



The Institute of Allied Medical Professions **NEWSLETTER**



CAMPUS BULLETIN

PHYSICS REGISTRY REVIEWS

Queens

The Elmhurst Campus is offering a 4 hour Physics Registry Prep Class on November 6th and 13th 9am to 11am. Call Nancy at 718-779-7738 for enrollment information. Charles Odwin, RDMS will teach this practical and expeditious course.

NEED CME'S?

The Elmhurst Campus is once again offering a CME Program that is sanctioned by the SDMS. On Wednesday, October 20th @ 6pm, Deb Holcombe, RDMS, RVT will moderate Obstetrics Case Presentations. Your attendance will earn 2 CME credits. Call Nancy @ 718-779-7738 to reserve your seat. If you wish to present a case, please indicate that when you call. Come enjoy the evening, see some interesting cases and network. Our last CME meeting was terrific! A Power Point Presentation on the History of Ultrasound was offered by Deb as well as several interesting Abdomen studies. Ralph Sarfati, RDMS, RVT, RDCS was the show stopper with an Abdomen case featuring a live worm! You never know what you'll see or who'll you'll meet!

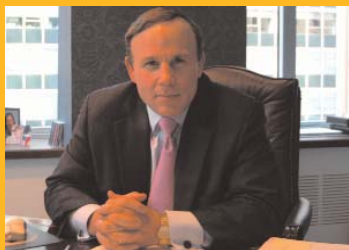
JOB OPPORTUNITIES

Please contact John Larsen, Medical Recruiter from Aureus MedSearch for Employment Opportunities in all Diagnostic Imaging modalities. He can be reached at 1/877-278-7902 at extension 6573 or you may contact Judy Hughes at 718/266-5660 for further information.

Echo Cross Training @ Elmhurst Campus

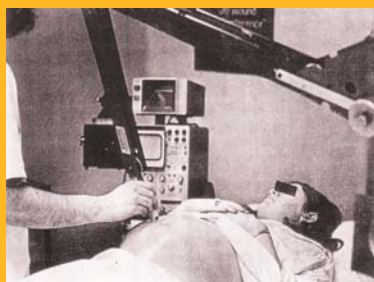
The Echo X Training Program was completed very successfully on 7/31/04. Rena Kayne, RDCS gave the students a great experience with well prepared lectures and organized lab instruction. Twelve DMS students completed the course and are ECHO Ready! Rena will be conducting another program in September 2004 @ the Elmhurst Campus. If you are interested in the Spring Program, call Nancy @ 718-779-7738 to place your name on the waiting list.

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Student Profile

Meet Ultrasound Student
Courtney Ammerson Page 3.

Editor: Amanda Lehner



Letter from the President



Yonkers Spotlight

Wayne Waszczak, class of 6/2001 has recently taken a position as Ultrasound Manager at Airport Imaging in New Windsor, New York. Shortly after organizing the lab, Wayne applied for and received ACR accreditation for his department with a score of 333 out of 339! Additionally, he won approval for clinical training and is currently mentoring our students. Wayne lives in LaGrange, NY with his wife Christine and 4 year old son.

Cara Lupinacci, class of 6/2002 was appointed Lead Sonographer at Stamford Hospital's Perinatal Clinic. Cara received approval to be part of an international study on Nuchel Fold measurements for early detection of Down's Syndrome. Cara also conducts in-service case study programs for interns and residents. Our students currently rotate through her department for High Risk OB training.

Congratulations to Silvana Byrne, RDMS and Larisa Gorn, RDMS on passing the registry exam!

CAMPUS BULLETIN cont.

JOB FAIR

The Advance Magazine is sponsoring a Job Fair on November 18th @ Madison Square Garden in NYC. Call 1-800--546-4987 to register or log on to www.advanceweb.com/jobfairs

Let Us Recommend...

If you are preparing for the Registry Examinations think about purchasing The Appleton and Lange "Review for the Ultrasonography Examination" Third Edition by Krebs, Odwin, and Fleischer. The Elmhurst Campus is proud to claim Charles Odwin, one of the authors, as part of our evening faculty. Dunstan Abraham, another of our evening faculty, is a contributor to the book as well. This book will be a great addition to your home library.

