

**Sonography
Canada**



**Échographie[®]
Canada**

CLINICAL PRACTICUM: FROM STUDENT TO EMPLOYEE

**CLINICAL PRACTICUM
RESEARCH 2025**

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Clinical Practicum Research

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1.0 Report Scope

This report presents data on clinical placements derived from research conducted by Sonography Canada in the summer of 2025.

2.0 Purpose

The training of sonographers is highly dependent on the availability and quality of clinical placement sites. Clinical placements are an essential component of sonography educational programs. The ability to find clinical placement sites is often the limiting factor to expanding educational program capacity to graduate more sonographers in Canada. Demand from educational programs for clinical placements is also rising as class sizes increase, while clinical site availability is limited by high vacancy rates and ongoing workplace pressures across Canada. Historically, Sonography Canada and educational programs have encouraged clinical sites to take students, claiming that it is an opportunity to recruit and retain staff.

Sonography Canada determined that concrete data needed to be gathered to answer a number of fundamental questions on the topic and back up their claim:

- Why are sites taking or not taking students?
- What makes a positive clinical placement?
- What are the benefits of taking a student?
- What are the barriers to taking students?

Sonography Canada intends to use this data to inform advocacy efforts and to share it widely with stakeholders to enhance the clinical placement experience for all parties involved (students, preceptors, and sites) and to help programs attract suitable clinical sites. This information could also be used to show the value of hosting a student for clinical placement for workplaces in recruitment and retention efforts.

3.0 Methodology

To ensure we were capturing clinical placements from all perspectives, it was determined that two separate surveys, one focused on the clinical site and one focused on the individual sonographer perspective, would be conducted. The surveys were developed with a few key stakeholders from the Academic Partner Network (APN). Both surveys were offered only in English.

3.1 Clinical Sites Survey

The survey was electronically distributed to clinical sites through our Academic Partner Network (APN), to employers who use the Sonography Canada job board, and through other employer stakeholders in Canada, such as the Independent Surgical and Diagnostic Clinics of Ontario. It was circulated in late May 2025 for three weeks. An initial invitation was distributed to our contacts and stakeholders. The stakeholders were responsible for distributing the survey to their respective sites. The participation rate was deemed acceptable after this period.

3.2 All Members Survey

The survey was electronically distributed to all Active Sonography Canada members. It was circulated in late June for 2 weeks. An initial invitation was sent, followed by two reminders. The participation rate was deemed acceptable after this period.

4.0 Participants

4.1 Clinical Sites Survey

We received 188 responses for this survey. We are unable to determine the margin of error or the confidence interval because we could not track the number of potential clinical sites to which the survey was distributed. This is due to the need to contact clinical sites via the pathways outlined in 3.1.

4.2 All Members Survey

This survey was distributed to all 7,500 active members of Sonography Canada. We received 443 responses. This yields a maximum margin of error of 4.53% at the 95% confidence level.

5.0 Key Findings

The survey results are grouped into 5.1 Clinical and 5.2 All Members. Any correlations will be shared in section 5.3. Any open-text responses were analyzed with the assistance of artificial intelligence to identify common themes.

5.1 Clinical Sites Survey

5.1.1 Demographics

5.1.1.1 Which province or territory do you practice in?

	Responses
British Columbia	12.77%
Alberta	4.26%
Saskatchewan	2.66%
Manitoba	1.06%
Ontario	56.38%
Quebec	0.00%
New Brunswick	7.45%

Nova Scotia	7.98%
Prince Edward Island	1.60%
Newfoundland & Labrador	4.79%
Yukon	0.53%
Northwest Territories	0.53%
Nunavut	0.00%
I live outside Canada	0.00%
I prefer not to answer	0.00%
Number of Responses	N=188

The responses showed a slight overrepresentation from Nova Scotia and New Brunswick clinical sites and an underrepresentation in Alberta.

5.1.1.2 Which environment(s) do you practice in? (select all that apply)

	Responses
Hospital	57.45%
Clinic	46.28%
Other	1.60%
Number of Responses	N=188

This distribution of responses is similar to the overall demographics of our membership.

