The State of the Society

Thanks to your work and support, and the ideas of SPACUS’ members, SPOCUS has made an impact outside of the PA world. A year ago SPACUS approached The American Institute of Ultrasound in Medical Education (AIUM), The American College of Emergency Medicine, The American Academy of Family Practice, AAPA and others to ask some very direct questions. Why wasn’t there an effort to create Generalist Clinical Ultrasound Guidelines? Why wasn’t there a medical society that represented bedside sonography? Isn’t anyone troubled by the (spell out acronym, as you did with the others) ARDMS’ (representing ultrasound techs) effort to create a certification requirement for medical providers? The answers varied from, “we tried that before”, “there is no appetite for this kind of document”, and “the applications are too varied”.

Fast forward a year. As our FOTS (Friend of the Society), Ann Davis of the AAPA says, “she who gets to paper first, wins”.

1. SPOCUS has just published our own competency based guideline. It appears as if the ARDMS assault has cooled.
2. The Colorado Academy of PAs has submitted a mirror document, “The Clinical Ultrasound Guideline”, to the AAPA House of Delegates with the hopes to become ratified as national policy in May.
3. AIUM has rethought its decision to sit out the last POCUS guidelines and will invite FP, IM, EM, Peds, and the American College of Physicians to create generalist guidelines, utilizing the SPACUS Clinical Ultrasound guidelines as a blue print.

Other milestones

1. Jon Monti’s work with The Student Ultrasound Interest Section (SUIS) program is highly successful. Not only was he able to train 15 students for University of Washington MEDEX, his blue print is being used for two other programs under development and 4 more in the pipeline. We are not at liberty to divulge too much information, but for those of you attending the AAPA 2017 Convention, Jon and his students will be recognized by the Academy for his work. Also, be sure to check out Jon’s article advocating for US integration into PA schools. Revolution or Evolution? A Proposal for the Integration of Point-of-Care Ultrasound Into Physician Assistant Clinical Practice. The journal of physician assistant education : the official journal of the Physician Assistant Education Association. 28(1):27-32, Mar 2017
2. The Train the Trainer Program is underway. We are training PA faculty and helping them understand how ultrasound can be used to train students to practice medicine.
3. We now have a PA serving on the Board of the Society of Ultrasound in Medicine (SUSME). This is a physician organization that is tasked with integrating ultrasound into medical school.
4. We have a PA as a member of The International Consensus Conference on Ultrasound in Medical Education. This is a 150 member panel that will be charged with identifying the “ultrasound core content” for every medical student to know by the time they graduate.
5. Our Director in a Box bundle is nearly complete and has already been used by PAs to pursue leadership positions within the POCUS world.
6. While not a SPACUS accomplishment, Bob Baeten is the first PA to have ultrasound privileges at Piedmont Hospital in Georgia. Bob will also be conducting the first PA echo study on ejection fraction.

Coming up, we are working on putting on several workshops in the near future. We have some very impressive sonographers in our society with amazing teaching experience. I’m very excited about the idea of seeing this knowledge in action.

We are also working on an idea developed by Patrick Bafuma. Through AAPA, we will be submitting a proposal to host an UltrasoundFest for the students, during the Challenge Bowl. We will teach the students a little ultrasound, have some fun and let them compete.
SPACUS is also in the middle of creating and “Informecial” to promote SPACUS and help educate on the what and how of clinical ultrasound.

One of the best ways to get involved is to start a Student Ultrasound Interest Section (SUIS) in your local PA program. Please let us know if you have an opportunity.

Please volunteer for any of our projects, we would love to have your help.

Names Have Meaning

SPACUS finds itself in the unique position of being the only medical society in the U.S. dedicated exclusively to promoting clinical ultrasound. As such, SPACUS has had the opportunity to take the lead in removing barriers to the implementation of clinical ultrasound for every profession within medicine, not just PAs. This may be the first time that a PA organization is not just following the lead of our collaborating physician's specialty organization, or parroting their talking points, SPACUS is creating clinical policy and an administrative pathway that our physician and nurse practitioner colleagues can follow.

SPACUS has faced many obstacles. Some ideas were simply dismissed or ignored because they suggested by a PA organization. For example, we have had several instances where local credentialing boards we initially supportive of credentialing and leadership for PAs in CUS, then balked at the SPACUS guidelines and credentialing materials because SPACUS, by virtue of its name, “only applies to PAs.” The question became, "How can guidelines, written by a PA, apply to physicians and NPs".

