

# How to build a department around undergraduate sonographers

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# Where it all began.....

- Approx. 10 years ago there was a large workforce summit in the West Midlands tasked with identifying ways to increase sonographer numbers.
- Birmingham City University became the first direct entry undergraduate Medical Ultrasound provider.
- 3 year – BSc in Medical Ultrasound
- Addition of a 1-year PG Certificate in Preceptorship (Medical Ultrasound)

GOOD TECHNIQUE/  
EQUIVALENT TO PG  
STUDENT

GOOD LEVEL OF  
EXPERIENCE

GOOD  
COMMUNICATION  
SKILLS/ ABLE TO  
BREAK BAD NEWS

SAFE AT  
SCANNING

TEAM MEMBER

TIME  
MANAGEMENT

What will they be able to scan ?

What will they get paid / what banding are they on?

Can they do full lists unassisted?

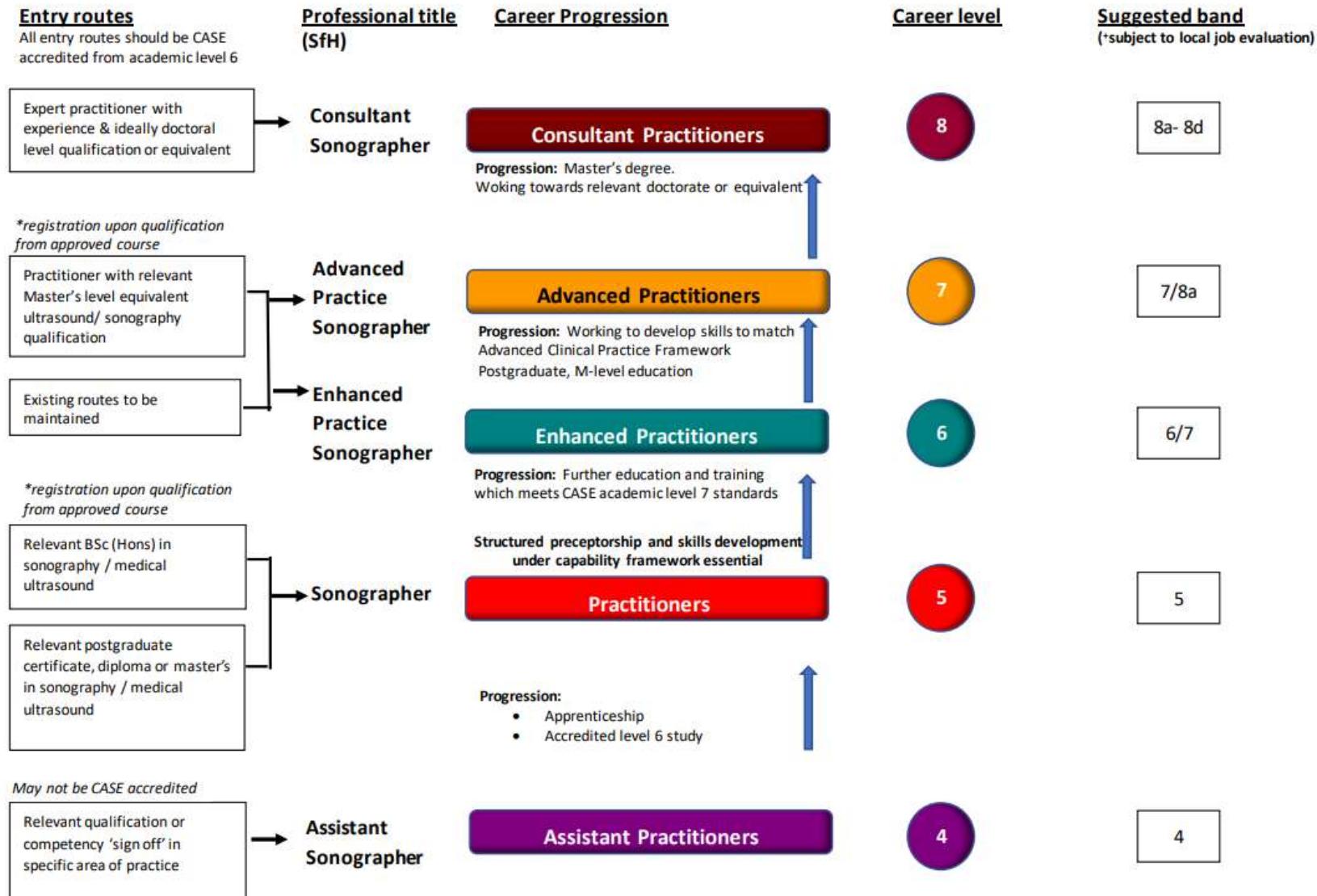
Can they train others?