5.1.1.3 What percentage of positions are currently vacant at your site?

	Responses
9% or less	56.15%
10-19%	15.51%
20-29%	10.70%
30-49%	6.95%
50% or greater	4.81%
Other	5.88%
Number of Responses	N=187

5.1.1.4 Do you currently take students for clinical placement?

	Responses
Yes	79.79%
No	15.43%
Other	4.79%
Number of Responses	N=188

5.1.2 Rewards and Challenges

5.1.2.1 What are the greatest rewards of hosting a student for clinical placement in your department? (select all that apply)

	Responses
New staff recruitment	82.88%
Familiarity with new graduates that aides in transition to practice	43.15%
Elevating practice for both students and staff	54.11%
Inspiring the team	30.14%
Keeps staff up to date with current practice	52.74%
Giving back to the profession	66.44%
Collaborating with school and other sonographers	41.10%
Additional career opportunities for staff as clinical lead or instructor	30.82%
Continuing professional development (CPD) credits	65.07%
Monetary benefits	16.44%
Other (please specify)	4.79%
Number of Responses	N=146

Themes of open text responses for rewards of hosting students for clinical placements:

1. Recruitment and Workforce Pipeline

- Student placements are a key recruitment strategy, especially in regions facing staffing shortages.
- Many sites have successfully hired students post-placement, though retention varies, with some students returning home or moving to hospitals.
- Hosting students helps build rapport and familiarity, increasing the likelihood they'll consider future employment at the site.

2. Professional Development and Knowledge Exchange for Current Staff

- Students bring fresh perspectives, curiosity, and new techniques, which can reinvigorate staff and promote continuous learning.
- Precepting encourages staff to stay current with protocols and practices, and reinforces critical thinking and teaching skills.
- There's a strong sense of giving back to the profession, with many staff motivated by the opportunity to shape future sonographers.

3. Organizational Values and Strategic Investment

- Some organizations prioritize education and mentorship as part of their mission, even when it strains resources.
- Hosting students helps maintain a positive reputation in the ultrasound community and aligns with values around learning and professional growth.
- There's a growing recognition that investment in student training is essential to ensure a sustainable workforce, even if there isn't an immediate return.

5.1.2.2 What are the greatest challenges to hosting a student for clinical placement in your department? (select all that apply)

	Responses
Staffing shortages	57.86%
Resources (machines, workstations, etc.)	35.85%
Scheduling/workload	74.84%
Mental strain on staff	53.46%
Exam types required	15.72%
Geography/location	9.43%
Physical space in the site	19.50%
Program requirements (documentation, preceptor education, meetings, etc.)	20.75%
Lack of organizational support (employer, physicians, etc.)	9.43%
Limited financial incentives	40.25%
Other (please specify)	10.06%
Number of Responses	N=159

Themes of open text responses for challenges of hosting students for clinical placements:

1. Time Pressures and Limited Hands-On Learning for students

- High patient volumes, tight schedules, and overbooked sites often left students with minimal scanning time or reduced them to passive observers.
- Many students reported rushed or missed learning opportunities, especially during complex cases or when departments were understaffed.
- The lack of dedicated time or space for student learning made it difficult to build confidence and competence in real-world settings.

2. Inconsistent Mentorship and Unprepared Preceptors

- Students frequently encountered preceptors who were disinterested, untrained, or unwilling to teach, leading to negative and discouraging experiences.
- Some staff used outdated teaching methods or lacked the patience and communication skills needed to support learners effectively.
- Constructive feedback was often missing, and in some cases, students were subjected to unprofessional behaviour, gossip, or even public criticism.

3. Systemic and Environmental Barriers to Learning

- Toxic work environments, staff shortages, and lack of resources (e.g., machines, space) created additional stress and limited learning opportunities.
- Students often felt like a burden, especially when placed with staff who had no choice in taking on a student.
- Geographic, logistical, and administrative issues—like long commutes, housing challenges, or poor communication from coordinators—further impacted the quality of placements.

5.1.3 Improving Clinical Placements

5.1.3.1 Has your department implemented any clinical processes or models to enhance student placements at your site? If so, could you please provide detailed explanations?

1. Protecting time and capacity for learning

- Sites repeatedly describe booking models that carve out time for student scan time, instruction, and image review for a more meaningful hands-on experience.
- Using a student-dedicated room with reduced daily patient volumes or adding buffer time between cases are common models.

2. Intentional instructional design with clear progression

- Scaffolded curriculum inside the clinic (not just in school) helps students gain competence systematically, lets preceptors calibrate expectations, and allows for transparency.
- Structured progressions are ideal, from observation to partial exams to full exams with varying degrees of supervision.
- Training templates, standardized protocols, and weekly objectives tied to program competencies (e.g., National Competency Profile) are also helpful for preceptors and students.

