ASA Diagnostic POCUS Certificate Program

Stephanie Pan | October 19, 2024

the ANESTHESIOLOGY® annual meeting
American Society of Anesthesiologists®

Disclosures

- Local mentor of the ASA Diagnostic POCUS Certificate Program

Improvements in the Program

- Increased CME
  - 15 additional credits means you can earn up to 60 CME
  - Up to 10 ABA MOCA 2.0® Part 4 – Quality Improvement credits
- Incremental credit claiming—earn as you progress through modules
- New and reorganized cases—advance through cardiac cases as difficulty increases and complete new gastric content

Several Parts

Part 1 (Optional): Quality Improvement (QI) Action Plan
Time to complete: 30-60 minutes

Part 2: Evidence of Diagnostic POCUS Training: CME/NBE/Residency/Fellowship POCUS Training Documentation
Time to complete: 10-20 minutes

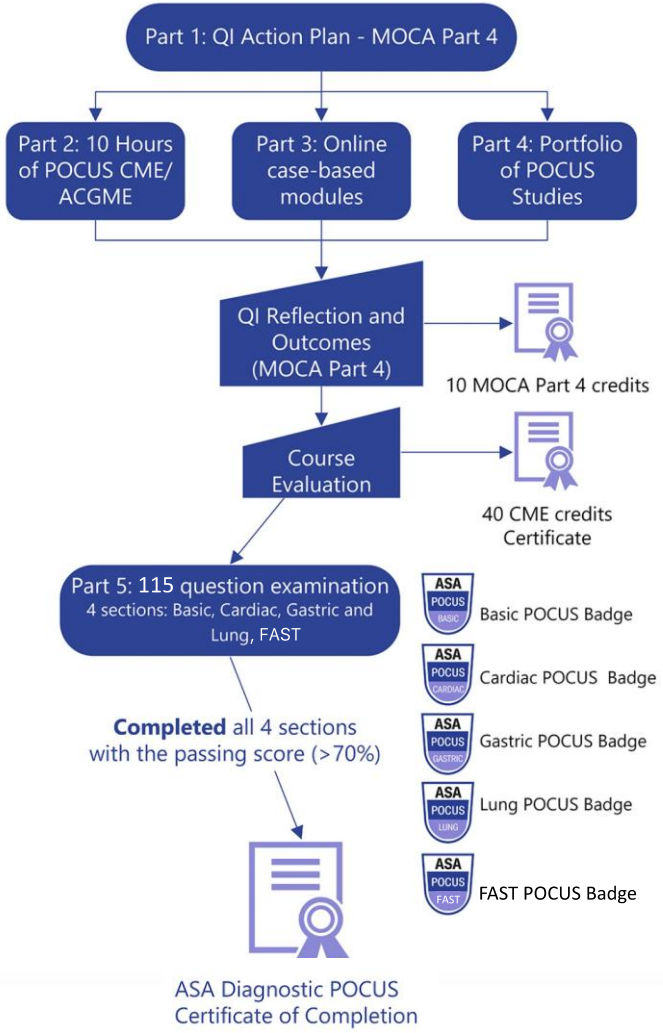
Part 3: Image Interpretation Training: Online Case-Based Diagnostic POCUS Modules
Time to complete: 15-35 hours
CME credits: 30

Part 4: Image Acquisition Training: Portfolio of Diagnostic POCUS Studies Performed

Step 1: Submit a log of diagnostic POCUS studies.
Time to complete: If clips are available, 1-3 hours. If new clips need to be created (140 total), 1-3 months.

