A Survey Study of North American Emergency Ultrasound Fellowship Program’s Administrative Systems

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Background

Since 1997 when Drs Michael Lambert and Joseph Wood began the first emergency ultrasound fellowship there have been increasing numbers of emergency ultrasound fellowship programs. In 2011, nearly 60 programs existed with the number only increased since that time according to www.eusfellowships.com. Ultrasound also has become an essential part of emergency medicine practice (2007 Model of Clinical Practice of Emergency Medicine) and is a part of the 12 milestones based Accreditation Council for Graduate Medical Education (ACGME) residency assessment.

As increasing department train residents and fellows in ultrasound, there is lack of clarity on the administrative processes involved in residency assessment. As increasing departments train residents and fellows in ultrasound, there is lack of clarity on the administrative processes involved in residency assessment.

Objectives

We prospectively surveyed North American emergency medicine (EM) ultrasound fellowship program directors, as identified on www.eusfellowships.com on March 11, 2011 with accurate contact information, via a previously piloted web-based survey instrument containing 40 items spanning five topics including: (1) credentialing and training, (2) documentation and storage, (3) quality assurance and image review, (4) billing processes, and (5) overall satisfaction. The survey was developed initially by and later finalized by the investigation team including a master statistician, after incorporating feedback from piloting it to emergency ultrasound directors without fellowship programs, research experts, and survey experts. All surveys were distributed using the American College of Emergency Physicians (ACEP) SNAP survey software (Snap Surveys Ltd., Portsmouth, NH) as this project was funded by an ACEP ultrasound section grant. Descriptive statistical analyses are primarily used to display the data. Fisher’s exact test was performed to evaluate the association between the assessments of ultrasound administrative system and the surveyed categories. Continuous variables were grouped into 3 or 4 categories based on the distribution. We chose 0.05 or below as a significance level. Data were analyzed using SAS version 9.3 for Windows (SAS Institute, Inc.). This study was exempted from formal review by the George Washington University School of Medicine Institutional Review Board.

Methods

We prospectively surveyed North American emergency medicine (EM) ultrasound fellowship program directors, as identified on www.eusfellowships.com on March 11, 2011 with accurate contact information, via a previously piloted web-based survey instrument containing 40 items spanning five topics including: (1) credentialing and training, (2) documentation and storage, (3) quality assurance and image review, (4) billing processes, and (5) overall satisfaction. The survey was developed initially by and later finalized by the investigation team including a master statistician, after incorporating feedback from piloting it to emergency ultrasound directors without fellowship programs, research experts, and survey experts. All surveys were distributed using the American College of Emergency Physicians (ACEP) SNAP survey software (Snap Surveys Ltd., Portsmouth, NH) as this project was funded by an ACEP ultrasound section grant. Descriptive statistical analyses are primarily used to display the data. Fisher’s exact test was performed to evaluate the association between the assessments of ultrasound administrative system and the surveyed categories. Continuous variables were grouped into 3 or 4 categories based on the distribution. We chose 0.05 or below as a significance level. Data were analyzed using SAS version 9.3 for Windows (SAS Institute, Inc.). This study was exempted from formal review by the George Washington University School of Medicine Institutional Review Board.

Demographics

We prospectively surveyed North American emergency medicine (EM) ultrasound fellowship program directors, as identified on www.eusfellowships.com on March 11, 2011 with accurate contact information, via a previously piloted web-based survey instrument containing 40 items spanning five topics including: (1) credentialing and training, (2) documentation and storage, (3) quality assurance and image review, (4) billing processes, and (5) overall satisfaction. The survey was developed initially by and later finalized by the investigation team including a master statistician, after incorporating feedback from piloting it to emergency ultrasound directors without fellowship programs, research experts, and survey experts. All surveys were distributed using the American College of Emergency Physicians (ACEP) SNAP survey software (Snap Surveys Ltd., Portsmouth, NH) as this project was funded by an ACEP ultrasound section grant. Descriptive statistical analyses are primarily used to display the data. Fisher’s exact test was performed to evaluate the association between the assessments of ultrasound administrative system and the surveyed categories. Continuous variables were grouped into 3 or 4 categories based on the distribution. We chose 0.05 or below as a significance level. Data were analyzed using SAS version 9.3 for Windows (SAS Institute, Inc.). This study was exempted from formal review by the George Washington University School of Medicine Institutional Review Board.

Exam Specific Credentialing

Credentialed Providers

Annual Billing for ED Ultrasound

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CONCLUSION

This Study does not establish a cause and effect relationship. There were no limitations encountered with the purpose or design of the study. The survey was limited to English language sites. Non-US fellowship programs were not excluded from the survey. Future studies may be required to better understand the administrative processes involved in residency assessment.