3. Process supports for preceptors, onboarding, and school partnerships

- Appropriate personnel are essential for both student and preceptor experience and success. Having clear oversight and a person responsible for students and clinical placements provides greater direction and consistency.
- Structure for student placement, including limiting students to experienced clinical instructors, rotating students across multiple preceptors and sites when possible, and providing robust onboarding (welcome emails, e-learning, tours, huddles), positively impacts the experience.
- A strong connection for guidance and communication with the educational program typically enhances preceptor training and understanding of the clinical placement process and goals.

5.1.3.2 Please share your thoughts on how practicum placements could be improved.

1. Time, Staffing, and Infrastructure Support

- Overbooked schedules, staff shortages, and limited equipment continue to restrict meaningful student learning time.
- Students need more hands-on scanning opportunities, ideally supported by:
 - Reduced patient volumes during placements.
 - Dedicated ultrasound machines or rooms for student use.
 - Longer placement durations to build competence and confidence.
 - Better geographic distribution of placements to avoid oversaturation in certain regions.
- Suggestions include government or institutional investment in infrastructure and scheduling flexibility to support teaching.

2. Preceptor Training, Incentives, and Teaching Culture

- Many sonographers feel overburdened, undertrained, and undercompensated for their teaching roles.
- Students benefit most from dedicated, well-prepared preceptors who are supported with:
 - Standardized preceptor training programs.
 - Financial incentives or adjusted workloads to reflect the time and effort involved.
 - Recognition and continuing education opportunities.
 - A shift toward a positive, student-centered teaching culture, where only willing and qualified staff are assigned students.

3. Education System Accountability and Student Preparedness

- Students often arrive at placements underprepared, lacking both technical skills and professional behaviour.
- Schools are urged to:
 - Ensure all didactic and lab training is complete before placements begin.
 - Improve screening and admissions to ensure students are committed and capable.
 - Standardize expectations and reduce excessive paperwork for clinical sites.
 - Involve radiologists and cardiologists in training to reinforce clinical relevance.
 - Explore return-of-service models or better match students to future employment opportunities.

5.2 All Members Survey

5.2.1 Demographics

5.2.1.1 Which province or territory do you practice in?

	Responses
British Columbia	9.51%
Alberta	19.91%
Saskatchewan	5.53%
Manitoba	3.54%
Ontario	52.43%
Quebec	0.22%
New Brunswick	1.99%
Nova Scotia	3.54%
Prince Edward Island	0.00%
Newfoundland & Labrador	1.77%
Yukon	0.22%
Northwest Territories	0.00%
Nunavut	0.00%
I live outside Canada	1.11%
I prefer not to answer	0.22%
Number of Responses	N=452

This distribution of responses is similar to the overall demographics of our membership.

5.2.1.2 How many years have you worked in the sonography profession?

	Responses
0-4	22.79%
5-9	14.82%
10-14	13.72%
15-19	10.84%
20-24	12.17%
25+	25.66%
Number of Responses	N=452

This distribution of responses is similar to our overall membership demographics.

5.2.1.3 What was your pathway towards becoming a sonographer?

	Responses
Accredited Canadian program	83.71%
Internationally trained	10.94%
Learned the practice of sonography on the job	5.36%
Number of Responses	N=448

5.2.2 Recruitment Feedback

5.2.2.1 What are the top factors you consider when selecting a position or site to work at? (select up to 5)

	Responses
Site culture	40.62%
Mentorship and support	23.62%
Site location	53.20%
Pay/salary	69.54%
Work hours	52.76%
Referral from a trusted source	7.51%
Flexibility	18.10%
Types of exams scanned	30.02%
Support for ergonomics and injury prevention	17.22%
Number of patients per day	29.36%
Benefits package and workplace perks	32.01%
Allows for good work-life balance	38.63%
Support for continuing professional development	22.08%

Monetary support for professional registrations and memberships	5.30%
Limited additional duties to enable you to focus on scanning	4.64%
Opportunity for career growth and advancement	24.06%
Number of Responses	N=453

5.2.2.2 Are you currently or have you previously worked at a site where you completed a practicum as a sonography student?

	Responses
Yes	53.44%
No	46.56%
Number of Responses	N=451

5.2.2.3 Of those who said no, would you ever consider working at a site where you completed a practicum as a sonography student?