Step 2: Have your log reviewed and approved by a mentor.
Time to complete: 20 minutes for you and your mentor. *Find a local mentor.*
CME credits: 20

Part 5: Take the final exam and earn your certificate of completion!
Time to complete: 2 hours
CME credits: 10



Dashboard


ASA Education Center
My Courses
My Transcript
CME Opportunities
STEPHANIE PAN
Dashboard / Courses / Diagnostic POCUS Certificate Program
PROGRESS BAR (LOCAL MENTOR PATHWAY)
1) Gastric - 20 cases
activity completion
Welcome to the Diagnostic Point-of-Care Ultrasound (POCUS) Certificate Program.
This five-part educational program enables you to achieve a Certificate of Completion in diagnostic POCUS. The program covers the following anesthesiology-relevant applications of diagnostic POCUS: ultrasound basics (physics & indications/contraindications) and focused ultrasound of the heart, lungs, and abdomen (gastric antrum). The program is also accredited for AMA PRA Category 1™ credit and MOCA 2.0® Part 4 credit.
DISCLAIMER: The American Society of Anesthesiologists (ASA) is a professional membership association that is committed to advancing anesthesia education; it is not a certifying body. The Diagnostic POCUS Certificate Program is not a board certification, but an educational certificate of completion. Further, certificates do not automatically provide any specific hospital privileges. Criteria for hospital credentialing and privileging are determined at each institution's local hospital level.
Home
MAIN MENU (LOCAL)
Home
Faculty/Editors
Accreditation, Disclosure, and Credit Information
Course Instructions
Frequently Asked Questions
Optional - Discussion Board
Diagnostic POCUS Curriculum
Part 1a: QI Action Plan - MOCA Part 4
Diagnostic POCUS Certificate Program
Your progress

Part 1 – QI Action Plan

Training Obtained from CME/Residency/Fellowship

- **Part 3:** Image Interpretation Training: Online Case-Based Diagnostic POCUS Modules
  Required Reading
  1) Gastric - 20 cases
  2) Lung - 20 cases
  3.1) Cardiac - 20 cases
  3.2) Cardiac - 20 cases
  3.3) Cardiac - 20 cases
  3.4) Cardiac - 20 cases
  3.5) Cardiac - 20 cases
- **Part 4:** Image Acquisition Training: Portfolio of Diagnostic POCUS Studies Performed (local)
  - Log of studies (local)
  - My Local Mentor Attestation
- **Part 1b:** QI Reflection and Attestation - MOCA Part 4 Credits
  - Reflect and report outcomes
  - Compare your QI Action Plan and Outcomes
  - Claim MOCA Part 4 Points
- Course Evaluation
- Claim CME Credits
- **Part 5:** Final Exam
  Basic – Cardiac – Lung - Gastric
- POCUS Certificate of Completion

Optional: the Abdominal Free Fluid (aka FAST exam) and Bladder Ultrasound Module (5 CME credits)

- AFFBU Exam Credit Information

Expand all

About the Program

About the Program

- Faculty/Editors
- Accreditation, Disclosure, and Credit Information ✓
- Course Instructions ✓
- Frequently Asked Questions ✓
- Announcements and News
- Discussion Board - Optional ✓
- Private Group Discussion Board - Optional ○

Optional participation: This is a private group discussion board.

Select "Add a new discussion topic" or "Reply" to participate. An email is sent each time a participant posts.

- Posts are NOT anonymous. Your name will appear with each post.
- Opt out - You can opt out of the discussion board at any time.

Part 1-A - QI Action Plan (Optional)

QI Action Plan

This is an optional activity, but required if you want to claim MOCA Part 4 QI points.

You can update it at any time throughout the program. Click to preview.

- QI Action Plan ✓

Part 2 – Evidence of Training

- **Part 3:**
  - AFFBU Exam Required Reading
  - AFFBU Exam - 20 cases
- **Part 4:** Image Acquisition Training
- **Part 5:** Final exam
- POCUS Certificate of Completion (with AFFBU Exam)

QUESTIONS?

For technical support contact:
educationcenter@asahq.org

LATEST BADGES

ASA Diagnostic POCUS Gastric

ASA Diagnostic POCUS Lung

Part 2 - Evidence of Training

Evidence of Training

Click here to submit evidence of your diagnostic POCUS training.

You will need to demonstrate a minimum of 10 hours of prior training dedicated to the four ultrasound topics included in the certificate (ultrasound physics and focused ultrasound of the heart, lungs, and gastric antrum). This training can come from any of the following:

(a) POCUS CME courses;
(b) select National Board of Echocardiography examinations/certifications (CCEeXAM Testamur, CCEeXAM Diplomate, and ASCeXAM Testamur);
(c) select USabcd.org courses (FREE access to 10 hours of online POCUS training courtesy of USabcd.org. Learn more here.);
(d) POCUS training obtained during residency/fellowship;
(e) non-CME POCUS courses (option available only till December 31, 2021);

The updated list of ASA-approved programs/courses can be found here.

