ACGME CORE COMPETENCIES
GUIDELINE

Procedural Competency –

“The primary responsibility for the determination of procedural competency rests with the program director and the faculty. The RRC accredits programs, and does not certify or credential individuals.

The RRC expects programs to assess the competency of residents to perform key index procedures. At the time of program review, the program will need to demonstrate how it assesses competency of residents for 3 procedures.

Selected index procedures should consequentially impact patient care, and ideally facilitate competency assessment initiatives across disciplines.

One of the selected procedures must be ED bedside ultrasound (PR V.B.2.b; appendix 1)”
RRC REQUIREMENT
PROCEDURE COMPETENCY

- Dislocation reduction- 10
- Intubations- 35
- Lumbar puncture- 15
- Pediatric medical resuscitation- 15
- Pediatric trauma resuscitation- 10
- Pericardiocentesis- 03
- Vaginal delivery- 10
RRC REQUIREMENT
PROCEDURE COMPETENCY

- Adult medical resuscitation- 45
- Adult trauma resuscitation- 35
- ED bedside ultrasound- *
- Cardiac Pacing- 06
- Central venous access- 20
- Chest tubes- 10
- Procedural sedation- 15
- Cricothyrotomy- 03

* = See procedural competency guideline
ULTRASOUND COMPETENCY ASSESSMENT

GOAL:

• To assure that each resident has a basic set of skills to allow for integration of ultrasound into their clinical practice once they finish residency.

• The CORD Emergency Ultrasound Consensus Committee suggests that some form of competency assessment in emergency ultrasound should be performed.
ULTRASOUND COMPETENCY ASSESSMENT

The following methods are recommended tools for competency assessment for emergency ultrasonography during emergency medicine training:

1. A practical exam
2. Assessment of image interpretation
3. A standardized multiple choice question exam
Practical Exam

Direct assessment of the skills needed to obtain and record appropriate ultrasound images for the following studies:

- FAST
- Cardiac
- Pelvic (transabdominal and transvaginal)
- Aorta
- Renal
- Gall bladder
- DVT
- Vascular access (peripheral and central)
Practical Exam

The practical exam should include:

- Assessment of proper machine settings
- Image documentation
- Probe position

Ultrasound images obtained during the practical exam should be assessed for technical merit and not interpretative merit including but not limited to:

- Image quality
- Image framing
- Identification of landmarks
- Completeness of imaging protocol
Practical Exam

Various methods to assess for adequacy of skill including but not limited to:

- OSCE- Objective Structured Clinical Examination
- SDOT- Standardized Direct Observation Tool
- Videotape of person performing ultrasound for later review
Assessment of Image Interpretation

- Static Image/Video review to assess competency in identifying appropriate findings on static and dynamic images.
- Pathological Findings
- Sonographic Landmarks
- Anatomic Landmarks
- Assessment of technique, image interpretation, medical decision making, patient safety, ultrasound utilization
A standardized multiple choice question exam

This can be developed as a nationwide question bank that can be accessed in a secure manner by the Ultrasound Directors at emergency medicine residencies.

This test will also be used as a tool to assess resident competency in clinical decision making based on the image interpretation.
ULTRASOUND COMPETENCY ASSESSMENT

The CORD Emergency Ultrasound Consensus Committee suggests that the above mentioned competency assessment methods should be conducted (at a minimum) at the end of the ultrasound rotation and in the last year of residency training.

Different aspects of competency assessment may be performed at separate times to allow better integration of ultrasound education into the residency education schedule.
ULTRASOUND COMPETENCY ASSESSMENT

- Ultrasound skills may degrade over time and competency assessment may have to be performed for an individual in situations where:
  1. A significant time has passed on other educational rotations where ultrasound is not used or encouraged
  2. Repetitive errors are identified which indicate a deterioration of skill