Opposing authors provide succinct, authoritative discussions of controversial issues in emergency medicine. Authors are provided the opportunity to review and comment on opposing presentations. Each topic is accompanied by an Editor’s Note that summarizes important concepts. Participation as an authoritative discussant is by invitation only, but suggestions for topics and potential authors can be submitted to the section editors.

Editor’s note: Emergency clinicians face a difficult decision in seeking credentialing for emergency ultrasonography. Formal pathways exist for certification in general ultrasonography, but a similar process has yet to be developed for the nascent field of emergency ultrasonography. In this Clinical Controversies series, our pro and con discussants present opposing viewpoints of the benefits and drawbacks of general ultrasonographic credentialing.

RDMS ULTRASOUND CERTIFICATION FOR EMERGENCY PHYSICIANS

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For emergency physicians, there is currently no recognized certification in point-of-care sonography. Fortunately, the American Registry of Diagnostic Medical Sonography provides independent cross-specialty certification for all ultrasonographic professionals. For emergency physicians just beginning a point-of-care sonography program, American Registry of Diagnostic Medical Sonography certification may reduce administrative and cross-specialty hurdles.

The American Medical Association’s 1999 resolution on ultrasonographic privileging established that each specialty should define appropriate practitioner use of and training in ultrasonography. In 2001 and 2008, the American College of Emergency Physicians (ACEP) established comprehensive practice and training guidelines, and in 2009 the Council of Residency Directors established training guidelines for emergency medicine. This highlights the ongoing lag between the current use of ultrasonography in the ED and the establishment of training guidelines. Other specialties are using bedside ultrasonography and some are beginning to publish similar training guidelines. Today, the ACEP ultrasonographic section is actively pursuing subspecialty accreditation for emergency ultrasonographic fellowships.

Despite the American Medical Association resolution and ACEP guidelines, appropriate emergency physician point-of-care sonography use and training remains controversial. Debate often results from a lack of understanding of the role of emergency physician point-of-care sonography and conflicting evidence on the adequacy of current training guidelines. Additional research is needed to determine the number of examinations required for proficiency, optimal learning modalities, and valid and reliable assessment measures of point-of-care sonography competency. In the meantime, adhering to existing standards of ultrasonographic experience and knowledge may provide additional evidence of expertise. A nationally recognized certification can improve institutional credibility for an ultrasonographic professional to support practice autonomy and compensation by third-party payers. Currently, the only nationally recognized ultrasonographic training certification available to emergency physicians is through the American Registry of Diagnostic Medical Sonography.

The American Registry of Diagnostic Medical Sonography was founded in 1975 as an independent, nonprofit organization that provides certification and advocacy for all ultrasonographic professionals. The Registered Diagnostic Medical Sonographer (RDMS) examination focuses on image acquisition, interpretation, and general medical knowledge. RDMS certification is available through the American Registry of Diagnostic Medical Sonography to both qualified technicians and physicians. All professionals seeking RDMS certification must first complete 800 supervised ultrasonographic examinations to qualify for the test, which consists of 2 written examinations; a detailed one on ultrasonographic physics relevant to machine operation and one pertaining to one other ultrasonographic topic. This second examination is typically a comprehensive “abdomen” test covering abdominal anatomy and Doppler, thyroid, trauma, and ultrasonography.

Many emergency ultrasonography faculty and fellows today pursue RDMS, or occasionally Registered Diagnostic Cardiac Sonographer certification. According to an informal 2011 survey of the ACEP ultrasonographic section, about one third of emergency medicine ultrasonographic fellowships now require or encourage RDMS certification. Among emergency ultrasonographic directors responding to this email survey, about half were RDMS certified.7
Critics may argue that RDMS certification is merely a technician “merit badge.” However, there are a number of valid counterarguments to this claim. First, there are qualifying pathways for RDMS or Registered Diagnostic Cardiac Sonographer certification that are provided specifically for physicians. One new vascular sonography certification separate from RDMS is available only to physicians.

Second, the concept that a certification for one group excludes its applicability to another group is misplaced. There are certifications designed for nonphysicians that have proven to be very helpful for the medical field. Although initially designed for manufacturing efficiency, “Black Belt” certification in Six Sigma is now popular for physician administrators. 8

Third, some emergency physicians have experienced barriers for reimbursement by third-party payers related to perceived training and certification by emergency physicians. If such a reimbursement issue becomes widespread, then having a local emergency medicine ultrasonographic director with RDMS certification may prove valuable.

In accordance with the American Medical Association’s 1999 resolution, only the successful completion of the credentialing pathway outlined in the ACEP ultrasonographic guidelines is required to perform point-of-care sonography. Neither RDMS certification nor an emergency medicine ultrasonographic fellowship is necessary. However, until such fellowships are recognized by the Accreditation Council for Graduate Medical Education, RDMS certification may provide the only cross-specialty recognition of additional ultrasonographic expertise available to help win administrative and cross-specialty battles during emergency point-of-care sonography program implementation.

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REFERENCES


RDMS CERTIFICATION FOR EMERGENCY PHYSICIANS

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Point-of-care ultrasonography is a core component of emergency medicine practice. Residency training requirements ensure that graduates have the knowledge and skills necessary for safe and effective use of ultrasonography in their practice. To date, there is no evidence showing that current training standards are insufficient or inadequate, yet there is ongoing debate about the incremental value of the registered diagnostic medical sonographer certification for emergency physicians. Guidelines for appropriate training and ongoing quality assurance are available from the American College of Emergency Physicians, 1 the Society for Academic Emergency Medicine, and the Council of Emergency Medicine Residency Directors. 2 Furthermore, the American Board of Emergency Medicine 2011 model of the clinical practice of emergency medicine lists both diagnostic and procedural point-of-care ultrasonography as “integral to the practice of emergency medicine.” The model mentions no additional requirements for the performance of point-of-care ultrasonography.

The registered diagnostic medical sonographer certification, through the American Registry for Diagnostic Medical Sonography, is available to a wide range of qualified health care providers, including physicians. Emergency physicians seeking certification through this pathway typically pursue a registered diagnostic medical sonographer or registered diagnostic cardiac sonographer certification. With the sole exception of the registered physician in vascular interpretation, neither the registered diagnostic medical sonographer nor the registered diagnostic cardiac sonographer certification is specific for physicians.

The knowledge and skill required for emergency practice do not overlap with those required for the registered diagnostic medical sonographer certification. The American Registry for Diagnostic Medical Sonography recommendation of 800 ultrasonographic examinations is an arbitrary number that does not assess the breadth of ultrasonographic applications performed by the emergency physician and, in the case of registered diagnostic medical sonographer, does not require cardiac examinations. The registered diagnostic medical sonographer and the registered diagnostic cardiac sonographer certification examinations assess components of image acquisition alone and do not measure the examinee’s ability to determine when ultrasonographic evaluation is indicated or to interpret and integrate ultrasonographic findings into patient care, arguably the very essence of point-of-care ultrasonography. This certification therefore neither measures nor ensures a physician’s ultrasonographic competency.