Participation must be within the following timeframe: **up to 5 full calendar years preceding the year of enrollment and up to course expiration date**. For example, if a learner enrolled in the POCUS Certificate Program on March 1, 2021, credits would be eligible if they were earned between January 1, 2016 and August 1, 2024.

*Audits will be conducted on a random basis to verify the legitimacy of certificates submitted toward minimum external training requirements.

Don't see a relevant course on the approved list? As a learner, you may submit an activity for inclusion in the approved course catalogue. Once the courses are added to the catalogue, you will have to add them to your Part 2: Evidence of Diagnostic POCUS Training.

Part 2, click here to submit evidence of your diagnostic POCUS training.

I attest that the training documentation and certificate(s) submitted are true, accurate, complete and meet all Part 2 requirements.

Requesting that additional courses be considered for inclusion in the Certificate's course catalogue

Part 3 – Interpretation Training

Part 3 - Interpretation Training

Interpretation Training

Interpret 140 interactive cases (100 cardiac, 20 lung, and 20 gastric) containing both normal findings and a range of pathologies. Each case includes clips, questions for interpretation, and detailed explanations with references for further reading.

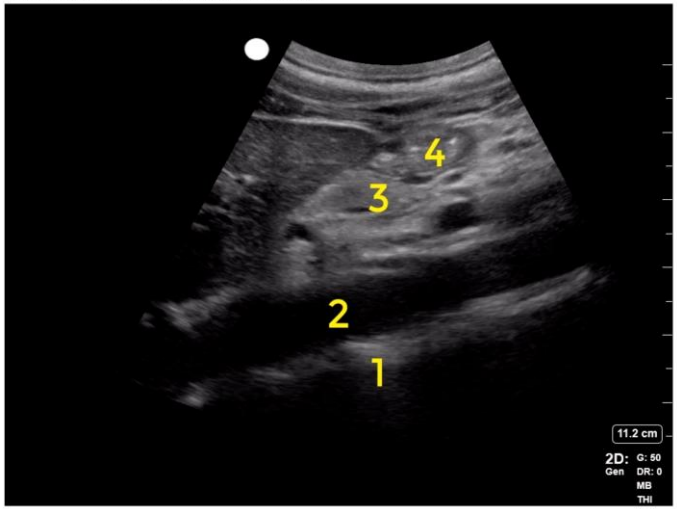
Questions may be completed in any order with progress saved after each submission. Unlimited attempts per question. You may provide ASA faculty feedback at the question level. Good luck!

- Required Reading ✓
- Basics Final Exam Review ○
- 1) Basic - 16 Cases (Optional) ○
- 1) Gastric - 20 cases ✓
- 2) Lung - 20 cases ✓
- **3) Cardiac - 100 cases**
  - 3.1) Cardiac - 20 cases
  - 3.2) Cardiac - 20 cases
  - 3.3) Cardiac - 20 cases
  - 3.4) Cardiac - 20 cases
  - 3.5) Cardiac - 20 cases

Question 1
Correct
1.00 points out of 1.00
Flag question
My Notes

Question Improvement Form

Please match the following structures to their appropriate numerical labels:



Your answer is correct.

Correct

Marks for this submission: 1.00/1.00.

