

## Clinical Requirements for Participation in Musculoskeletal (MSK) Shoulder Ultrasound Practicum

SAIT's Continuing Education course *DMST-014 Musculoskeletal (MSK) Ultrasound–Shoulder Lab* provides students with hands-on, in-person instruction on performing a shoulder ultrasound exam. The scanning technique of the normal shoulder will be taught in in-class labs at SAIT; however, for students to gain experience with abnormal shoulders and pathology, they will need clinical experience. This experience will also help them improve their efficiency.

For clinics to participate in the MSK training program, they must agree to the following conditions:

- **Provide at least thirty patients during this practicum over a maximum of six months.** An MSK shoulder exam includes, but is not limited to: reviewing previous imaging, taking medical history, taking the majority of ultrasound images, and discussing interpretation with the preceptor and (preferably) radiologist. Although the program requires students to see a minimum of thirty patients during practicum, it is recommended that students be given the opportunity to assess as many patients as possible. The repetition of these new skills is necessary to ensure student success.
- **Provide an adequately trained preceptor or preceptors who will directly supervise the student, providing hands-on instruction and feedback.** Ideally, the radiologist who is reporting the exam will also be involved in feedback. Increased opportunities to perform these skills under direct supervision will improve the students' scanning abilities and provide the necessary confidence to discern pathology. \*

Students will record their progress in a logbook and submit the logbook and images to SAIT for evaluation.

We thank you for helping us provide these students with a wide range of real-life complexities and conditions. Students will need time and guidance to gain skills, particularly on shoulders with more complex pathology.

To agree to be a practicum site, please email a letter confirming your participation to [ConEdAdvising@sait.ca](mailto:ConEdAdvising@sait.ca). A sample letter is provided on the next page which you can customize on your company letterhead.

### **\*Preceptor Training**

*New to mentoring and coaching students? SAIT provides free preceptor training to our clinical partners. For more information, please visit [SAIT.ca](http://SAIT.ca) or contact the School of Health and Public Safety to enroll (403.284.SAIT).*



This is a sample template for you to create a letter for the student you agree to support for the practicum component of *DMST-014 Musculoskeletal (MSK) Ultrasound–Shoulder (Lab)*. Please email your personalized support letter to [ConEdAdvising@sait.ca](mailto:ConEdAdvising@sait.ca).

## Sponsoring Office Letterhead

*Month Day, 202X*

*Att: Advising Team  
SAIT Continuing Education and Professional Studies  
Calgary, Alberta T2M 0L4  
Email: [ConEdAdvising@sait.ca](mailto:ConEdAdvising@sait.ca)*

*Re: Letter of Support for **[Student First Name Last Name]** DMST-014 Musculoskeletal (MSK) Ultrasound–Shoulder (Lab) Course – Workplace Practicum*

*To Whom It May Concern:*

*I support **[Student First Name Last Name]**'s participation in SAIT course DMST-014 Musculoskeletal (MSK) Ultrasound–Shoulder (Lab) starting on **[Month Day, 202X.]** **[Student First Name]** is currently employed as a Sonographer at **[Clinic Name]** located at **[office address]**.*

*On behalf of our organization, I agree to provide **[Student First Name]** with the following training requirements for the course's workplace practicum component:*

- The opportunity to perform musculoskeletal shoulder scans on at least 30 patients*
- Shoulder scans supervised by an adequately trained preceptor(s) for hands-on instruction, and feedback*

*I understand that the 30-hour clinical practicum will take place at our clinic must be completed within six months and will require **[Student First Name]** to complete & submit one logbook and images to SAIT for evaluation.*

*Feel free to contact me if you have any questions or concerns.*

*Regards,*

*Practicum Approver of Clinic Signature*

***[Approver First Name Last Name]**  
Email: **[Approver email address]**  
Phone: **[Approver direct phone number]***

*Cc: **[Employee/Student First Name Last Name]**  
Email: **[Employee/Student email]***