

SDMS Spotlight

The Ohio State University's Diagnostic Medical Sonography Programs - Benefits of CAAHEP Programmatic Accreditation



The SDMS believes that individuals entering the diagnostic medical sonography profession should graduate from an educational program that is programmatically accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) through the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) or the Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT).

What year did the Diagnostic Medical Sonography Program become accredited? Please provide accreditation dates for General and Vascular programs.

The Ohio State University's Diagnostic Medical Sonography concentration [DMS-Abdomen and OB/GYN program] and Vascular Technology programs were awarded programmatic accreditation in 2013 for both general concentration [DMS-Abdomen and OB/GYN program] and also for the vascular technology program. Development of our programs at Ohio State began in 2007 and our first BS graduates from DMS and Vascular Technology completed in 2009. We were fortunate to have luminary faculty for both DMS and VT on our campus. Pamela Foy, MS, RDMS and Mira Katz, PhD, RVT provided tremendous support and feedback as the curriculum was developed. We are a fairly young sonography program nestled within a 40 year old BS Radiography and Radiation Therapy program.

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Why did the program make the commitment to acquire and retain CAAHEP programmatic accreditation?

We enjoy regional accreditation that is afforded by being on The Ohio State University's

campus and are supported by the College of Medicine. This type of infrastructure and faculty support was tremendous. However, we were starting to hear from radiography graduates that many states were requiring programmatic accreditation in order to obtain state licensure. This was a growing concern so we felt that it was paramount to get our programs programmatically accredited to avoid future issues that could affect graduates employment opportunities, in surrounding states As we were waiting to be site visited by the JRC-DMS, we were told that our Veteran's Administration medical facilities were mandating programmatic accreditation. Our VA sites provide tremendous clinical education for our students and we thankfully had begun the process or we would have lost these sites for our students.

How have your students and faculty benefitted from being a CAAHEP accredited educational program?

Gaining CAAHEP accreditation has not only secured our clinical sites but it has allowed us to participate in the SDMS Clinical Instructorship. This rewards our dedicated Clinical Instructors with up to six (6) CME credits per calendar year for providing student instruction. The daily work load for sonographers and vascular technologist has become even more crushing, due to the pressures



of cuts in reimbursement, decreased appointment times, and more patients. We are so thankful for our clinical sites and the dedication of our clinical sonographers and vascular technologists therefore this is one way to reward them. I feel that providing clinical experience for students is difficult to accomplish for the staff, given the institutional pressures.

I also know that our faculty has tremendous pride in obtaining CAAHEP accreditation, in part because they helped to build the programs. This stamp of approval makes our entire OSU faculty extremely proud and validates their hard work in the classroom, clinical site management, and instructional strategies.

Interestingly, our students do not really understand the significance of programmatic accreditation because they are assuming that everything is perfect. However, as graduates it becomes a much more significant issue. Our faculty spends time explaining the difference between regional accreditation, programmatic accreditation, and no accreditation to our students. We want to make them better consumers of educational offerings.

How have employers in your region benefitted from having graduates from a CAAHEP accredited program available as prospective employees?

Our employers prefer our graduates because they have had them in their institution for two years and this provides them with a prolonged onsite interview. As they talk with faculty about student/graduates that they want to hire, they know that our 100% pass rate puts them at no risk for holding positions for them. We also believe that having employers as part of our Advisory Committee allows them to see our outcome data and it stresses the importance of not only being a host for clinical education but also taking advantage of the investment that they have made in their education. We are also excited to see our graduates in the role of the employer! They know our programs and want to make sure they hire high quality employees. There is a comfort knowing the educational product as a former student and also hiring a similar high quality product.

Describe some of the positive aspects of CAAHEP accreditation and your relationship/partnership with your clinical education sites?

Our employers are many times graduates of our BS and MS programs at Ohio State. They also have been increasing their experience having gone through hospital accreditation, lab accreditation, and state

department of health inspections. Our employers are very proud of their rankings in the World News & Report of best hospitals, Joint Commission accreditation, and clean inspections from the state health department. Their pride in maintaining clinical excellence is reflected in being associated with our programs and their CAAHEP accredited status.