Dear **IAMP** Student,

I would like to congratulate our summer graduates. I wish you all the best in your future endeavors.

Our recent Advisory Committee Meetings have generated several ideas to keep the Institute of Allied Medical Professions current with the rapidly changing technological advances in medical imaging. In result, we have acquired a new 3-D ultrasound machine to better educate our students.

I encourage all of our students to take advantage of our Physics Registry Review. It is a great way to refresh your knowledge and hone your test taking skills. Furthermore, it increases the likelihood of passing the exam with flying colors. Also our echo cross training is very popular amongst graduates whom desire versatility in the workforce.

I hope you enjoy our September 2004 Newsletter. If you would like to contribute to our upcoming newsletters please email any feedback and/or articles to imaging405@aol.com. Good luck to all our IAMP students.

Sincerely,

Thomas J. Haggerty

Thomas J Haggerty



“Committed and Focused”

Courtney Amerson is a very driven student and because of this determination his experience at IAMP has been a positive one. Courtney's formula for success is simple. "Students need to commit and focus, because this not a game."

Courtney grew up in Queens and is currently living in Forest Hills. Before attending IAMP he worked in the music industry as a distributor. He left this job because he always dreamed of pursuing a career in the medical field. Courtney chose ultrasound because he wanted to work closely with people in a non-invasive manner " Ultrasound is all-natural. There is no use of radioactive isotopes. I like the fact that I am not endangering the patients or myself."

Nancy Baer, Queens Campus Director, nominated Courtney for the student profile because she was eager to make an example of him. "Courtney is a personable, intelligent and dedicated young man. He is able to articulate his feelings about school with ease. I wish him great success on his internship. I know he will be great."

Courtney is very optimistic about the future of his budding career. "My days at IAMP have not only given me a strong medical foundation, but the confidence to face challenges in my quest for a career in the medical professions."

Courtney Fills in the Blanks.....

When people aren't looking I'm : thinking

I'm always humming the tune: “My Way”
by Frank Sinatra

I can't stand it when people : gossip

I'd rather be: jogging

My mother: is my personal hero



“The Queen of Queens”

"I am a Queens person. I grew up in Flushing, (a stones throw away from school), and now I live there with my family. I like the city. I wouldn't live anywhere else." It is only fitting that Nancy Baer is the Director of IAMP's Queens Campus. She began at the school as an instructor, teaching Anatomy and Physiology in the MRI program. It didn't take long for IAMP President Thomas Haggerty, to notice Nancy's ability to connect with the students. In 2000 she was hired as the Campus Director.

"The most rewarding aspect of my job is seeing satisfied and happy graduates successfully complete the program." Nancy beams, " I also enjoy the day to day contact with students." When asked how she would describe herself in two words she confidently replied "friendly and focused". According, IAMP staff and students, that couldn't be more accurate. Business Manager Barbara McConnach has known Nancy for 10 years. "I can rely on her to get the job done, and to smile the whole way through. She is truly a pleasure to work with."

Nancy's advice to students is to be prepared on a daily basis and to listen to their instructor's advice. "They have brought many students through the program with great success," Nancy reasons, "they know what they are doing." Nancy is proud of both the instructors and students. " I am continually amazed by the quality of images the student's produce. They really improve as they practice more and more."

Nancy Baer considers herself to be very blessed in life. "I have a great family, my husband John of twenty-five years, and my two sons Christopher and Eric. I have the best friends and I work with very professional people that make my job easy." Perhaps the best way to sum up Nancy is in her desired epitaph for her tombstone: "She got what she came for."

The Art of The Interview

By Judy Hughes,
Director of Clinical and
Placement



The Institute would like to help our students to be fully prepared for their first or next interview. The following should help you on your successful job search.

