

Mammography Rotations for All Students: How to Make It Work

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Educational programs accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) undergo periodic reviews that include on-site evaluations. Here is the scenario: You are the program director for an educational program. The site visitors come to your institution, complete the evaluation, and provide feedback to the JRCERT. You receive your findings report and learn that your program is being cited for Standard 1, Objective 1.2, which states that every program must provide equitable learning opportunities for all students (see **Box**).¹ Bewildered, you continue reading and discover that 2 female students at a clinical site were rotating through the breast center, observing mammography. A male student was there also, but he was not allowed that opportunity. To comply with Objective 1.2, you need to resolve this gender inequity within 6 weeks.

You must respond to this citation, and you do not want to meet the objective by eliminating the opportunity for female students to observe mammograms. Should male students be allowed to observe mammography, as well? The JRCERT Board of Directors believes they should. A mammography rotation is a valid and valuable experience for all students, and we encourage program directors to keep mammography rotations in the educational program and open to all students.

Reviewing the Research

Recent research in the area of patient attitudes toward male mammographers is limited. A 2008 study in Ireland — where all mammographers are women — surveyed women who were recently screened for breast

Box

JRCERT Objective Addressing Equitable Learning¹

Objective 1.2 Provides equitable learning opportunities for all students.
The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program must provide equitable learning opportunities for all students regarding learning activities and clinical assignments. For example, if an opportunity exists for students to observe or perform breast imaging, then all students must be provided the same opportunity. If evening and/or weekend rotations are utilized, this opportunity must be equitably provided for all students.

cancer. Of the 1716 responses received, 8.8% of women would refuse the mammogram if the radiographer were a man, and 8.9% of respondents would have the exam if the radiographer were a man only if a female chaperone were present.² Conversely, 82.3% of surveyed women would have proceeded with the mammogram conducted by a male radiographer, even though 44.9% would have preferred a female radiographer or chaperone.

Prior to this study in Ireland, much of the previously published work was conducted in the United States during the 1990s. A 1993 study conducted with 180 women at a Denver clinic reported that 75% would not object to a qualified male mammographer.³

A study conducted in Indiana in 1994 surveyed 1000 women undergoing screening mammography.

Participants were asked their opinion about male technologists and students performing the exam. Although respondents indicated a high preference for female technologists, a majority said they would complete the examination with a male technologist. Most women did not object to female or male students participating in the exam. The survey showed that women's opinions were not strongly influenced by the sex of their personal physician, their age, or their previous mammography experience.⁴

Incidentally, a 2007 survey of male nurses found that 58% of respondents had not experienced gender bias during the nursing program. Those who did experience gender bias (42%) reported that it came from nursing faculty and nursing staff, not from patients.⁵

Women are allowed to prepare male patients for barium enemas, do testicular ultrasounds, and assist with urethrograms on men. Male nurses are allowed to place urinary catheters in female patients as long as the patient consents. Why should a mammography rotation be different?

Communication Is Key

Clinical instructors should be aware that mammography is covered in most educational programs' curriculum and that all students are taught the procedure. Program directors are responsible for providing learning opportunities in advanced imaging modalities that include patient preparation, risks, and diagnostic advantages. Although clinical rotations in mammography are encouraged to enhance student learning, many clinical instructors do not allow male students to participate in mammography rotations at their facilities.

Communication with these instructors is crucial. Use these 3 talking points when discussing mammography rotations with them:

- Men can develop breast cancer and might require mammography or ultrasound for a diagnosis.
- Many female patients are accustomed to male physicians, so these patients may not be uncomfortable if a student of either sex observes their mammogram, as long as they are asked in a professional manner.
- Orienting new employees to mammography is easier if the graduate is exposed to this clinical rotation during an educational program.

Educational program directors and instructors in the clinical setting should understand the benefits of an equitable educational program that allows male students to complete a rotation in mammography.

Finding a Solution

An educational program that allows students to select a few rotations in advanced imaging modalities during the last couple of semesters should have at least one site that agrees to allow male students to observe mammography, if the student requests it. Every clinical setting affiliated with the educational program does not have to allow it, but providing at least one facility that does, offers male students an equal opportunity.

Let's say a program asks students their preferences for modality rotations, and a male student selects radiation therapy and ultrasound while a female student selects mammography and interventional radiography. This is equitable as long as both students have the opportunity to select any of those 4 options. If the male student selected mammography, he might have to relocate to a different clinical site for that rotation, but the option was available, and the educational program met Objective 1.2.

The JRCERT staff and Board of Directors hope educational programs can make equal opportunities available for all students. Students should receive a solid clinical education and clinical experience in mammography.

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She has presented professionally at the local, state, and national levels and has coauthored a textbook in radiography and another in nursing. The Indiana Society of Radiologic Technologists granted her the Distinguished Service Award as president in 1992, Technologist of the Year in 1996, and Life Membership in 1997.

Poelhuis has served 4 years on the JRCERT Board of Directors, and she is currently the first vice chair.

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