



Clinic Tips

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Ultrasound/Sonography in PMCs: Education, Training and Competency for Medical Professionals

NIFLA has become increasingly aware of ultrasound/sonography training being offered to Pregnancy Medical Clinics (PMCs) by groups that demonstrate little regard for recognized medical, legal, and educational standards of practice and care. NIFLA is concerned about the potential for harmful impact on all PMCs, since they are being closely scrutinized by pro-abortion advocates. Not only are current best practices being compromised, but the integrity of PMCs is opened to criticism and potential legal liability. Therefore, this month's *Clinic Tips* addresses those concerns and answers some basic questions that need clarification regarding ultrasound education and training.

WHO CAN PERFORM ULTRASOUNDS?

Ultrasound is a diagnostic medical procedure and should be performed only by persons who possess the appropriate current medical credentials and/or license to do so under the supervision and

review of a licensed physician.

Reports continue to surface about PMC personnel trained to scan by one who lacks appropriate medical licensure or credentials. The medical profession, through its national guidelines, recognizes RNs, RDMSs, RTs, PAs and physicians, as those with credentials whose scope of practice allows them to be trained in ultrasound/sonography. Such credentials require a two year Allied Health credential, and excludes LPNs/LVNs, Medical Assistants, EMTs, and CNAs. RNs are the most utilized personnel in PMCs. The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) outlines in its Guidelines nationally recognized standards for both education and hands on training in limited ultrasound for RNs. **The AWHONN Guidelines comprise the foundation of didactic education and clinical training in limited ultrasound for every RN.**

According to AWHONN, RNs performing OB ultrasound examinations "represent an

expanded nursing role, and actual achievement of competency depends upon individual skills, training, and clinical experience."¹ NIFLA's *Institute in Limited Obstetric Ultrasound* was developed to satisfy the outlined education requirements for RNs, according to the AWHONN Guidelines. In addition to RNs, other qualified medical personnel need the various foundational pieces that the NIFLA course provides in preparation to provide ultrasounds/sonograms in the PMC setting.

All NIFLA course instruction is provided by lawyers, RNs, and RDMSs (with an OB/GYN specialty) with many years of service to PMCs. The course instructors are able to address the various legal, obstetric, assessment, physics, nursing, and sonography components of the AWHONN Guidelines in order to prepare all qualified medical personnel for this expanded role. Should any legal/medical/licensure investigation arise for a PMC or its RNs, the AWHONN Guidelines would be held as nationally recognized education standard for RNs performing sonograms. To

ignore these is not wise, and opens PMCs to liability risk.

WHAT IS NECESSARY TO TRAIN MEDICAL PERSONNEL TO PERFORM ULTRASOUNDS?

Following the didactic education of medical personnel (the **NIFLA** course), hands-on training is required to gain skills to safely and competently perform ultrasounds/sonograms. The standard of practice requires that a nurse or other credentialed medical **professional must have 50-75 supervised ultrasound scans** before they will be competent in providing this service without supervision. The hands-on training must be competency based and conclude with documented assessment of competency for personnel files.

It is **NIFLA's** sound judgment that no person should be scanning without direct supervision by an RDMS or physician until they have completed at least 50-75 supervised scans and have demonstrated competency in the skills necessary to safely scan alone. The Medical Director of the PMC will make the final determination if the nurse possesses sufficient competency to scan alone, or if she/he needs more supervised scanning.

WHAT SHOULD TRAINING INCLUDE FOR MEDICAL PERSONNEL?

It is widely recognized in obstetrics that transvaginal sonograms are the optimal way to image a patient during the first trimester of

pregnancy.² Therefore, **PMC medical personnel should have training and assessment for competency in performing both abdominal and transvaginal ultrasounds.** Abdominal scanning in early pregnancy often cannot demonstrate an intrauterine pregnancy. If PMC personnel are not trained to perform transvaginal scans when warranted, they are only providing substandard and unprofessional care. Most importantly, not providing transvaginal scans puts women at risk of life-threatening complications in the event of an undiagnosed ectopic pregnancy (which occurs in approximately two percent of all pregnancies). Again, PMC medical personnel should be trained and assessed for competency in performing **both** abdominal and transvaginal ultrasounds.