	Responses
Yes	72.55%
No	27.45%
Number of Responses	N=204

5.2.2.4 Did you have to relocate a distance greater than 150km for your clinical practicum?

	Responses
Yes	36.43%
No	63.57%
Number of Responses	N=442

5.2.2.5 Of those who said no, would you consider working at the site(s) where you relocated to for your student practicum?

	Responses
Yes, I work there now	22.64%
Perhaps in the future	33.96%
No	43.40%
Number of Responses	N=159

5.2.3 Reflection on Personal Experience

5.2.3.1 Reflecting on your own sonography student clinical practicum, how would you rate your overall experience?

	Responses
Very positive	33.11%
Positive	43.56%
Neutral	12.22%
Negative	5.78%
Very negative	1.78%
Not applicable or prefer not to answer	3.56%
Number of responses	N=450

Themes of open text responses reflecting on what factors made a clinical placement either a positive or a negative experience:

Preceptors and Workplace

- The critical role of preceptors was overwhelmingly highlighted as a key component of learning.
- Students thrive in environments where they feel respected, included, and treated as part of the team rather than a burden. This has a lasting impact on the confidence and success of students and new graduates.
- The best experiences were noted when preceptors were patient, encouraging, knowledgeable, and provided real-time, constructive feedback. These preceptors wanted to work with students and provide them with meaningful learning experiences.
- Many negative experiences were linked to disrespect or humiliation from physicians, staff, and preceptors. As well as being not included into “the team” at placement sites.
- Overall workplace morale and culture greatly influence experience during clinical placement.

Hands-On Scanning and Learning Opportunities

- Seeing a wide range of cases and patients helped build clinical confidence and prepare students for independent practice.
- Ample scanning time with patients allowed students to practice, make mistakes, and improve.
- Students valued direct supervision, step-by-step instruction, and time to review cases and write-ups together.
- Rotations at large hospitals or specialized centers gave students access to rare and complex pathologies.

Educational Standards and Communication

- Rotations with varied instructors helped integrate different scanning techniques, while continuity at one site reduced stress and improved learning flow.
- Consistent preceptors, clear expectations, and organized schedules are valued.
- Conflicting feedback and differing expectations across sites or departments impact the placement experience.

- A lack of preceptor training and gaps in knowledge of academic program process and expectations lead to a disconnect between theoretical and practical learning. This includes support of individualized learning plans and varied learning styles.

System and Logistics

- There were a lot of negative experiences associated with placement selection processes, delays in finding clinical placement sites, and significant travel or relocation for placements.
- Overbooking of patients and staff shortages with no clear clinical leader or point of contact led to suboptimal experiences.

5.3 Data Correlations

- For the clinical sites choosing not to take students, more than 80% were clinics, 80% were small sites of five or fewer sonographers, and their average vacancy rate was 20 to 29%.
- The average vacancy rate of sites that took students for clinical placement was ~12%. For sites that did not take students, the average vacancy rate was ~21%. We know from our 2024 Sonographer Census that the number one reason for vacancies was the inability to recruit sonographers (44%), followed by parental leave (34%), the creation of new positions (20%), and sonographer injury (20%).
- The data indicate that an ideal clinical placement experience for both the student and the preceptor involves allocating additional time during the day for students to scan, receive instruction, and review cases. Using data on the average number of scans completed per day across hospitals and clinics in Canada (2024 Sonographer Census), we examined the potential impact on workplaces.

If a site booked down patients to allow for more time per patient. If a clinical site books 2.5 patients per day for a full year (250 workdays), allowing additional time for students and preceptors per case, the impact on productivity is equivalent to having a full-time vacant position for 60 days. Given the country's sonographer vacancy rates, the impact on workflow of taking on a student and potentially retaining them as staff after graduation is minimal compared to having a sit position vacant for extended periods.

- The data showed that more than one in two (53%) respondents had either currently or previously worked at a site that was one of their student clinical practicum sites. Of those who said no (43%), three out of four (73%) would still consider working at a place where they completed a student practicum.
 - Even for the 36% respondents who had to relocate a distance of greater than 150km for a clinical practicum, 22% now work or have worked at a site(s) 150km away. Of those who answered no, 34% would still consider working at their remote placement site.
 - For individuals who reported that their clinical placement experience(s) were negative or very negative, 38% of respondents still either currently or previously

worked at a site that was one of their student clinical practicum sites. Of those who said no (62%), half (50%) would still consider working at a place where they completed a student practicum.