The gastric antrum is visualized in cross-section, usually immediately posterior to the left lobe of the liver, when a curvilinear ultrasound probe is placed just caudad to the xiphoid process in a sagittal plane, with the aorta imaged in a long-axis view in the ultrasound far field (at the bottom of the image). The pulsating aorta serves as a landmark for visualizing the gastric antrum in cross section, as it runs directly posterior to the antrum in long-axis, but at a greater depth from the surface than the antrum. The aorta is identified in this image lying directly over the thoracic spine, with its thick vessel walls and prominent pulsation during systole. Hyperechoic reflections arising from the bony thoracic vertebrae can be seen posterior to the aortic wall, with intervening hypoechoic spaces corresponding to the intervertebral discs. In contrast, if the inferior vena cava were visualized in long-axis instead of the aorta, the gastric cross-section is usually obtained distal to the antrum, most likely at the level of the pyloric canal. The vena cava can be recognized by the appearance of liver tissue on the anterior and posterior aspect of the vena cava; in contrast, the liver will always be anterior to the abdominal aorta. Additionally, the vena cava has a thinner wall than the aorta, and usually pulsates in systole and diastole, although the pulsations are less prominent than aortic pulsations. Mis-identifying the pylorus for the antrum may lead to underestimation of gastric volume, as the diameter of the pylorus is smaller than the antrum, and the mathematical model used to determine gastric volume is based on insonating the antrum in cross-section. The transverse colon, while not imaged in this video, can be easily confused with the gastric antrum, particularly when the gastric antrum contains air, or when it is not seen directly under the lobe of the liver. At the end of this video, air can be appreciated in the antrum creating a prominent hyperechoic reflection with a drop-off shadow. In contrast, hyperechoic reflections associated with air in the transverse colon are usually visualized caudad to the level of the antrum and caudad to the liver. The pancreas is normally seen as an indeterminate hyperechoic structure immediately deep to the antrum, frequently between the superior mesenteric artery and antrum. ,

References:

- Haskins SC, Kruisselbrink R, Boublik J, Wu CL, Perlas A. Gastric ultrasound for the regional anesthesiologist. *Reg Anesth Pain Med.* 2018;43(7):689-698.
- Perlas A, Arzola C, Van de Putte P. Point-of-care gastric ultrasound and aspiration risk assessment: a narrative review. *Can J Anaesth.* 2018;65(4):437-448.
- Cubillos J, Tse C, Chan VWS, Perlas A. Bedside ultrasound assessment of gastric content: an observational study. *Can J Anaesth.* 2012;59(4):416-423.

Part 4 – Image Acquisition

Part 4 - Image Acquisition

Image Acquisition

Submit a log of studies, a subset (10%) of which has been reviewed by your Local Mentor and deemed to be of interpretable quality.

Note: There is no requirement that the exams contain pathology, so all of the exams can be obtained on healthy individuals if necessary. The goal of Part 4 is merely to demonstrate the ability to obtain standardized, interpretable clips.

Please click on the checkbox to confirm your clips and log of studies were obtained within either of the following: (a) up to 3 years prior to the date you enrolled in this Certificate of Completion; or (b) during your two-year participation in the Certificate of Completion.

Log of Studies (local)

Please use this template (.xlsx, editable in MS Excel, Apple Numbers, and Google Sheets) to log your studies (50 cardiac cases, 30 lung cases, and 30 gastric cases). Review image criteria here.

Tell your POCUS mentor about the new, free resource.

Show appreciation for your local mentor by telling them about the FREE Local Mentor Support Program where they will:

- Gain access to a private discussion board to connect with peers
- Strengthen their mentoring skills by networking with peers
- Earn badges based on their expertise and mentee engagement
- And more!

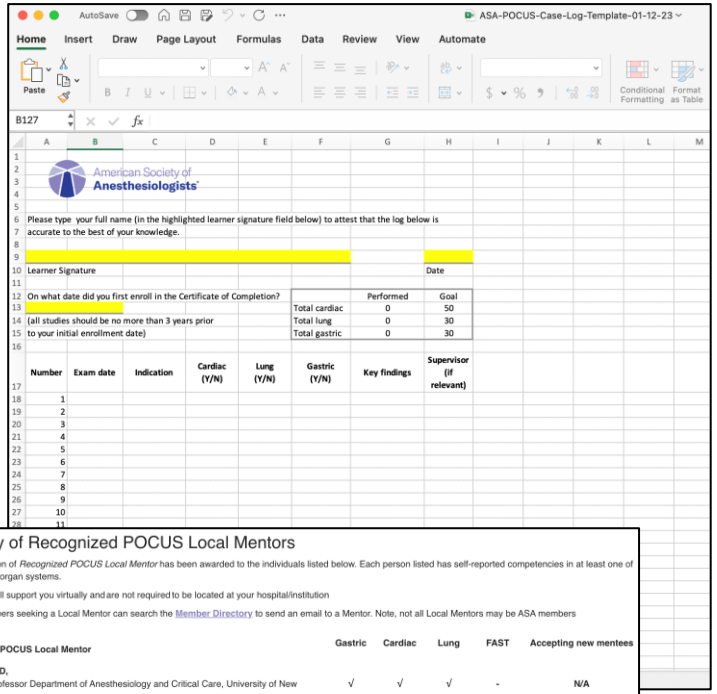
Forward this message to your local mentor.

