

MS Ultrasound Training 2010

PD Survey Jan/Feb 2010
60 respondents

1. Is MS U/S performed at your institution by someone you feel is competent to do this [radiologist or otherwise]?

- Yes: 43 [72%]
- No: 17 [28%]

2. In your program is exposure to and/or training in MS U/S required, elective, or not available?

- Required: 14 [23%]
- Elective: 26 [43%]
- Not available: 20 [33%]

3. Which of the following statements best describes the current status of MS U/S exposure/training for fellows in your program?

No exposure: 15

Exposure/training at off-site workshop: 18

Observe MS radiologist doing U/S: 10

Observe rheum faculty doing MS U/S: 10

Training to level of competency by rheum faculty: 7

Comments: opinions

- Would be terrific if the ACR provided a forum for training
- Not sure how truly clinically useful a modality this will be; most likely will confirm physical examination findings (and see how good we really are)
- Unsure of the costs/benefits of U/S presently
- Some rheumatologists' pushing this to make diagnoses and make sure they are in joints for injection is a disguise to use this modality to make money. What ever happened to a good physical exam?

Comments: barriers

- Best be taught by faculty rheumatologists, however they must be trained appropriately; achieving this will be challenging because it will be another expense for the Division/Department
- Contemplated initiating MS ultrasound within our section but held back due to the fiscal crisis.
- Working hard to incorporate this into our program but there are steep learning curves and startup costs.
- Should be part of the curriculum; the limiting factor is cost both for the equipment and for the training.

Comments: barriers

- We would love to have our own machine, but finances, political issues with radiology and faculty training are current road blocks
- Just got a machine for our own use after extensive political maneuvering and are working to have training for faculty and fellows.
- Division cannot currently afford to do M/S US on our own (plus there could be turf issues).

Comments: solutions

- We import EU rheum visiting faculty and spread them around to cooperating programs as tutors
- Brief didactic course and are trying to integrate machines into our clinics at this point
- We have the machine. We are not now charging the patients for doing this. We are mainly doing this to allow the fellows to gain some experience
- Fellows get training at various workshops on their own time and expense if they so wish or need to

Comments: concerns

- I shudder just to think of the mountains of documentation and bureaucratic paper work that the ACGME will require if this were to be made mandatory for rheum fellowship training