It's interview time! You have done your homework, rehearsed your answers and dressed as the successful candidate. Now what? Arrive 10-15 minutes before your scheduled interview time. Allow yourself time for parking, transportation delays, room or



department location, etc. Remain standing in the reception area unless you are asked to take a seat. Make sure your cell phone is off.

Upon entering the interview room, make direct eye contact and extend a warm smile and a firm hand shake.

Put your briefcase or portfolio on the floor (NO BACKPACKS) and don't fumble for your items. Organize your resume, recommendations letters and other documents the day before your interview. Body language accounts for 55 percent of a first impression. Make sure your body matches the impression you want to project. Sit up straight, chin up, shoulders back and avoid crossing your legs. Lean forward to demonstrate that you are eager and you are listening to what is being said. Keep your arms uncrossed to show that you are open to the conversation

Let your body language reflect your positive attitude and confidence that you are the right person for this position. Now you are ready to begin the interview.

1. Demonstrate or communicate your experience and skills

The number one thing a candidate can do in an interview is intelligently and clearly articulate professional experience, abilities or knowledge. Hiring managers are most impressed when a candidate is able to "think on their feet" during the interview - this demonstrates competency.

2. Act professionally

A candidate who is professional during the selection process will stand out among fellow job seekers.

When a candidate communicates intelligently, uses proper grammar, makes eye contact, listens, and asks intelligent and relevant questions, this demonstrates how that person will act within the parameters of the position with coworkers and patients.

3. Prepare

Simple steps to prepare for the interview, include researching the facility and what modalities are they offer. Arrive on time and dress appropriately. Bring extra copies of your resume and cases. Don't forget names of references and letters of recommendation. Thorough preparation for an interview can make or break your chances of landing the job.

4. Exhibit enthusiasm

Go ahead, be an eager beaver. Supervisors and managers are impressed when a candidate shows enthusiasm for the job. The candidate who is ready and willing will likely carry those traits into the position. Plus, it demonstrates an eagerness to learn.

5. Be honest

Be sincere and truthful about the past. Honesty shows that you have integrity. Be candid and open about past jobs. If you are coming from a bad experience, think of ways to put a positive spin on your previous situation. For example, if you were let go from your last job, be truthful without being negative and highlight your strengths or how you have learned from that situation. So what are you waiting for? Get started on landing that next interview today!

CLASS PHOTO



**Ultrasound Elmhurst Day Class April 2003,
Are getting ready to graduate in November!**

Don't Forget Your Corners



by Deborah Holcombe,
BFA, RDMS, RVT

Working Sonographers and students alike must contend with the limits of screen size, sector size and human vision. For example, scanning the abdomen with two dimensional B-mode ultrasound to search for pathology is still like looking for a needle in a haystack.

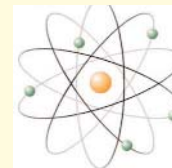
One thing that is against the sonographer is a fault of human perception. The eye and mind working together have a tendency of perception called "closure". If a 'C' shape is drawn on a piece of paper, it is very easy to "see" or imagine a 'O'. In our minds we close the 'C', we fill in the missing parts. It is too easy to scan through the liver or the breast and think we have seen all the tissue, but to really point the beam into the dome of the liver, or cover every centimeter of breast tissue is a challenge to be mastered by the skillful sonographer. Its one reason that we must be vigilant in using our protocols.

Another trick that our eyes play on us is to focus on the center of the screen. We might be focusing on the 3 mm. CHD trying to angle the transducer to get the best picture and then measure it, and overlook a slight difference in liver echogenicity on the side of the screen. Thus my motto: check your corners. It almost sounds silly but you might think you see the whole screen, after all its small and fits in the whole plane of vision, but you might only be processing the very center. Its like reading a book, you might look at a page and think you see it, but you are not reading the words.

A Deb tip: In my professional sonographic experience, there is one thing that I always try to keep in mind and that is to deliberately move my eyes to all the corners of the sector or rectangle to help me avoid missing something. Good luck and happy scanning.

WANTED

Nuclear Medicine/PET Technologists who are committed to mastering the technological advances of this state-of-the-art profession while providing exceptional patient care.