Can they scan obstetrics?

What about HCPC registration?

# Sonographer Career Framework

## Outline Career and Progression Framework – V2. Updated June 2022



Career Level	Career Level Descriptor	Scope of Role	Clinical Reporting, Accountability and Practice	Scope Practice	Role development, education and training required to progress	Service delivery aspirations
Career Level 5 (SfH)	<b>Practitioner (SfH career framework)</b>	<p>This role is focussed on the new practitioner. It could equate to the preceptorship period following qualification. They will work autonomously within their scope of practice and will be mentored by an experienced practitioner.</p> <p>The role is as a competent, safe sonographer with the knowledge, understanding and ability to independently undertake, interpret, analyse and report ultrasound scan findings within their scope of practice, with appropriate supervision available.</p>	<p>Carry out, interpret and analyse scan findings, within a defined scope of practice. Produce a written report on normal examinations and common abnormal findings within a focused and clearly defined scope of practice.</p> <p>Expectation that clinical practice will be independent but working as part of a team. Appropriate supervision must be readily available. Reporting skills developed under appropriate preceptorship and capability framework.</p> <p><b>No lone working in for example satellite units or out of hours</b></p>	<p>Examples might include: All of the above plus:</p> <p><b>Obstetrics:</b> Supervision will be required for FASP examinations during the capability development period.</p> <p>A range of obstetric examinations including early pregnancy and third trimester.</p> <p><b>Gynaecology / General medical / Vascular / MSK and other non-obstetric exams (dependent on modules studied and scope of practice):</b> Non-complex, non-urgent referrals with clear clinical history and clinical question. Such referrals will be vetted by senior staff with reference to RCR iRefer and / or BMUS 'Justification of Referrals' document and will be prioritised as a routine referral with low expected presence of pathology</p> <p>Normal cases will be reported, using standardised reports. Abnormal findings will be reviewed by a senior colleague to provide interpretative / actionable reports and further management advice.</p> <p>All examinations undertaken during the capability development period will be performed in a supervised capacity. Areas of practice will develop over time, with experience, further learning, and competency 'sign-off' and with clear schemes of work in place.</p>	<p>Consolidate practice and capability development</p> <p>A well-defined, structured preceptorship period of between 12 – 18 months is essential to support the transition to post-registration independent practice (see additional guidance document).</p> <p>The period of capability development will be a formal programme that supports the development of autonomous and independent practice across the full scope of the role. Monitoring of performance and progress to be undertaken within a well-defined assessment programme.</p> <p>Actively participates in CPD.</p> <p><b>Career Progression:</b> Education and training during this will take the form of Pg Certificate / Diploma in for example:</p> <ul style="list-style-type: none"> <li>• a chosen clinical specialty</li> <li>• interpretative reporting</li> <li>• communication in complex settings</li> <li>• further pathophysiology</li> </ul> <p>Any education and development provided must meet CASE academic level 7 learning outcomes.</p>	<p>This is a transitional role. The expectation is that practitioners in this role are supported to develop skills and successfully complete the capability development period, prior to progressing to career level 6.</p> <p>To be independently &amp; autonomously performing a limited range of examinations, with appropriate direct supervision readily available.</p> <p>Initially 100% of reports reviewed by <b>enhanced practitioner sonographer</b>, using BMUS peer review tool, reducing to a minimum of 50% of reports as capability develops. Learning points from peer review to inform development needs</p> <p><b>Aspiration:</b> To be independently producing a report on a maximum of 50% of cases undertaken. This aspiration is given to encourage discussion and subsequent skill development of the individual during their capability development period.</p>

