



Echo Expert Adams Discusses Global Outreach Education in the US Community

David Adams, ACS, RCS, RDCS, FASE, is a highly recognized leader in the field of Cardiac Ultrasound. In addition to his numerous responsibilities at Duke University Medical Center, he has spent a great deal of time working on global initiatives to support on-going education and training via mHealth.

Over the course of his career, David has published more than 125 articles and led hundreds of lectures. David is a member of the American Society of Echocardiography, the Society of Diagnostic Medical Sonographers and the North Carolina Ultrasound Society and has served on numerous editorial boards.



Q. How did you become interested in the Cardiac Ultrasound? Has it been a satisfying career?

A. In 1977, I was sitting in class at Spokane Community College, planning on becoming a cath tech when Dennis Carney walked in. Dennis was the new echo instructor and after he talked about this young, exciting technology and that you didn't wear lead...10 of us switched over as the first class at SCC.

Satisfying doesn't begin to describe my career. When I look back it's been amazing! But more than the lectures, awards, travel, papers and books, it's the people I treasure the most.

Q. Describe what led you to your current role?

A. Luck - pure luck. Lucky to come to Duke as a student for my clinical rotation and to have a great mentor in Dr. Joseph Kisslo. He always encouraged me and the other sonographers to do research, teach and become active in professional societies. I've been here at Duke for 37 years so I've been able to mentor a lot of sonographers who now run the lab, do the IT stuff and conduct research, so it's time to retire and do more global echo missions.

Q. With an increasing focus on lab productivity and minimizing cost, how does your section ensure there is adequate time and resources for the hands-on ultrasound education of residents, fellows and student sonographers?

A. Duke University has a tri-focus mission - excellent clinical medicine, education and research. Echo exams are scheduled for an hour to ensure time for students and fellows to get hands-on experience. We value quality over quantity although I have a lot of friends who are forced to do 2-3 studies an hour. Hard to maintain quality with a 10-minute exam and it leads to more injuries for the sonographer.

Q. Like most ultrasound sections in a medical centers, transthoracic and transesophageal (TEE) echocardiography is performed in many different environments throughout the medical center. What special challenges does this cause?

A. We have a great team of sonographers and nurses in our lab who are always willing to change locations based on patient loads. We staff two outpatient facilities, one inpatient (a lab and portables), and have an echo machine in the Emergency Department for stress echo's and one in the Cancer Center to follow patients undergoing chemotherapy. Moving machines and people around is a constant and requires communication and flexibility of the staff which we have.

Q. What benefits do you see in using an automated reprocessing system able to high-level disinfect two TEE probes per cycle?

A. This has been a request from our OR team for years. They are constantly moving machines from room-to-room while trying to clean probes between cases. Being able to clean two probes at once would be a huge time saver.

BACKGROUND	Clinician : David Adams, ACS, RCS, RDCS, FASE Technical Director for Echo Development
	Facility: Duke University Medical Center





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Q. The Intersocietal Accreditation Commission (IAC) is requiring their 9,000+ accredited members leak test TEE transducers between each use. Why do you feel this is important and what can departments do to protect transducers from damage?

A. Cleaning and testing TEE and TTE probes between patients is a critical step in reducing hospital acquired infections and patient injuries. Duke is moving toward a centralized cleaning location for all TEE and endocavity probes as well as GI scopes to reduce costs and increase consistency. We hope that the turnaround times will not suffer, but only time will tell.

Q. What advice would you give a sonographer interested in pursuing a leadership position in an academic medical center?

A. No matter where you work - always say YES! Say yes to learning new machines and techniques. Say yes to working with local societies and to any research opportunities. Become registered and join the ASE or SDMS. Attend meetings to learn and network as its money well spent.

Q. Can you tell us about your role in global outreach for ultrasound education?

A. I've been lucky to have the support of my lab to travel and teach around the world. I take some of my sonographers with me and they all come back energized and wanting to do more. They say it's the most rewarding experience they have had even if there was no hot water or electricity. We go to screen patients, support surgical missions and my main focus the past 5 years is educating local nurses and physicians to do point-of-care exams. My role is to pick the right people (no whining, flexible, compassionate etc.) and make connections between the local organizations and the team.

Q. How can other members of the ultrasound community become involved?

A. The American Society of Echo Foundation (ASEF) funds 3-4 missions each year, so join the ASE and then submit an application when they put out a call for volunteers. Find out who in your local community goes on missions and talk to them. You can also contact me at david.adams@duke.edu.

