

EMERGENCY ULTRASOUND CREDENTIALING POLICY

Purpose-To insure that emergency physicians using emergency ultrasound are appropriately trained and meet the standard for credentialing in emergency ultrasound as outlined by the American College of Emergency Physicians.

Procedure-Physician members of the department of emergency medicine will undergo the credentialing process for emergency ultrasound unless they have been previously credentialed. These criteria were developed to meet those outlined by the American College of Emergency Physicians as outlined in its Clinical Policy. Members of the emergency department who have met the criteria stated below should be considered candidates for credentialing in emergency ultrasound. The candidate must:

1. Be a member in good standing of the department of emergency medicine.
2. Identify himself or herself to the coordinator of emergency ultrasound as a candidate for credentialing in emergency ultrasound.
3. Complete a 2 day course with didactic as well as hands-on experience in emergency ultrasound (ACEP or ACOEP approved). Physicians will not be allowed to use the ultrasound machine until this requirement has been satisfied.
4. Complete 150 proctored examinations in the emergency department with at least 25 of these exams in each of the 6 primary indications. These exams will be performed at the bedside and a hard copy will be made (either a printed image, saved digital image, or saved video clip). Immediately after each exam, an emergency ultrasound QI form will be completed by the candidate for the study just performed. The hard copy or saved image/clip and the QI form for each study will be filed together and kept to be presented to the Coordinator of Emergency Ultrasound as one study to be considered for proctoring. Select studies will be submitted for peer review by a radiologist. Most of these emergency ultrasounds will be followed by formal ultrasound in radiology for confirmation of the findings and more detail. Some studies, such as the FAST exam and the cardiac exam during codes will have the hard copies reviewed by the Director of Emergency Ultrasound for proctoring since those studies are not performed in radiology, but will be compared to a confirmatory test such as a CT scan (when applicable). Review of patient clinical outcome may also serve as a confirmatory modality.
5. After the completion of the required 150 studies, the candidate will demonstrate at the bedside to the Coordinator of Emergency Ultrasound that he or she knows the appropriate indications for each study and also that he or she can competently acquire and interpret the emergency ultrasound images.

After the steps above have been completed, the candidate will be granted privileges in Emergency Ultrasound by the ED director.

The exception to the above procedure is the ED physician who joins the Dept of Emergency Medicine and has, previously, been granted privileges at another institution or has met the above criteria in an ABEM or ABOEM residency in emergency medicine. This candidate will need to present documentation that he or she has met the above criteria in residency or as been credentialed to perform Emergency Ultrasound at another institution. The Chief of Emergency Medicine at New Britain General and Bradley Memorial will review this documentation and, if it is complete, grant the candidate privileges in Emergency Ultrasound.