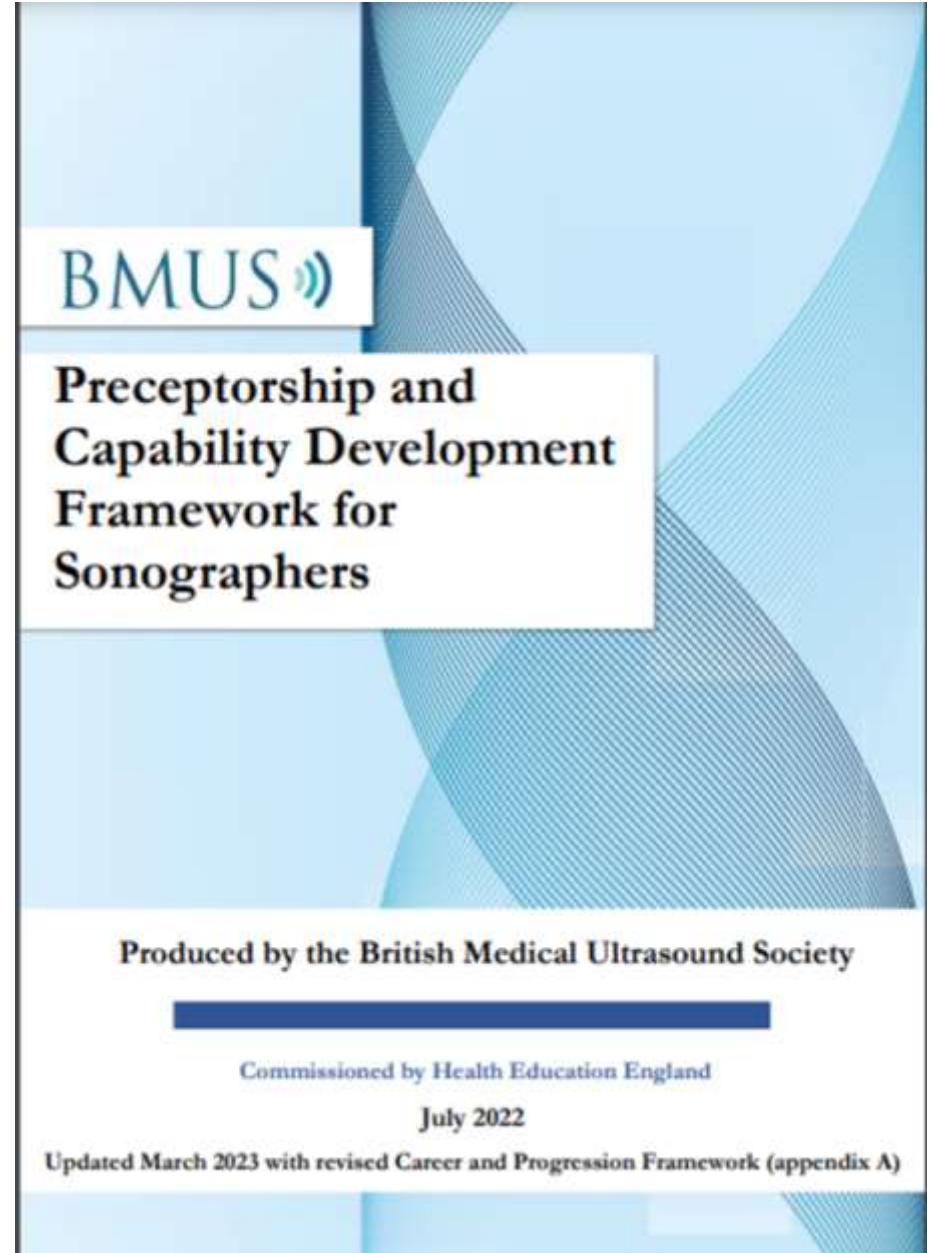
# Key Points.....

- Practitioner level is for a new sonographers and could equate to the preceptorship period following qualification
- Carry out, interpret and analyse scan findings and produce a written report for non-complex cases within a defined scope of practice
- Clinical practice will be independent but working as part of a team. Appropriate supervision must be readily available.
- No lone working in for example satellite units or out of hours

- Obstetrics: Supervision required for FASP examinations during the capability development period.
- Normal cases will be reported, using standardised reports.
- Abnormal findings will be reviewed by a senior colleague to provide interpretative / actionable reports and further management advice.
- Initially 100% of reports reviewed reducing to a minimum of 50% of reports as capability develops

# Preceptorship

- The aim :- to provide structure for all sonographers from newly qualified to those aspiring to advanced practice and consultant roles.
- Gives departments the building blocks to develop their preceptorship programme



# What does preceptorship include?

- Assign a mentor / preceptor
- Audits of work
- Case reviews
- Reflective pieces
- Competency sign offs
- Other experiences e.g Visiting clinics, Breaking bad news courses.
- Build a portfolio!!!

