

## RETURN TO SONOGRAPHY: OUR EXPERIENCE

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### Introduction

Information about “Returning to Sonography” is available on the SoR website, (SoR, 2016) and the HCPC has a process for members to re-register and return to practice, (HCPC, 2016). However, there is a paucity of information from departments that have actually attempted retraining and the outcome of such ventures.

### Aims

We sought to retrain a Sonographer who had not practised for more than 20 years and wished to return to obstetric scanning. This required us to determine the feasibility, process required and length of time for retraining.

### Methods

HCPC’s re-registration requirements are for a minimum 60 days of training, including a mixture of hands on, self-learning and theoretical learning. Due to the extended career break, this venture would be challenging and we could not guarantee a successful outcome. The “hands on learning” aspect would be the most challenging due to the time commitment required. Although we had no capacity on the training lists in our ultrasound (US) academy, we hoped that access to our in-house Simulator, could prove invaluable.

While the honorary contract was being processed, the returning sonographer (RS) completed the following online FASP courses to update herself about the principles of screening, the combined test, anomaly and fetal cardiac scanning, (FASP, 2018):-

- Screening for Down’s, Edward and Patau
- Nuchal translucency
- 18 to 20 week fetal anomaly screening
- Fetal cardiac scanning

Initial observation sessions enabled the RS to familiarise herself with protocols, biometry and reporting. Service pressures limited practical training to a part-time basis. We started with dating and growth scans, with extended examination times. Anomaly scans were gradually included. As a result of service pressures, we reverted to training in normal service lists, i.e. with no additional time for training. In terms of objective settings for the practical sessions, we followed City University levels 1 to 4 competencies, (City University, 2016). It was evident that more time was required to familiarise herself with normal anatomy than expected. Consequently, the RS found consolidating practice on the US Simulator (Medaphor ScanTrainer, 2017) was very useful, which included modules on scanning technique, 12 / 20 week scanning, fetal growth, advanced FASP modules and transvaginal obstetrics. The log of the examinations performed by the RS is shown in Figure 1.

### Results

Figure 1 Chronology of examinations performed by the RS

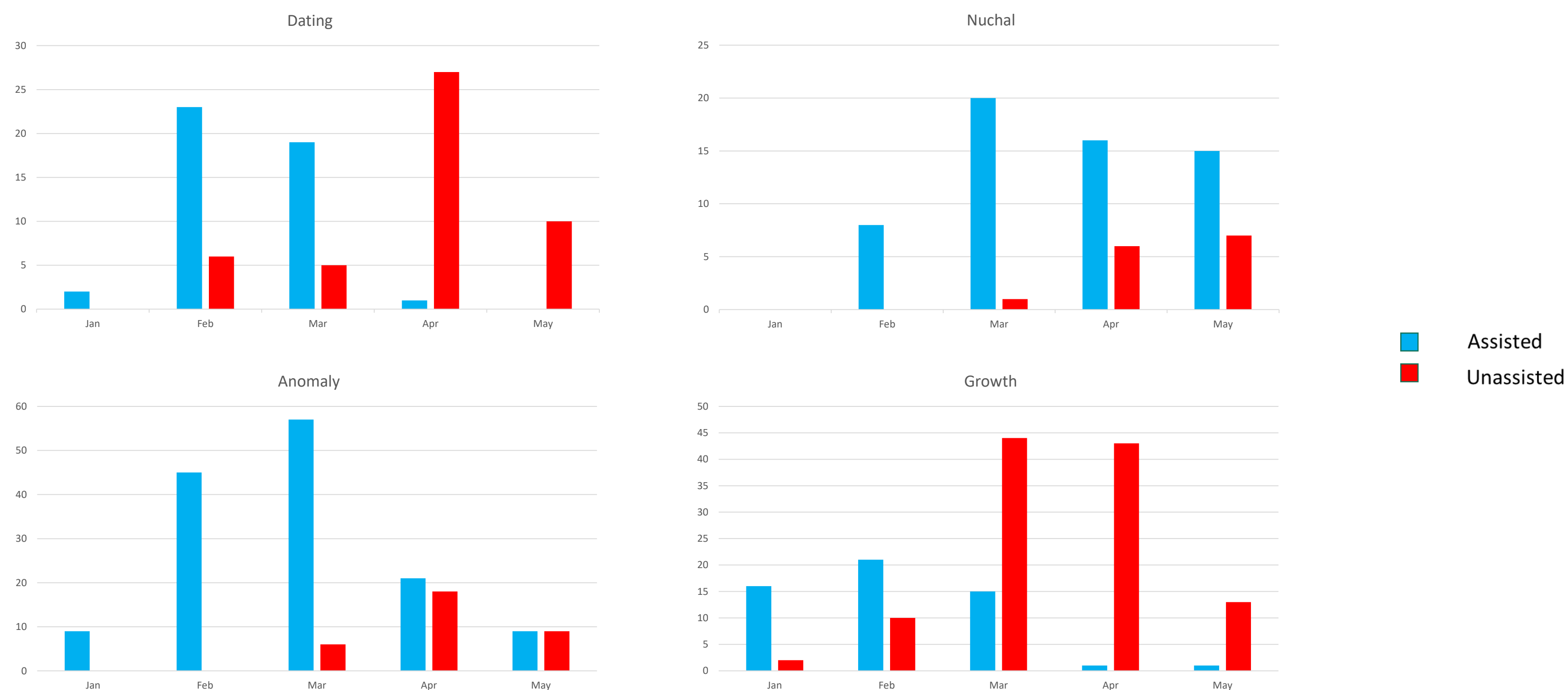


Fig. 1 shows that as the RS performed more examinations, she was increasingly able to conduct them unassisted.