Those performing diagnostic sonograms need the skill and ability 1) to determine if the pregnancy is intrauterine, 2) to obtain accurate measurements for an estimated gestational age, and 3) to document fetal cardiac activity. In many cases, the only way this stated purpose of the sonogram can be achieved is through a transvaginal scan. For continued quality improvement, competency should be assessed and documented annually for personnel without an RDMS credential. Further, PMCs see women in the early stages of pregnancy when they are at highest risk for ectopic pregnancy or miscarriage. Therefore, PMC medical personnel must have the knowledge, assessment abilities, skills in sonography,

and judgment to intervene when patient findings warrant immediate referral to a physician or emergency room.

WHAT ABOUT DOPPLER?

NIFLA is aware of one organization that offers grants to PMCs for the purpose of purchasing ultrasound equipment conditioned upon their agreement to utilize audible Doppler to hear the baby's heartbeat. Training is then provided by this group in use of the Doppler. **However, using ultrasound Doppler in early pregnancy with no medical indication disregards recent published guidelines of the American Institute of Ultrasound in Medicine (AIUM) warning against it.**³

This advisement regarding Doppler is **intended to protect the unborn from harm.** **NIFLA** does promote the value of women viewing fetal cardiac activity during a sonogram. Viewing the fetal heartbeat is clear evidence of life, and is very effective in women's choices. In the early stages of pregnancy, when the purpose of the ultrasound is to diagnose a viable intrauterine pregnancy, the Doppler, subjects the young fetal heart to seven times the level of ultrasound energy from what the baby would be exposed to from the conventional Two-D ultrasound exam. Because of this, its use in the PMC setting clearly violates the medical standard of ALARA ("As Low As Reasonably Achievable"), which is the medical standard of practice regarding the use of ultrasound energy. Please review the **NIFLA Clinic Tips**, August, 2013, which focus is

on the concerns of Doppler use and these AIUM Guidelines.

WHO CAN PROVIDE HANDS-ON TRAINING IN SONOGRAPHY?

PMCs should require appropriate credentials for anyone training medical personnel. Some PMCs, in order to keep costs down, want to utilize an RN with ultrasound training to oversee training of other RNs. **Yet, an RN is not qualified to teach sonography skills in which she has no earned credential.** Keeping costs

down cannot justify the risk for patients, and the ultimate legal liability. **Only a licensed physician or RDMS (with a credential in OB/GYN sonography) is qualified to provide hands-on training and assessment for competency.**

PMCs are obligated to serve women and their unborn within nationally recognized medical standards of care. Christian faith compels PMCs to make every effort to honor Christ through serving with care, thus gaining trust, respect and credibility in the medical community.

NIFLA's Institute in Limited Obstetric Ultrasound, has educated over 3,600 PMC personnel since 1998, with approximately 1,000 affiliates providing ultrasounds. As a faith based, medical and legal non-profit organization, **NIFLA** attempts to stay on the cutting edge of current best practices, and give PMCs legal education and advisement for those medical services. We are vigilant to promote best ultrasound practices, and to alert PMCs in areas of patient risk and legal liability.

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¹ Association of Women's Health, Obstetric and Neonatal Nurses (2010). Ultrasound examinations performed by nurses in obstetric, gynecologic and reproductive medicine settings: clinical competencies and education guide, 3rd edition.

² Callen, P., *Ultrasonography in Obstetrics and Gynecology*, 5th ed. Philadelphia, Saunders, 2008, p. 181.

³ American Institute of Ultrasound in Medicine. AIUM practice guideline for the performance of obstetric ultrasound examinations. *J Ultrasound Med* 2013; 32: 1083-1101. Retrieved July 21, 2013 from <http://aium.org/resources/guidelines/obstetric.pdf>