# What is the purpose of preceptorship?

- Develop confident, autonomous practitioners
- Reduce level and amount of supervision / support.
- Increase skills and knowledge to expand the range of examinations which can be performed.
- Have a workforce who can train and support future trainees
- To have job satisfaction and feel valued by the team.
- To have a strong future workforce which can support the increasing demands of the service

# Worcestershire Experience

- Discussion with Chief Nurse regarding HCPC registration
- 12 month Preceptorship Sonographer post (B5)
- Complete competency documents for each area of scanning.
- FASP examinations – Full supervision until PG Cert was completed.

ULTRASOUND DEPARTMENT - TRUSTWIDE

**COMPETENCIES FOR SONOGRAPHERS PERFORMING ABDOMINAL SCANS**

Sonographers trained via the undergraduate (direct entry) route are currently unable to register with the HCPC as 'Sonographer' is not a protected title. All non-registered staff are required to demonstrate all of the competencies within this document prior to being able to scan independently and this must be stored within their personal file as evidence and these must be completed annually.

Completion of these competencies is also a requirement for all new starters and those completing in-house training and on completion of PG training.

NAME \_\_\_\_\_

**RECORD OF COMPETENCIES FOR ABDOMINAL SCANS**

TRUST POLICY / PROTOCOLS and SOPs	Sign (Trainee)	Sign & Print Name of Supervising Sonographer	Date
Read and understand the departmental protocol for Abdominal ultrasound			
Read and understand the Trust Chaperone Policy (WAHT-CG-006)			
Read and understand the departmental protocol for GB polyps			
Read and understand the departmental protocol for Incidental Findings			
Read and understand the departmental SOP for Renal Masses and Haemangioma			
Know how and when to refer due AAA and read relevant protocols			
Read and completed competencies in SOP for Cleaning Ultrasound probes in Trust Imaging Departments. (WAHT-KD-024)			
Read and understand - Urgent clinical findings Trust Policy (Policy for the Communication of Critical or Urgent Radiology Reports)			
Read and understand - Vetting SOP			
Aware of and use 'short codes' within CRIS			
SCAN TECHNIQUE	Sign (Trainee)	Sign & Print Name of Supervising Sonographer	Date

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- MDTs
- Cross sectional reporting sessions with radiologist
- Specialist clinics e.g hysteroscopy
- Fetal Medicine Clinics
- Be involved in audits
- Attend ARC course
- REALMs



# REALMs



**ULTRASOUND DISCREPANCY LEARNING**

**award**  
Worcestershire  
Acute Hospitals  
NHS Trust

<b>Identification</b>	
<b>Modality/Exam</b>	ULTRASOUND
<b>Date of Learning</b>	MAR 2021
<b>Description</b>	<p>Patient attended for routine UDAVY</p> <p><b>Clinical History:</b> 6 weeks viability. Fertility patient.</p> <p><b>US report:</b></p> <p>There is a single live fetus present within an intrauterine gestation sac. Fetal heart beat visualised. CRL: 3.4 mm (6 weeks).</p> <p>Within the left adnexa there is a well circumscribed heterogeneous area with an echo poor centre and an increase in vascularity, measuring 27 x 17 x 21 mm. It is unclear if this is separate from the ovary? collapsing corpus luteal? coexisting ectopic pregnancy. Free fluid is noted within the left adnexa measuring to a maximum pool depth of 15 mm.</p> <p>Right ovary is unremarkable.</p> <p><b>Conclusion:</b> The ultrasound appearances are consistent with a viable intrauterine pregnancy; however a coexisting ectopic pregnancy cannot be wholly excluded based on the ultrasound appearances, clinical correlation is required.</p>

## GERM CELL TUMOURS

### SEMINOMA

- Slow growing.
- Very sensitive to radiotherapy/chemotherapy
- Usually associated with better prognosis
- Ability to metastasize
- Occur in mainly 30-40 year olds

### NON SEMINOMA

- Fast growing.
- Less responsive to radiation and chemo
- Metastasize by the lymph system
- Occur in late teens early- early 30's

## The Anxious Patient: How to Improve Care...

### Offer a warm reception

Patient was seen OOH, no reception staff

### Engage Earnestly

- Start the appointment by asking about and sincerely listening to their concerns. If an anxious patient feels heard, they'll be more confident in your medical recommendations.