Fig. 2 shows the total hours spent in supervised practice, formal study and private study, the latter included nearly 50 hours on the Simulator. It is evident the HCPC’s 60 days training requirement had been met. The availability of a Simulator for practice and online modules proved invaluable, in combination with the supervised practice and interactions with the PGC/D students in the academy.

Formal study incorporated attendance at in-house meetings and external study sessions. The latter included an Antenatal Results and Choices communication skills study day and evening lectures on early pregnancy and fetal growth.

Consistent with all training, constructive feedback, objective setting and self-reflection were essential to ensure a successful outcome.

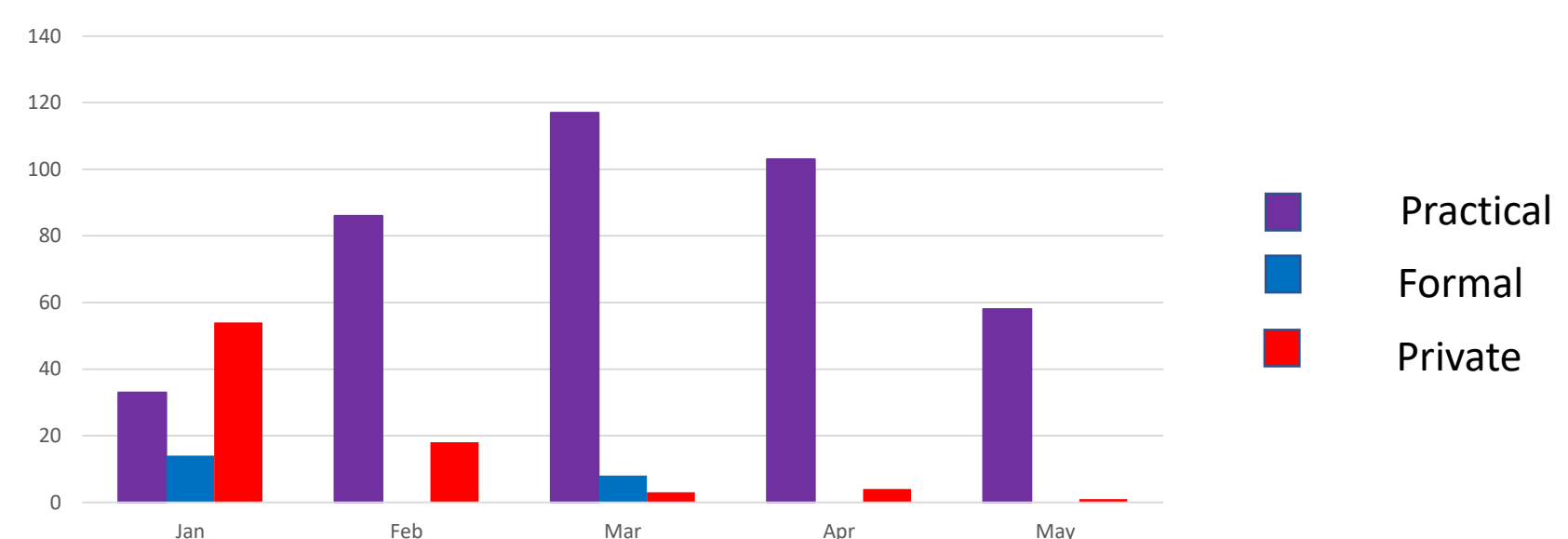


Figure 2 Total hours spent scanning, studying and on the Simulator

After the initial month of training lists, service pressures forced us to revert to normal service lists with their inherent challenges. We started with an optimistic target of retraining in three months, but realised that six months was more realistic. At times, both the trainee and supervisors were frustrated with a plateau in the progress. In the RS’s own words, “If I had realised the time commitment, and financial implications of lost earnings, I may have thought twice before embarking on this process, but I am so pleased I did. It was stressful at times, but very rewarding.”

We were all delighted that level four competencies were achieved within six months. The sonographer is now employed on a part-time basis, with the initial three months in a preceptorship role.

### Conclusions

“Return to sonography” is a daunting process, particularly after a lengthy break. In our particular case, focusing only on obstetrics scanning, proved to be a shrewd move. We should not underestimate the demands of the practical aspects and reliance based on the goodwill, hard work and motivation of both the trainee and supervisors. Ideally, when the majority of training can be undertaken in dedicated training lists, there is less stress on both trainee and supervisors. Access to a Simulator at the training site, is an additional advantage, facilitating a faster training process.

With regard to the question, “Would we do it again?” The answer is, “probably”, but we would assess each request on its merits.

### References

- <http://www.sor.org/career-progression/return-practice>
- <http://www.hcpc-uk.org/apply/readmission>
- <http://cpd.screening.nhs.uk/fasp-elearning>
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