One of the objectives under our ASE goal of “increasing dissemination of cardiovascular quality standards across the globe,” is the inclusion of ASE’s guidelines in new global education efforts. The International Sonographer Training Task Force, of which I am currently the chairman, is charged with developing a proposal on ways ASE may assist in promoting sonographer education in countries where sonographers do not exist (or adequate training programs are lacking). The task force, which reports to the International Relations Task Force, is currently working on a modular training program that could be used by those wishing to work as sonographers, or to improve their image optimization skills with their current positions as physicians, nurses or administrative personnel. Task force members include David Adams, RCS, RDCS, FASE; Lori Blauwet, MD, FASE; Barry Canaday, MS, RN, RDCS, FASE; Joshua Finstuen, RDCS, FASE; Michael Foster, RCS, RDCS; Ken Horton, RCS, RDCS, FASE; Carol Mitchell, PhD, RDMS, RDCS, RVT, RT(R), FASE; Annitta Morehead Flinn, BA, RDCS, FASE; Patricia Pellikka, MD, FASE; and Eric Velazquez, MD, FACC, FACP, FASE.

When Medanta Hospital in New Delhi, India expressed interest in having an ASE educator work with their physicians, I was invited to represent ASE in this relationship-building and educational outreach effort. It was a great experience, as the staff at Medanta was incredible, welcoming me with open arms and smiles.

Medanta had planned a great 3 day workshop, designed to get as much interaction as possible for the approximately 80 delegates, whose experience ranged from entry level to very extensive. All the speakers were outstanding. Before I left the US, we had discussed my giving some talks to help out. I wanted to help as much as possible while I was there, so I ended up doing a lot of talks. I started with a talk on image optimization, and then did a session on live scanning. Later that day I gave a talk on how to calculate hemodynamics with echo, illustrated by interesting cases. The next day I did talks on constriction versus restriction and on pericardial disease and tamponade. On the third day I spoke on cardiac masses, and they asked me to do an additional talk on how to do Doppler tissue imaging. I loved doing all of them, and the delegates seemed to really enjoy hearing this information from the viewpoint of a cardiac sonographer. They were also very grateful to receive CDs of the ASE’s guidelines, and couldn’t wait to try our IASE application!

I also toured their echo lab and learned how it is run on a daily basis. On an average day, one person scans as many as 40 patients during a 12-hour shift! They schedule patients every 15 minutes. No permanent images are stored, so the paper report is the only record of the exams. The cost for a complete echo is $40.

I visited patients with Dr. Ravi Kasliwal, President-Elect of the Indian Academy of Echocardiography, and heard countless, heart-breaking stories about the prevalence of rheumatic heart disease and how the poor quality of echocardiograms being done in India’s outlying areas is impacting patient care. The availability of training and the sharing of ASE’s guidelines and standards have the potential to be of tremendous help.

We had numerous discussions about opening a formal echo school, as Medanta wants to be a leader in sonographer education throughout India. I met Dr. Naresh Trehan, the head of cardiac surgery and chairman of the hospital, who had many questions about the ASE and was extremely appreciative of all that the ASE had done to help out with the meeting and to support my involvement. ASE might assist in the development of content, incorporating our guidelines and materials into a year-long program. Because there is so much need among patients for echo exams, the opportunities for hands-on training are extensive.

There are high hopes for the future of echo in India, and ASE is forging a strong partnership there. It began with last year’s rural medical camp and will continue to grow with an upcoming camp and with ASE’s organizational role in the 2nd World Summit on Echocardiography to be held in New Delhi.

The trip also really brought the need for the work of our task force into focus, as I came to realize that the training we are developing will be used for physicians and others as well as for sonographers worldwide. The task force has discussed developing a module on the components of an comprehensive echo exam, and another on valvular heart disease, based in part on current ASE products and the National Education Curriculum (NEC). There is an overwhelming need for global education, and the task force will be challenged by the need to adapt materials and methods to needs in various countries, but the opportunity to improve quality and dramatically improve the lives of patients really reinforced my commitment to the task ahead.