### Preview the appointment

- Offer an overview of what will happen during the visit, including what you'll do and why. Knowing what to expect can help reduce the patient's anxiety.

### Address concerns head on

- If you notice someone is anxious, it's OK to ask about it.

### Express empathy

- Empathizing with a patient's fear and normalizing the experience can help them feel calmer. Even if you deal with this medical condition frequently, it may be new and scary for them.

# What next?.....

- On completion of PG Cert returned to university to complete PG Diploma (B7 - Annex 21). Further clinical modules in DVT and Testes and research module.
- On completion of PG Diploma – B7 Role as Sonographer at enhanced practitioner level.
- Potential to continue to MSc.
- Involved in training of students and registrars
- Able to work independently, including OOH and community locations
- Able to support with reviewing reports and support newly qualified staff

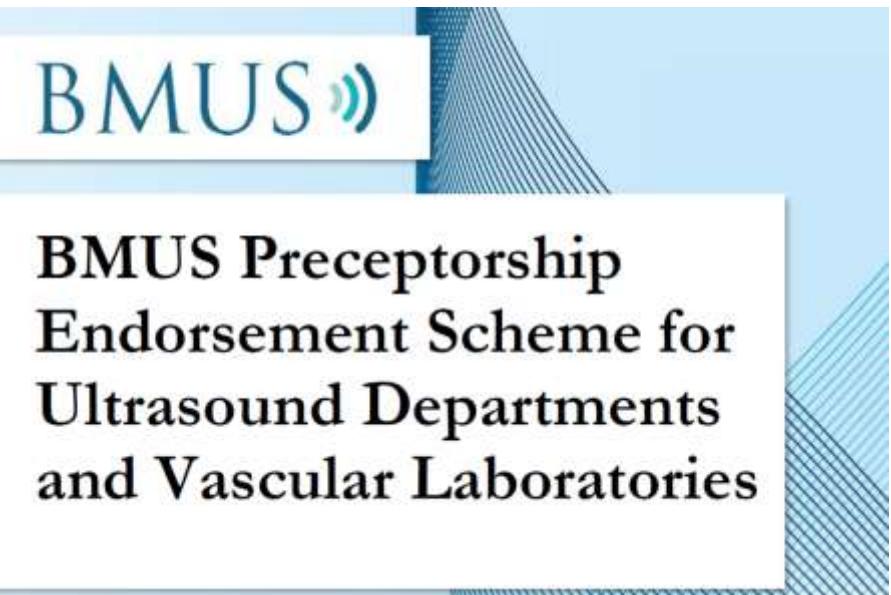
# Negatives ?

- Initially require full support and supervision, this may include longer scan slots.
- They may lack experience of the broader healthcare setting and pathways.
- Ideally need to be supernumerary, gradually increasing the areas of autonomous practice
- Require support from a preceptor/ mentor as well as the wider team.
- Lack of registration

# Positives ?

- They have 3 years of scanning and educational experience prior to starting ... you will not be starting with a beginner!
- Areas of competency can be signed off as the individual develops.
- Develops a career framework within the department
- Potential for further study will allow them to support other areas of scanning
- Direct entry into ultrasound.
- New ways of training to expand the workforce.

# BMUS Endorsement



# The future .....

- BCU course no longer running
- BSc Apprenticeship Sonography – SHU
- Need departments understand the role of BSc trained sonographers and how they can build their team
- Managers to understand the career framework and want to develop this in their own departments
- Universities need to think of how they can support preceptorship period with PG modules etc



THE PRICE OF  
DOING THE SAME  
OLD THING IS  
FAR HIGHER THAN  
THE PRICE OF  
**CHANGE.**

BILL CLINTON

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