Local Mentor Attestation

Please secure a **mentor** for *each organ system* (Cardiac, Gastric, and Lung). If one mentor is qualified to attest to your competency in all three areas, enter the same mentor information three times. Three separate emails - one for each organ system - will be sent to the mentor(s). This activity will be marked complete upon receipt of all organ systems attestation forms.

See samples below of the attestation forms your mentor(s) will receive when you submit your mentor data.

- Cardiac attestation form
- Gastric attestation form



ASA-POCUS-Case-Log-Template-01-12-23

American Society of Anesthesiologists

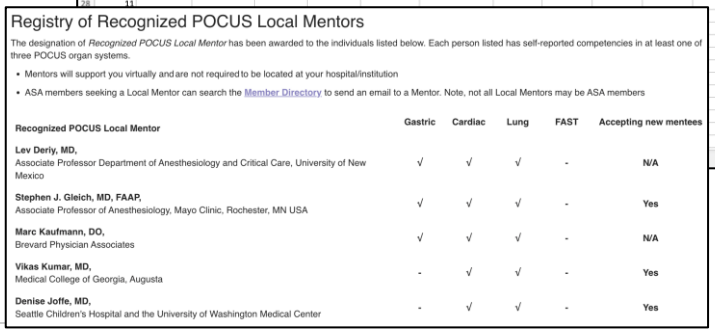
Please type your full name (in the highlighted learner signature field below) to attest that the log below is accurate to the best of your knowledge.

Learner Signature | Date

On what date did you first enroll in the Certificate of Completion? (all studies should be no more than 3 years prior to your initial enrollment date)

	Performed	Goal
Total cardiac	0	50
Total lung	0	30
Total gastric	0	30

Number	Exam date	Indication	Cardiac (Y/N)	Lung (Y/N)	Gastric (Y/N)	Key findings	Supervisor (if relevant)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							



Registry of Recognized POCUS Local Mentors

The designation of *Recognized POCUS Local Mentor* has been awarded to the individuals listed below. Each person listed has self-reported competencies in at least one of three POCUS organ systems.

- Mentors will support you virtually and are not required to be located at your hospital/institution
- ASA members seeking a Local Mentor can search the Member Directory to send an email to a Mentor. Note, not all Local Mentors may be ASA members

Recognized POCUS Local Mentor	Gastric	Cardiac	Lung	FAST	Accepting new mentees
Lev Deriy, MD, Associate Professor Department of Anesthesiology and Critical Care, University of New Mexico	√	√	√	-	N/A
Stephen J. Gleich, MD, FAAP, Associate Professor of Anesthesiology, Mayo Clinic, Rochester, MN USA	√	√	√	-	Yes
Marc Kaufmann, DO, Brevard Physician Associates	√	√	√	-	N/A
Vikas Kumar, MD, Medical College of Georgia, Augusta	-	√	√	-	Yes
Denise Joffe, MD, Seattle Children's Hospital and the University of Washington Medical Center	-	√	√	-	Yes

Summary

What you gain:

- Structure reinforced learning
- Accountability and feedback through practice
- Confidence in your POCUS skills
- Networking opportunity with local mentors and colleagues

Keep in mind:

- Completion of the certificate is just the beginning to continued learning
- Not the same privileging or credentialing -- institution dependent

Q&A

the ANESTHESIOLOGY® annual meeting
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