Saint John Regional Hospital
Department of Emergency Medicine

DALHOUSIE UNIVERSITY

Emergency Department Point of Care Ultrasound (EDPoCUS)

Core Competency Assessment

Guidance

1. The components of PoCUS competency assessment include PoCUS activity, knowledge and bedside assessment.
2. The SJRHEM PoCUS competency assessment process is endorsed by the International Federation for Emergency Medicine and as such is recognized and transferable both within Canada (CAEP) and internationally.
3. Whilst it does not replace the Independent Practitioner (IP) standard endorsed by the Canadian Association of Emergency Ultrasound (CEUS) it does provide a parallel path towards PoCUS competency and provides a framework to progress beyond IP.
4. SJRH Physicians are encouraged to simultaneously work towards CEUS IP status and will be supported in this by local IPs.
5. SJRHEM Core PoCUS competency includes: Aorta, Basic Cardiac, FAST (Trauma), Ob/Gyn
6. SJRHEM Core PoCUS competency assessment is required for all new physicians. Repeat assessment will initially occur every two years, but can be triggered at any time on request of the physician or program director.
7. Thereafter on-going competency may be demonstrated by evidence of recent quality PoCUS activity.
8. Evidence of PoCUS activity includes recorded scans, courses, workshops and publications. The quality of this activity is demonstrated by audit, feedback and reflective practice.
9. Competency assessment also provides a pathway for physicians to develop and demonstrate competency to perform enhanced PoCUS applications.
10. Knowledge is tested via the ACEP on-line exam (see link below). This online exam can and should be completed repeatedly until each module is passed (>70%). There are a number of modules available to complete, however the minimum requirements for SJRHEM Core Competency are: Physics, Aorta, Cardiac, Fast, ObGyn http://www.emsono.com/acep/ACEP_EUS_Exam.html
11. The Bedside Competency Assessment is performed by designated EDPoCUS faculty. EDPoCUS faculty are appointed by the program director. The program director and faculty are required to maintain and develop competency as outlined above.
12. Bedside Competency Assessment:
    a. Both the assessor and the physician being assessed should have the assessment forms to hand and have read this guidance in advance.
    b. A self-assessment of competency should first be completed. The physician should use the same forms to complete self-assessment.
    c. All competencies can be assessed at a single sitting or individually. Some competencies assessments can be combined on a single patient e.g Aorta, FAST, Cardiac, etc.
    d. Competency D (TV Early Pregnancy) and G (Vascular Access) can be assessed on a patient however it is likely that the phantom will be more convenient.

e. The assessor will prepare for the assessment by identifying a suitable patient/volunteer, gaining informed verbal consent and briefly performing the scans themselves.
f. The physician being assessed is then brought into the room and the assessment commences.
g. Whilst the physician is preparing the patient and machine appropriately for the scan, the assessor should ask them to list the core indications for the competency being assessed.
h. Although it is expected that the physician will talk their way through the acquisition of the scan (e.g identifying structures, commenting on quality of image and interpretation), some questions may be required to ensure competency.
i. Follow the guidance for each competency as closely as possible to ensure consistency between assessors.
j. Prompting is defined as – the assessor suggesting the answers to the above questions or guiding probe position or guiding machine control.
k. A physician may change their mind while identifying structures, correct themselves or clarify an answer and this would NOT be considered prompting
l. Key Steps are identified for each competency. Should the physician require prompting to achieve any one of these steps then they are automatically judged - Level C
m. A competency level is then determined by the assessor on the basis of the amount of prompting required.
n. Virtually no prompting require – A – Instructor potential. This physician displays confident machine and transducer handling, broad knowledge of the relevant anatomy, communicates experience of pitfalls and a clear understanding of how to incorporate this competency into the patient pathway.
o. Some prompting require – B - Competent to scan and interpret findings independently. This physician may require some prompting to achieve the best views and may display some lack of experience, but is able to achieve all of the Key Steps and has a clear understanding of how to incorporate this competency into the patient pathway.
p. Significant prompting required – C – Requires reassessment. If scanning alone cannot rely on negative findings. This physician is unable to achieve one or more of the Key Steps and/or requires such prompting that it is clear that they have rarely practiced this competency in their practice, and/or that they have do not have clear grasp on how to incorporate this competency into the patient pathway.
q. The competency level is communicated to the physician.
r. Under normal circumstances it would not be appropriate to repeat the assessment in the same sitting. This would only be appropriate if there had been a machine failure or patient issue.
s. Should the physician disagree with their assessed competency level, they can inform the program director who will arrange for a repeat assessment with two assessors present.