



POLICY ON CREDENTIALING FOR EMERGENCY MEDICINE ULTRASONOGRAPHY: TRAUMA EXAMINATION & SUSPECTED AAA

1. PURPOSE AND SCOPE

This document is a policy of the Australasian College for Emergency Medicine (ACEM) and relates to credentialing for emergency medicine ultrasonography (trauma examination and suspected AAA) in emergency departments.

The policy is applicable to both public and private hospital emergency departments throughout Australasia.

This policy details the criteria that ACEM considers should be met by a credentialing procedure for emergency physicians who wish to perform focussed emergency medicine ultrasound examinations on trauma patients and/or patients with suspected abdominal aortic aneurysms.

ACEM does not itself credential practitioners to perform emergency medicine ultrasonography, which is the responsibility of the health authority.

Further modules may be added in due course. Subsequent credentialing may be achieved for these in a modular fashion.

2. POLICY

Ultrasound imaging has been shown to enhance the clinician's ability to assess and manage patients with a variety of acute illnesses and injuries.

ACEM supports measures to ensure that focussed ultrasound examinations are available in a timely fashion for emergency department patients 24 hours per day.

Emergency physicians providing emergency ultrasound services should possess appropriate training and hands-on experience to perform and interpret focussed ultrasound imaging.

3. PROCEDURES AND ACTIONS

The credentialing process requires the candidates to attend an instructional workshop, which meets the criteria described in [G25 \(Guidelines on Minimum Criteria for Ultrasound Workshops\)](#), perform and record a requisite number of accurate proctored emergency department ultrasounds, and pass a summative assessment. In order to maintain credentialing, emergency department sonologists must meet ongoing maintenance requirements.

3.1 Proctored Log Examinations

- 3.1.1 Proctored logged examinations are a required part of the credentialing process. For each modality, at least two directly supervised formative assessments must be completed prior to the final, summative assessment.
- 3.1.2 Patients must be informed that the ultrasound examination is being performed for credentialing purposes and verbal or written consent obtained.
- 3.1.3 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.

- 3.1.4 A minimum of 25 accurate examinations must be performed for the EFAST module. At least 50% of these exams must be clinically indicated and at least 3 should be positive for either intraperitoneal, pleural, pericardial fluid, or pneumothorax.
- 3.1.5 A minimum of 15 accurate examinations of the aorta must be performed for the Abdominal Aorta module. At least 50% of these exams must be clinically indicated and at least 3 should demonstrate an aneurysm.
- 3.1.6 Up to 50% of log book cases can be completed in a non-clinical environment including a refresher workshop or finishing school. All scans performed in a finishing school environment must be directly supervised by one of the practitioners described in 4.2, and educational feedback provided to the candidate.

3.2 Summative Assessment

- 3.2.1 An emergency medicine sonologist or qualified sonographer will observe the candidate performing the ultrasound examination. The candidate will be required to demonstrate 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 recorded scans and/or hard copies of scans. S/he must be able to recognise an inadequate scan and must demonstrate an understanding of the indications and limitations of ultrasound examination for the condition in question.

3.3 Credentialing

- 3.3.1 Once the examination requirements are satisfied, the emergency medicine practitioner will be credentialed 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.
- 3.3.2 ACEM has a formal link with the Australasian Society for Ultrasound Medicine (ASUM). ACEM accepts successful completion of the Certificate in Clinician Performed Ultrasound (CCPU) and comparable workshops as credentialed by the ACEM Ultrasound Subcommittee.
- 3.3.3 To maintain his/her credentials, the emergency medicine sonologist must undertake at least 3 hours of ultrasound training per year and perform 25 EFAST examinations for the EFAST module and 15 aorta scans for the AAA scan module over a two year cycle. Doctors who have completed the CCPU will be required to keep this current.

3.4 Documentation

- 3.4.1 Documentation of the ultrasound examination in the patient's medical record should be entitled appropriately as an "EFAST" or a "focussed 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.

3.5 Audit

- 3.5.1 Emergency departments in which focussed ultrasound is performed must conduct bi-monthly audits of the ultrasound examinations as part of the department's quality improvement process.

4. DEFINITIONS

- 4.1 Focussed 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 diagnostic imaging departments.
- 4.2 A sonologist is a practitioner who has successfully completed this credentialing process, or has successfully completed the Certificate in Clinician Performed Ultrasound (CCPU), or who possesses DDU (Diploma of Diagnostic Ultrasound), FRANZCR (Fellow of the Royal Australian and New Zealand College of Radiology) or equivalent, or qualifications such as the Postgraduate Certificate in Clinician Performed Ultrasound.
- 4.3 Proctored studies are ultrasound examinations that are directly supervised by a sonologist or registered sonographer practising in the relevant area. Alternatively the ultrasound examinations are recorded or printed and the images then reviewed by the above mentioned qualified practitioners.
- 4.4 EFAST examination (Extended Focused Assessment with Sonography for Trauma) is an ultrasound examination to detect the presence of hemoperitoneum, hemothorax, pneumothorax or hemopericardium. The examination involves a minimum of six views including:
- Right Upper Quadrant including the hepato-renal interface (Morison's pouch) and the right diaphragm.
 - Left Upper Quadrant including the spleno-renal interface and left diaphragm.
 - The Pouch of Douglas.
 - Subxiphoid or intercostal views of the pericardium.
 - The left and right parasternal views to detect lung sliding.
- 4.5 The Focussed Abdominal Aorta scan is an assessment of the aorta in both transverse and longitudinal planes such that the aorta is visualised from the epigastrium to the aortic bifurcation. The study should include measurement of the maximum aortic diameter, in two planes.

5. DOCUMENT REVIEW

Timeframe for review: every five (5) years, or earlier if required.

1.1 Responsibilities

Document authorisation: Council of Advocacy, Practice & Partnerships
 Document implementation: ED Ultrasound Subcommittee
 Document maintenance: Policy and Research Department

1.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
V1	July 2000	Approved by Council
v2	July 2006	Approved by Council
V3	July 2011	Approved by Council
V4	Nov 2013	Approved by Council
V5	Mar 2016	Approved by Council

The title of the policy has been changed from 'Policy on the use of Focussed Ultrasound by Emergency Physicians.'

'Emergency department ultrasonography' is now referred to as 'emergency medicine ultrasonography.'

'Purpose' and 'Scope' combined (numbering of headings has changed to reflect this). Previous heading of 'Policy Details' amended to 'Policy'

Under 3.1, 'Proctored Log Examinations', item 3.1.6 has been amended to state that scans performed in a finishing school environment must be supervised by a practitioner described under 4.2, rather than 3.3 as per previous version of the policy.

Under 3.3, 'Credentialing', 'workshops' has been utilised in place of 'courses'.
Item 3.3.3 amended to require that emergency medicine sonologists must complete 15 aorta scans for the AAA scan module over two years, rather than each year as per previous version of the policy.

Under 3.4, 'Documentation', 3.4.1 amended to require that documentation of an ultrasound examination in a patient's medical record should be entitled as a "focused ED ultrasound for aortic aneurysm", rather than a "limited ED ultrasound for aortic aneurysm."

Under 3.5, 'Audit', 3.5.1 has been amended to read that EDs perform 'focussed ultrasound' in place of 'bedside ultrasound.'

Item 5.1 under 'Definitions' has been amended in order to utilize the term 'focussed ultrasounds' in place of 'emergency department ultrasounds.'

Under 4.5, 'Abdominal Aorta scan' has been replaced by 'focussed Abdominal Aorta scan.'