The job announcements are coming in daily:

“We are currently seeking qualified candidates for the following: Nuclear Medicine Technologist, Lead Nuclear Medicine Technologist, Nuclear Medicine Supervisor, Chief Nuclear Medicine Technologist, PET Technologist...Metro Virginia, Florida West Coast, Central Maine, Washington State, Concord, New Hampshire, New Jersey, South Florida, New Mexico, Georgia Mountains, New York, Louisiana, Tennessee, Arizona, South Carolina, Northern Texas, with a view of Pikes Peak, Colorado, South Dakota, In California: Redwood City, Santa Clara, Santa Teresa, Mountain View and Milpitas,” and our list of employment opportunities grows on and on.

The Century Group Executive Search firm in Kansas writes to us to congratulate the recent NMT graduates and advise them of the critical shortage of Nuclear Medicine Technologist nationwide. Their clients will pay any fees, interview expenses, relocation expenses and many of them --- a sign on bonus.

IAMP's most recent Nuclear Medicine Technologist graduates are all working in the Metropolitan NYC area and each of them had more than one offer to consider.

If you are seeking a challenging career, wiht exciting employment opportunities in a fast growing, rapidly advancing field of medical imaging...consider the 12 month full-time post-baccalaureate training program in Nuclear Medicine Technology. Limited seating is available for the April and October 2005 admissions.

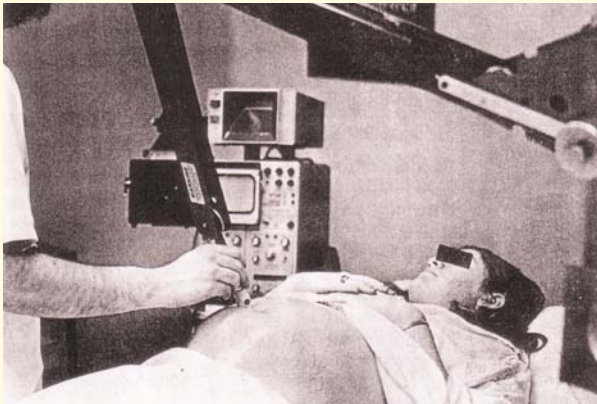
Reflections of a Sonographer

By Mary C. Gaughan RDMS

Looking back at the early days of ultrasound it seems incredible that this once small, unique, imaging process would emerge as a sophisticated, multi-faceted, diagnostic tool.

Producing those early images was not only time consuming but labor intensive. Additionally, more than a little imagination was required in connecting the "dots", so to speak, to form a cohesive representation of soft tissue organs.

My first introduction to ultrasound equipment was a Picker Static B Scanner the console plus examining table filled a 9' X 9' space. The transducer was fitted at the end of a long articulated arm suspended from a gantry that was swung into position over the patient.



Mineral Oil was used as a contact medium (gel would come later). The problem with mineral oil is that it never stayed in any one place too long. By the end of the exam both the patient and sonographer were slathered in enough oil to achieve a free-style no-skid slide to the hospital lobby.

Transducers were flat, non-focused affairs threaded to fit into the articulated arm so as to be easily interchanged depending on the desired depth of focus. Changing focal depth meant changing out the transducer, e.g., a 3.5 MHz flat transducer came in short, medium and long focal lengths. The size of the patient or depth of an organ often required two transducer changes during a single exam.

Changing orientation from longitudinal to transverse required swinging the entire gantry over the patient which was then locked in place.

Early sonographers thought long and hard before changing transducer orientation.

Moving the transducer across an organ could only be done in centimeter increments. Using a step-peddle the articulated arm would move one centimeter to either the right or left depending on the area to be scanned.

Static equipment did not automatically sweep the sound beam through tissues. Creating an image required the sonographer to manually move the transducer up and down or right to left as fast as possible to create a single frame. In this way early sonographers were, in fact, the frame rate.