We have built a great partnership model with our major clinical sites as our faculty offer advice and assistance with lab accreditation. I feel very fortunate that our imaging faculty have many years of clinical experience and therefore have participated in ACR, AIUM, and IAC lab submissions. We not only partner with our sites to assist them in their quest to document clinical excellence, we also have our senior students in all disciplines working to help with lab accreditation. In fact, for 10 years we have had our seniors completing a mock IAC lab accreditation submission. We have found that these activities solidify our combined commitment for documenting excellence. It also makes it very easy to explain our need for data to complete annual reports to the JRC-DMS as they are also working on similar reporting to their lab accreditors.

I feel that casting the maintenance of CAAHEP accreditation alongside laboratory accreditation makes sense to our employers and provides a wonderful partnership for documenting excellence for the overall enterprise.

What are some things that sonographers and physicians in your region say about your CAAHEP accredited program?

Recently I drove to our VA hospital that is about 100 miles from the university. I did a clinical site visit in the sonography/vascular area and worked with our student. As the day progressed, the Chief Radiologist stopped by the lab to check on the exams. The sonographers re-introduced me to the Chief Radiologist and he just kept complimenting me on our educational process and how the quality of his employees, trained through our program. He said, "I worked with many sonographers but these OSU graduates are so well trained and are unlike any other sonographers I've worked with previously!" I was very flattered but I explained that it really is a team effort to provide high quality programming and is an ongoing effort. Feedback for employers (sonographers and physicians) is very important to make sure that current skills are at a high level as well as anticipating new skills that will be needed.

In my opinion, educating sonographers and vascular technologists needs to provide a foundation for 20 years of clinical practice. If you adopt that mindset, then you have to think about things like contrast media injection, research appraisal skills, image segmentation, etc. What are the skills that our graduates will need not only now but also in the future? Our sonographers and physicians in the region are a great source of this kind of information and we need to incorporate their forecasts into our curriculum decisions.

What tips/suggestions do you have for education programs that are considering pursuing CAAHEP programmatic accreditation?

My biggest tip would be to hire a consultant to assist a new program with developing the self-study. This may seem a huge luxury but the investment made in the beginning of the process will pay many dividends as things move forward. We did hire a consultant and we divided the work between our Clinical Coordinator pulling together the overall document, our administrative assistant finding documents and creating spreadsheets, and I did the overall reading and editing. Our consultant also was reading and revising our work digitally and we had several conference calls where she walked through the self-study with the group. This initial work ended up being invaluable because when our site visit came, my Clinical Coordinator was on maternity leave. It was stressful but because we had made the self-study a group process, I was able to present our work and orchestrate the visit without any difficulties. I am so happy that I did not decide to apply just what I thought I knew to programmatic accreditation. Our consultant was so great at making suggestions and stressing the importance of building a template that we can follow and subsequent faculty members have been able to resource.

If paying a consultant seems too expensive, then I would still advocate partnering with a colleague who has been through the entire process. I honestly learned so much about programmatic accreditation through the JRC-DMS and onto CAAHEP. Having completed laboratory accreditation and also working with the JRCERT was helpful but our consultant had specific experience being accredited with CAAHEP through JRC-DMS. It makes a difference and you want to have that confidence when you are being site visited.

I also would stress the need to be gathering data and completing surveys from the onset of your programs. We were fortunate to have a JRCERT accredited program and our Radiation Sciences faculty were already administering surveys and gathering outcomes data so we immediately modeled ourselves after them and their success. I would look back and also caution that waiting to start the process with lots of data can delay your accreditation unnecessarily. I think we might have been able to start the process sooner if we had not over emphasized our data collection. We just kept thinking that we needed more years of outcome data and that needs to be tempered with making sure that graduates are not at risk waiting for the awarding of accreditation. I think this is another point that a consultant can be helpful in determining when is the right time to start the self-study.

I think explaining to sonography and vascular technology students what the process entails is important so that they understand why the site visitors want to talk with them about the program. Our students had just finished their IAC mock submissions in the summer and the site visitors came that fall. Our seniors were not surprised or confused about why they were meeting with the site visit team. I think this is a very important point that is both educational and well as helps with a successful site visit.



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