrasound examinations are performed by technologist [sic] when a physician is not present, and a report is issued by a physician at a later time. The legal responsibilities are extraordinary because a necessary part of care may involve rendering an interpretation at the time the study is performed, especially if real-time instrumentation is used. This differs from the relative roles of technologists and physicians in other imaging disciplines."***

James A E, Bundy A L, Fleischer A C, et al; "Legal Aspects of Diagnostic Sonography" in SEMINARS in ULTRASOUND, CT and MR; Grune & Stratton, Inc., 6:209; June, 1985.

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***"It is embarrassing to me as a sonologist and greatly to the credit of sonographers that they have taken the lead on qualifying examinations. The American Registry of Diagnostic Medical Sonographers conducts a comprehensive examination that, in my opinion, would be failed dismally by many physicians who "practice" sonology."***

Filly R; Letter: "It's Not My Fault Because...."; JUM, March 1998; 17:156.

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***“Routine screening ultrasonography performed by well-trained Sonographers is extremely accurate in the detection of anomalies in an indigent population.”***

Magriples U & Copel JA: Accurate detection of anomalies by routine Ultrasonography in an indigent clinic population. Am J Obstet Gynecol 1998; 179: 978-981.

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***“Those who scan can recognize that the diagnosis must be made there and then.”***

International Society of Ultrasound in Obstetrics & Gynecology (ISUOG) President, Sturla Eik-Nes, opened the ceremonies with a short welcome and talk about the importance of education. November, 1999; Buenos Aires, Argentina

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***“The diagnostic efficacy of the AP sonographer or ultrasound practitioner was found to be similar to that of the traditional sonographer-sonologist model. ... the experienced, well-trained AP sonographer can function independently, with only discretionary consultation and assistance.”***

Persutte WH, Droese J, Spitz JL, Cyr D, Sansoucie DA, West FW, & Kawamura DM: Advanced-practice Sonography in Obstetrics and Gynecology: A Pilot Study Investigating the Efficacy of the Ultrasound Practitioner. J of Allied Health, Summer, 1999; 28:71-79.