Training Guidelines for Physicians Who Evaluate and Interpret Diagnostic 3-Dimensional Ultrasound Examinations of the Female Pelvic Floor

Physicians who evaluate and interpret diagnostic 3-dimensional (3D) ultrasound examinations of the female pelvic floor should be licensed medical practitioners who have a thorough understanding of the indications and guidelines for ultrasound examinations as well as familiarity with the basic physical principles and limitations of ultrasound imaging. They should be familiar with alternative and complementary imaging and diagnostic procedures and should be capable of correlating the results of these other procedures with the ultrasound examination findings. They should have an understanding of ultrasound technology and instrumentation, ultrasound power output, equipment calibration, and safety. Physicians responsible for ultrasound examinations should be able to demonstrate familiarity with the anatomy, physiology, and pathophysiology of the levator ani muscles, the urethra, the bladder, and the anorectum. These physicians should provide evidence of training and requisite competence needed to successfully perform and interpret diagnostic 3D ultrasound examinations of the female pelvic floor. The training should include methods of documentation and reporting of ultrasound studies.*

Physicians (MD and DO) performing and/or interpreting diagnostic 3D ultrasound examinations of the female pelvic floor should meet 1 of the following:

1. Completion of structured training from an Accreditation Council for Graduate Medical Education (ACGME)-approved residency or postgraduate fellowship. Structured training is defined as involvement in the performance, interpretation, and reporting of at least 30** diagnostic 3D ultrasound examinations of the female pelvic floor, including the levator ani muscles, the urethra, the bladder, and the anorectum.
If completion of training occurred more than 36 months ago, 30** diagnostic 3D ultrasound examinations of the female pelvic floor and 5 *AMA PRA Category 1 Credits*™ or American Osteopathic Association (AOA) Category 1-A Credits specific to diagnostic ultrasound of the female pelvic floor should be documented within the previous 36 months.

or

2. If completion of an ACGME-approved residency or postgraduate fellowship were without structured training as defined in number 1, the following must be demonstrated within the past 36 months:

a. Evidence of involvement in the performance, interpretation, and reporting of at least 30** diagnostic 3D ultrasound examinations of the female pelvic floor, including the levator ani muscles, the urethra, the bladder, and the anorectum. Whenever possible, ultrasound examinations should be performed under the supervision or support (direct or telemedicine) from qualified physicians who meet this training guideline.

b. 10 *AMA PRA Category 1 Credits*™ or AOA Category 1-A Credits specific to diagnostic ultrasound of the female pelvic floor should be documented.

**Maintenance of Competence in Diagnostic 3D Ultrasound of the Female Pelvic Floor**

All physicians performing diagnostic 3D ultrasound examinations of the female pelvic floor should demonstrate evidence of continuing competence in the interpretation and reporting of those examinations. A minimum of 25 diagnostic 3D ultrasound examinations of the female pelvic floor per year are recommended to maintain the physician’s skills.

**Continuing Medical Education in Diagnostic 3D Ultrasound of the Female Pelvic Floor**

The physician should complete 5 hours of *AMA PRA Category 1 Credits*™ or AOA Category 1-A Credits specific to diagnostic ultrasound examinations of the female pelvic floor every 3 years.
*Please refer to the *AIUM Practice Parameter for Documentation of Ultrasound Examinations.*

**The number of cases required was selected as a minimum number needed to gain experience and proficiency with ultrasound as a diagnostic modality. This is necessary to develop technical skills, to appreciate the practical applications of basic physics as it affects image quality and artifact formation, and to acquire an experience base for understanding the range of normal and recognizing deviations from normal.

Cases presented as preselected, limited-image sets, such as in lectures, case conferences, and teaching files, are excluded. The ability to analyze a full image set or 3D volume, determining its completeness and the adequacy of image quality, and performing the diagnostic process, distinguishing normal from abnormal, is considered a primary goal of the training experience. A complete real-time ultrasound evaluation of the pelvic floor in a single patient may provide an experiential volume in diagnostic 3D ultrasound for more than 1 provider.