Background
Since 1997 when Drs Michael Lambert and Joseph Wood began the first emergency ultrasound fellowship, there have been an increasing number of emergency ultrasound fellowships. In 2011, nearly 60 programs existed with 400 new graduates only as of 2014.1,2,3,4,5,6,7

Ultrasound has also become an essential part of emergency medicine practice (2007 Model of Clinical Practice of Emergency Medicine) and is now part of the 2012 milestones based on the practice of emergency medicine (2007 Model of Clinical Practice of Emergency Medicine). 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 80 American US fellowship programs had been established and this number has only increased since that time.

Methods
We prospectively surveyed North American emergency medicine fellowship program directors, as identified on www.naems.org, for the current state of ultrasound credentialing and administrative systems in program policy, procedure, and practice. The study was exempted from formal review by the George Washington University School of Medicine Institutional Review Board.

Objective
The objective of this study was to determine the current administrative systems in academic emergency ultrasound fellowship programs and the satisfaction with each of those mechanisms.

Results
34% of directors agreed that credentialing and training were the most important ultrasound administrative issues. The survey was divided into five categories: (1) credentialing and training, (2) documentation and storage, (3) quality assurance and image review, (4) billing processes and practice, and 5) overall satisfaction. The survey was developed initially by the ACEP ultrasound section investigators and finalized by the study’s administrative team including a master statistician, after incorporating feedback from pilot testing to emergency ultrasound directors. Descriptive statistical analyses were 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 survey categories.

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

Venkatesh R Bellakonda MD; Hamid Shokouhi, MD, MPH, RDMS, RDCS; Abdulmohsen Alsaaawi, MD; Teresa Liu, MD, RDMS; Amie Woods, MD, RDMS; Melissa McCarthy, ScD; Ru Ding, MS; Keith Boniface, MD, RDMS, RDCS
Department of Emergency Medicine, George Washington University Hospital, Washington, DC

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