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Ultrasound Fellowship Aims to Train ED Physicians

May 23, 2011 (New York, New York) — A program introduced in the emergency department (ED) at the Washington Hospital Center in Washington, DC, resulted in a 10-fold increase in the number of ultrasound scans performed by emergency medicine attending physicians who are not on the faculty of the ultrasound program at the teaching hospital, Elizabeth Pointius, MD, reported while presenting her findings here at the American Institute of Ultrasound in Medicine 2011 Annual Meeting.

"We're looking at this because emergency room ultrasound is a modality that is not always available 24 hours a day in every hospital," Dr. Pointius noted. Even at the busiest institutions there are times, particularly on weekend nights, when the technician is not available. "What you could be losing," she said, "is the ability to quickly diagnose something critical, like an ectopic pregnancy, for example."

The concern is based on the historical observation that many practicing emergency physicians were not trained in bedside ultrasound during their residency. If the staff sonographer is off-line, who do you turn to? she posited. To address this issue, the emergency medicine ultrasound fellowship program was initiated, and the current study is an analysis of that program's outcomes.

To perform the analysis, data were prospectively collected on bedside ultrasound scans performed by each attending ED physician at the Washington Hospital Center during a 4-year period. This is an institution that has more than 85,000 ED visits annually, and the activities of 39 of the 42 attending physicians were included.

Results showed that between 2006 and 2007, ED attending physicians performed a total of 744 bedside ultrasound scans. In 2008, 347 scans were performed. In 2009 — the first year of the ultrasound fellowship program — 4467 scans were performed by ED attending physicians, none of whom are faculty in the ultrasound program.

Dr. Pointius said she is thrilled with the results. "This way, you can not only obtain the image, you're also interpreting the image yourself. To have the history of the physical, and the ultrasound, you can put the whole picture together right there at the bedside and have the diagnosis. That's really useful."

Training the New Dogs and the Old

The efforts of Dr. Pointius in Washington, DC, are at the other end of the spectrum from those of Graciela Maldonado, MD, coordinator of ultrasound medical education at the University of California (UC) at Irvine School of Medicine. Rather than train physicians at the back end of their learning curve, she has developed the means to instill the value of ultrasound training from the beginning — during medical school.
In August 2010, UC Irvine School of Medicine instituted a heavy integration of bedside ultrasound into the first- and second-year medical student core curriculum.

"In the first year, the focus is on ultrasound basic anatomy and physiology. In the second year, the focus is on pathology — things that are relevant to second-year students who are training for their boards." The idea is to keep the students interested by serving their immediate educational needs. As the program matures, the third-and fourth-year studies will address the uses of ultrasound within the various specialties, Dr. Maldonado explained.

By the time the UC Irvine graduates get to Dr. Maldonado's ED, sonography training will already be complete. "We've had ultrasound in our emergency medicine rotation for some years now," said Dr. Maldonado, "and we've had great feedback from students." For this group, if the ultrasound technician is nowhere to be found, the scan will still get done.

Dr. Pointius and Dr. Maldonado have disclosed no relevant financial relationships.


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