On average we scanned four to five patients a day. This might not seem impressive compared to the volume of cases performed by today's sonographers but when you consider the mechanics: swinging the gantry, moving the articulated arm, "stepping in centimeter increments, changing out transducers - it took forty-five minutes to complete a kidney study. OB studies posed additional problems. If the fetus moved - there went our picture.

I remember attending a conference where real-time transducers were first being introduced. There was actually a panel of doctors and sonologists who debated the effectiveness of the smaller, pie-shaped image provided by hand-held real-time transducers over the more global image, produced by static scanners. For sonographers it was no contest, we traded in our static scanners for real time equipment and never looked back.

I am not about to tell you that time has made our job easier. On the contrary today's sonographers require intensive education and training and must be prepared to hit the road running for entry-level positions. Technological innovations demand a broader and increasingly subtle understanding of physics and equipment operation.

Nevertheless, the challenge for sonographers, past and present, is to keep pace with this rapidly changing and growing imaging industry. The good news is that keeping current is a great deal easier today - start with joining our society and find your way to all sorts of CME's including those on line. Remember too, IAMP offers case studies for CME credit at both our Yonkers, and Elmhurst Divisions.

3-D Scans Bring New Life



Three-dimensional ultrasound offers more than an easy and accurate way to diagnose conditions of the female reproductive system. It's an opportunity for sonography to reassert itself in radiology by delivering the kinds of 3D insights previously limited to other modalities.

That's the message delivered by Dr. Beryl Benacerraf, a leading researcher and clinical professor of radiology and obstetrics and gynecology at Harvard Medical School in Boston. Now that 3D technology provides ultrasound with its own reconstructed views, she said, sonography can attract more of the interest that has gone to CT and MR in recent years.

"I think this is going to put ultrasound back on the map of cross-sectional imaging," Benacerraf stated in a presentation at the 2004 American Institute of Ultrasound in Medicine (AIUM) conference in Phoenix. "This provides many more opportunities for ultrasound than we have ever had before."

"3D is, in my opinion, one of the most important advances in modern sonography," she continued.

"And it is going to explode from here on in, because we will see an enormous amount of development of this technology."

For one thing, 3D lends a forgiving attitude to a modality that is notoriously operator-dependent. No longer does the ultrasound image depend on the precise probe placement: the 3D technology obtains a volume scan from which any needed view can be selected.

"You don't have to lament that the patient is gone, or yell at your resident or sonographer who didn't take the right picture. You can just go back to your volume and reconstruct it," Benacerraf noted. Another advantage of 3D reconstructions is they are more easily downloaded and forwarded to referring physicians than traditional video clips of ultrasound exams. And they demand far less interpretive skill from the receiving physician than 2D images. Furthermore, if practitioners bring new energy to the field, 3D could also enable ultrasound to challenge the ascendancy of MRI and CT for many imaging needs.

Job Outlook Good

According to the Bureau of Labor Statistics, Sonographers should experience favorable job opportunities, as sonography becomes increasingly attractive alternative to radiologic procedures.

Employment of diagnostic medical sonographers is expected to grow faster than the average for all occupations through 2012 as the population grows and ages, increasing the demand for diagnostic imaging and therapeutic technology. In addition to job openings due to growth, some job openings will arise from the need to replace sonographers who leave the occupation permanently.

Opportunities should be favorable because sonography is becoming an increasingly attractive alternative to radiologic procedures, as patients seek safer treatment methods. Unlike most diagnostic imaging methods, sonography does not involve radiation, so harmful side effects and complications from repeated use are rarer for both the patient and the sonographer. Sonographic technology is expected to evolve rapidly and to spawn many new sonography procedures, such as 3D-sonography for use in obstetric and ophthalmologic diagnosis.

Hospitals will remain the principal employer of diagnostic medical sonographers. However, employment is expected to grow more rapidly in offices of physicians and in medical and diagnostic laboratories, including diagnostic imaging centers. Health facilities such as these are expected to expand through 2012 due to the strong shift toward outpatient care, encouraged by third-party payers and made possible by technological advances that permit more procedures to be performed outside of the hospital.

