



## **POLICY ON CREDENTIALLING FOR ED ULTRASONOGRAPHY: TRAUMA EXAMINATION AND SUSPECTED AAA**

### **1. PURPOSE AND SCOPE**

- 1.1 This document is a policy of the Australasian College for Emergency Medicine and relates to credentialling for ED ultrasonography (trauma examination and suspected AAA) in the emergency department.
- 1.2 This document details the credentialling procedure for emergency physicians who wish to perform focused ED ultrasound examinations on trauma patients and/or patients with suspected abdominal aortic aneurysms.
- 1.3 Further modules may be added in due course. Subsequent credentialling may be achieved for these in a modular fashion.
- 1.4 This policy is applicable to emergency departments in general.

### **2. POLICY**

- 2.1 Ultrasound imaging has been shown to enhance the clinician's ability to assess and manage patients with a variety of acute illnesses and injuries.
- 2.2 The Australasian College for Emergency Medicine supports measures to ensure that ultrasound examinations are available in a timely fashion for emergency department patients 24 hours per day.
- 2.3 Emergency physicians providing emergency ultrasound services should possess appropriate training and hands-on experience to perform and interpret limited bedside ultrasound imaging.
- 2.4 Emergency Department Ultrasounds are limited, goal directed examinations used to answer specific clinical questions. These examinations are not comprehensive and do not replace formal sonography offered by the Department of Radiology.
- 2.5 An Emergency Medicine Sonologist is an emergency medicine practitioner who has successfully completed this credentialling process or has successfully completed the certificate in clinician performed ultrasound (see 3.8) or who possesses DDU (Diploma of Diagnostic Radiology), FRACR (Fellow of the Royal Australian College of Radiology) or equivalent, qualifications.
- 2.6 Proctored studies are ultrasound examinations that are directly supervised by either an Emergency Medicine Sonologist, a current CCPU emergency physician, a Radiologist, a DDU qualified Medical Officer, or a DMU qualified Sonographer. Alternatively the ultrasound examinations are video-taped or printed and the images then reviewed by the above mentioned qualified practitioners.
- 2.7 FAST (Focused Abdominal Sonography for Trauma) is an ultrasound examination to detect the presence of hemoperitoneum, hemothorax, or hemopericardium. The examination involves a minimum of four views including:
  - The hepato-renal interface (Morison's pouch) and the right diaphragm.
  - The spleno-renal interface and left diaphragm.
  - The Pouch of Douglas.
  - Subxiphoid or intercostal views of the pericardium.
- 2.8 The Abdominal Aorta scan is a scan of the aorta in both transverse and longitudinal planes such that the aorta is visualised from the diaphragm to the aortic bifurcation. The study should include measurement of the maximum aortic diameter, in two planes.

### 3. PROCEDURE AND ACTIONS

- 3.1 The credentialling process requires the candidate to attend an instructional workshop, (refer to *G25 Guidelines on Minimum Criteria for Ultrasound Workshops* – note: these Guidelines must be complied with), perform and record a requisite number of accurate proctored Emergency Department Ultrasounds, and pass an exit examination. Emergency physicians with extensive ultrasound experience, who currently employ bedside ultrasound in their clinical practice, may, at the discretion of ACEM, undergo the credentialling examination without attending the instructional workshop or logging proctored studies. In order to maintain credentialling Emergency Department Sonologists must meet ongoing maintenance requirements
- 3.2 Proctored logged examinations are a required part of the credentialling process.
- 3.3 Patients must be informed that the ultrasound examination is being performed for credentialling purposes and verbal or written consent obtained.
- 3.4 All ultrasound examinations must be documented, preferably in a personal logbook. The entry should include the patient's details, the date and type of ultrasound examination performed, the findings and the candidate's interpretation of those findings. The findings and interpretation should subsequently be compared to other clinical data and a notation made as to whether the scan findings were accurate.
- 3.5 A minimum of 25 accurate trauma examinations must be performed for the FAST module. At least 50% of these exams must be clinically indicated and at least 5 should be positive for intraperitoneal, pleural or pericardial fluid.
- 3.6 A minimum of 15 accurate scans of the aorta must be performed for the Abdominal Aorta module. At least 50% of these exams must be clinically indicated and at least 5 should demonstrate an aneurysm.
- 3.7 An Emergency Medicine Sonologist, Radiologist, a DDU qualified Medical Officer, or DMU qualified Sonographer will observe the candidate performing the ultrasound examination. The candidate will be required to display the ability to create adequate ultrasound images of all the appropriate anatomical structures. The candidate must be able to identify any relevant artefacts or pathology present during real time scanning and/or on videotaped scans and/or hard copies of scans. S/he must be able to recognize an inadequate scan and must demonstrate an understanding of the indications and limitations of ultrasound examination for the condition in question.
- 3.8 ACEM has a formal link with the Australasian Society for Ultrasound Medicine (ASUM). The Certificate in Clinician Performed Ultrasound (CCPU) is jointly awarded after completion of a basic approved theory course, basic module (FAST and AA scan) and then two elective advanced modules. ACEM accepts successful completion of the CCPU as meeting requirements of US credentialling.
- 3.9 Once the examination requirements are satisfied, the emergency medicine practitioner will be credentialled for the appropriate ultrasound module. The Emergency Medicine Sonologist may then document the results of his/her ultrasound scans in the medical record and incorporate the results into clinical decisions.
- 3.10 To maintain his/her Credentials, the Emergency Medicine Sonologist must undertake at least 3 hours of ultrasound training per year and perform 25 trauma examinations for the FAST module and 15 aorta scans per year for the AAA scan module. Doctors who have completed the CCPU will be required to keep this current.
- 3.11 Emergency departments in which bedside ultrasound is performed must conduct bi-monthly audits of the ultrasound examinations as part of the department's quality improvement process.
- 3.12 Documentation of the ultrasound examination in the patient's medical record should be entitled appropriately as a "FAST" or a "limited ED ultrasound for aortic aneurysm". The notes should describe the views obtained, the adequacy of those views and indicate whether the findings were normal, abnormal or indeterminate. If the study was inadequate, this must be clearly stated as such studies should not be used to make clinical decisions.