I have submitted to the SPACUS board, and we have approved, a name change which emphasizes that we are an ultrasound centric society that values substance, and team work over style, certification or professional title. A new name was submitted by Bob Baeten, and selected by board majority vote.

Our mission, to promote clinical ultrasound use and ultrasound integration into PA program curriculum, will not change. Our board composition, organizational structure and relationship with AAPA will not change. The only thing that changes is the removal of a cognitive barrier that refocuses the conversation from the who to the what, and puts clinical ultrasound at center stage in the spotlight. Our organization will now be The Society of Point of Care Ultrasound (SPOCUS).

Upcoming POCUS courses

Point-of-care & General Ultrasound Course
22-23 July, 2017 Oregon health Sciences university, Portland, OR

2017 Yale New England Point-of-Care Ultrasound Course
6-8 September, 2017 Newport, Rhode Island
http://www.eus.yale.edu/courses/newenglandcourse.aspx

Musculoskeletal Ultrasound at the Point-of-Care: Diagnostic and Procedural Applications
16-17 September, 2017 Harvard, Boston MA

Introduction to Primary Care Ultrasound
June 29-30, 2017 • August 24-25, 2017 • November 9-10, 2017 January 25-26, 2018 • March 15-16, 2018 University of South Carolina, Columbia, SC
http://ultrasoundinstitute.med.sc.edu/Ulcme.asp
Society of Critical Care Medicine’s Live Critical Care Ultrasound: Adult
30-31 July, 2017 Rosemont, IL
http://www.sccm.org/Education-Center/Ultrasound/Pages/Fundamentals.aspx

American College of Chest Physician’s Ultrasonography: Essentials in Critical Care September 2017
15-17 Sep, and 1-3 December, 2017 Glenview, IL

American College of Chest Critical Care Ultrasound: Integration Into Clinical Practice November 2017
10-12 December, 2017 Glenview, IL
https://www.chestnet.org/Store/Products/Events/2017/Critical-Care-Ultrasound-Integration-Into-Clinical-Practice-November-2017

Sonoworlds extensive upcoming ultrasound CME courses

Commercial groups that have been recommended by SPOCUS members
https://www.emergencyultrasound.com/course-calendar/
https://www.gcus.com/courses/

Recent “Smarticles”

Aeromedical Ultrasound: The Evaluation of Point-of-care Ultrasound During Helicopter Transport
http://dx.doi.org/10.1016/j.amj.2017.02.001

Point-of-care ultrasonography for evaluation of acute dyspnea in the emergency department.
http://dx.doi.org/10.1016/j.chest.2017.02.003

Point-of-care cardiac ultrasound techniques in the physical examination: better at the bedside.
http://dx.doi.org/10.1136/heartjnl-2016-309915

Point-of-Care Ultrasonography for Primary Care Physicians and General Internists.
http://dx.doi.org/10.1016/j.mayocp.2016.08.023
29 y/o F, who had a lighter than normal menses last month presented with vaginal bleeding and nausea. Her urine POC is positive. She has nausea but no abdominal pain, dizziness and normal vital signs. When you go to see her, with the ultrasound in tow, she is smiling and texting. A quick trans-abdominal pelvic ultrasound is shown here…
You then tilt the bed and look in her RUQ….

Within 15 minutes of arrival and only a POC urine you’ve diagnosed a ruptured ectopic pregnancy.

She is taken to the OR for diagnostic laparoscopy and left salpingectomy and found to have 500 cc of blood in her peritoneum.
POCUS Conquers: Is your ACLS patient a true PEA or Asystole?

ideal for: Emergency Medicine, Internal Medicine, Surgery, ICU

**Ultrasonic Solution:** You’re running ACLS on a cardiac arrest patient who presents to your ED. Your eyes are surveying the monitor and cannot find a rhythm compatible with any evidence of life, and your best nurses are attempting to find a pulse without success. Do you feel confident enough to call this time of death? Not so fast! POCUS has shown cardiac activity in both PEA and asystole rhythms. In fact, one study identified at least 54% of PEA patients and 10% of asystole patients that had cardiac activity on US. And in the same studies, those without cardiac activity had a much poorer prognosis. POCUS can also help identify reversible causes of cardiac arrest such as pericardial effusion, which can be life saving to the patient.

**Level of difficulty:**

identification of cardiac activity on POCUS:

(4 out of 5)

For additional information and resources, please visit [http://www.spacus.org/](http://www.spacus.org/)

The evidence…

https://www.ncbi.nlm.nih.gov/m/pubmed/27693280/