

# Clinical Role Extension for Sonographers: A Case Report.

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## Introduction:

Clinical role extension is an essential facet of sonographer practice. Extension of clinical roles have the potential to enhance patient pathways by widening access to patients for more specialised ultrasound examinations. For the ultrasound practitioner, properly delegated role extension can help retain role satisfaction while maintaining a safe, supportive environment<sup>1,2</sup>.

This poster describes a training package for sonographers in head and neck ultrasound which includes the performance of fine-needle aspiration where necessary. We describe the documentation, training, assessment, governance and continuing CPD which are necessary to ensure that extended practice is undertaken safely and is well-accepted by both patients and clinicians within and without the imaging department.

It is hoped that our experience will be used as a template for other sonographers in developing their own extended roles.

## Training package:

After training and assessment in standard head and neck ultrasound, a training and competency package was devised which allowed for the safe and competent performance of ultrasound guided fine needle aspiration.

This was planned over 4 stages:

1. Observation of fine-needle aspiration (20 cases).
2. Practice of scan/needle technique using a phantom.
3. 20 sonographer performed fine-needle aspirations with assistance.
4. 20 cases performed unaided.

The training package was agreed by the trust clinical governance committee before training commenced.

• Knowledge/Competency	• Provided by:
• Aseptic technique	• Nurse/Consultant Practitioner
• Recognition of Complications	• Consultant Practitioner
• Slide preparation	• Consultant Practitioner/ Histopathologist
• Gaining informed consent	• Consultant Practitioner
• Observation of technique of FNA (at least 20 cases)	• Consultant Practitioner
• Practise on appropriate phantom	• Consultant Practitioner/ attendance at BMUS head and neck U/S course
• Infiltration of local anaesthesia (where appropriate)	• Consultant Practitioner and use of the Patient Group Directorate
• At least 20 FNA's under close supervision	• Consultant Practitioner
• At least 20 FNA's unaided, help at hand if required	• Consultant Practitioner

## Assessment process:

Competency was assured by summative assessment and by audit of sample adequacy rates.

### Summative assessment:

Assessment was conducted by the lead consultant radiologist in ultrasound over a single session and encompassed the following skills:

- Sonographic evaluation of the neck
- Method of performing an FNA
- Consenting of the patient
- Aseptic technique
- Preparation and documentation of samples for cytology
- After care of patient
- Production of written report.

### Audit:

An audit of sample adequacy rates was performed for FNAs of 50 consecutive patients. An audit target of 80% sample adequacy rate was set.

Sample type	Thyroid	Salivary gland	Lymph node	Total
Sample number	28	11	11	50
Adequate sample number	20	10	11	41
Percentage	71%	91%	100%	82%

## Documentation:

- Written agreement from local Clinical Governance Group in Imaging.
- Patient Group Directive for administration of Lidocaine 1%
- Clear protocols of Head and Neck U/S and FNAs.

## Ongoing CPD:

Attendance at thyroid MDT and image review meetings where possible.  
Private study of relevant material, including participating in external courses.

## Learning points:

There was a period during the training when due to staff shortages exposure to teaching sessions were limited. If possible, teaching sessions need to be protected, otherwise continuity and momentum is lost and progress is compromised.

## Conclusion:

Planning of training in a safe and supportive environment with assessment and audit of practice and an expectation of regular CPD enables safe and effective sonographer role extension to be achieved. Robust assessment procedures ensure that clinical, professional and governance standards are met. Use of clear departmental protocols and patient group directives, ensure compliance for safe and standardised practice.

## References:

1. Hart and Culpan. Sonographer Role Extension and Career Development: A Review of the Evidence. *Ultrasound* 2008;16(1):31-35
2. Field LJ, Snaith BA. Developing radiographer roles in the context of advanced and consultant practice. *Journal of Medical Radiation Sciences*. 2013;60(1):11-15. doi:10.1002/jmrs.2.