NIFLA

Clinic Tips

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Should RNs Supervise Hands-on Sonography Training?

A young RN, who had worked in labor and delivery since becoming a nurse, was being congratulated on her ability to learn limited OB sonography quickly and demonstrate strong skills. She made the following comment: "*This is hard. It is not like anything I have ever done in nursing. It is just plain old hard!*"

Since 1997 when **NIFLA** pioneered and developed the *Institute in Limited Obstetric Ultrasound* and policies for use of sonography in the pregnancy medical clinic setting, clinics have needed to obtain hands-on training from medical professionals following our didactic course. Hands-on training by appropriately credentialed, medical professionals can be challenging in communities where the availability of personnel able to provide this intensive instruction is limited.

Recently, **NIFLA**'s advisement has been sought by concerned member clinics who have been encouraged by other national pregnancy center sources to allow RNs trained in limited OB ultrasound to teach and supervise hands-on training for other RNs.

This suggestion is very tempting. Sonography is a multifaceted and a very challenging skill to acquire. It may not look very difficult. This fact has often caused boards and non-medical leadership to underestimate the level of mastery essential to safely perform ultrasounds. It is critical that hands-on training prepare professionals to safely scan for patient protection from adverse outcomes.

Utilizing RNs to supervise training other RNs is strongly discouraged in clinic setting where most RNs practice without direct physician oversight and must make independent judgment based upon what they see or fail to see. NIFLA has consistently urged clinics to be vigilant to educate, train medical personnel, and allow only those to scan who have been assessed for competency and demonstrate a high level of skill.

The *Institute in Limited OB Ultrasound* was developed based partly upon foundational guidelines from the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), which were first published in 1992. These guidelines support RNs or above level nurses to perform limited OB sonograms but have never included LPNs/LVNs. The guidelines have been updated every few years to reflect current practice.

AWHONN's most recent guideline states: "Didactic instruction should be followed by sufficient, supervised, clinical, hands-on training to obtain competency. The length and amount of hands-on training may vary with the individual nurse and the practice setting. The opportunity for continued clinical supervision in the RN's practice setting must be provided by qualified supervisors. A qualified preceptor is a clinician with the ability to perform and teach the skills of ultrasound examination, such as an RN with demonstrated competency in ultrasound, a registered diagnostic medical sonographer, or a physician who is skilled in performing ultrasound examinations."

Some have interpreted the above statements to mean that an RN can provide the hands-on training component for other RNs. **NIFLA sought input from medical professionals knowledgeable in OB sonography. The conclusion is that an RN, though possessing demonstrated competency, is NOT qualified to be a clinical supervisor and teach ultrasound skills for the pregnancy clinic setting.**

Further, the AWHONN Guideline states: **"This guide is intended to encourage systematic education and ongoing skill development. It is not designed to define standards of practice for employment, licensure, discipline, legal, or other purposes. Variations and innovations that demonstrably improve the quality of patient care are to be encouraged."** Of note, this guideline from AWHONN does not include any other medical/imaging organizations review or adoption of its contents. It lists a panel of eight, all of whom are RN task force members and reviewers, only one of which possesses an ARDMS registry.

NIFLA believes that RNs training RNs in sonography does NOT demonstrably improve the quality of care for pregnant women. To the contrary, it actually places them at risk. Audrey Stout, RDMS, RN, and **NIFLA** medical staff member who teaches at the *Institute in Limited Obstetric Ultrasound* says this:

"From the perspective of an RN who wanted to train other nurses in limited OB sonography in the 1990s, I am ever thankful that those wiser and more knowledgeable than me told me I was not qualified to train others as I had not earned any credential (i.e., ARDMS registry in OB/GYN sonography). I simply did not know what I did not know. Therefore, I pursued and obtained the RDMS (OB/GYN) credential to be able to train others at my PMC. This required 1680 hours of documented work and study, performing 700-800 ultrasounds, and passing both an OB/GYN specialty exam and ultrasound physics exam. Further, after passing ARDMS registry exams, I continued working in OB/GYN offices under physician supervision another four years to gain additional knowledge and skills for instructing in limited OB sonography. RDMSs must acquire 30 CMEs over a three-year period to maintain that registry as well.

*Through my experience teaching with **NIFLA** and providing sonography training in over 160 clinics across the country since 2000, I have seen deficits in the knowledge and skills required to scan safely in those clinics where RNs provided hands-on training. This was due to their limited education and insufficient knowledge of safe practices. Women coming to your clinics deserve the best educated and trained performing sonograms."*

What are patient safety and legal concerns for RNs training others in limited OB sonography?

The large majority of women seen in our clinics are under eight weeks pregnant, at the time during pregnancy when a woman is most at risk to experience miscarriage or the life-threatening complications of an ectopic pregnancy. Ectopic pregnancies are the number one cause of pregnancy related deaths during the first trimester. Ectopics have been reported with patients in pregnancy clinics. Thankfully, many highly skilled nurses have recognized the ectopic or inability to find an intrauterine pregnancy, then sent those patients immediately to appropriate care preventing serious complications. Yet, there are also known instances of ectopics missed in pregnancy clinics where women have suffered complications resulting in litigation against those clinics.

Why are ectopic pregnancies not correctly diagnosed? First, they are notoriously difficult to diagnose. Further, according to the most respected textbook on OB ultrasound, **"General limitations in the sonographic diagnosis of ectopic pregnancy include lack of operator experience, training, skill, persistence or lack of attention to details."**

This underscores how critical it is that only highly skilled medical personnel, such as a physician or RDMS, provide training in sonography. In the event of litigation and there is an issue that an ectopic

pregnancy was missed, it is highly likely that the first line of questioning will relate to credentials of the person performing the training in sonography. The accrediting organization for college sonography programs requires that**, "Clinical instructors must have the appropriate credential in the concentration(s) for which they evaluate student performance and document required clinical competencies."**

This means sonography students in clinical settings must be taught by instructors who possess a sonography credential in the area they teach. If they teach OB/GYN sonography, they must have an ARDMS registry with an OB/GYN specialty. Those standards have adopted by ten medical organizations including the American Institute of Ultrasound in Medicine (AIUM).

Karen Poehailos, MD, Regional Medical Director, ThriVe Central VA Women's Healthcare, shares her concerns regarding RNs training other RNs as follows.

*"I am the medical director for a group of four pregnancy clinics in Central Virginia. I am a family physician who was trained in limited OB ultrasound through **NIFLA** in 2016 and have done additional training through Jefferson Ultrasound Research and Education Institute in Philadelphia. I have great respect for the skill set needed for sonography in pregnancy medical clinics. In these clinics, often the reading physician (medical director or radiologist) is not on site for consultation during a scan, and scans are often done in the first trimester when the risk exists for ectopic pregnancy (which is life threatening for the mother). Due to these factors, I highly support that nurse sonographers who will work in pregnancy clinics be trained either by RDMS certified sonographers or physicians. This helps assure that we are serving our women in a competent fashion during their visits."*

In summary, pregnancy clinics should require appropriate credentials for anyone who provides instruction and hands-on training for medical personnel. Keeping costs down cannot justify the risking women's lives and legal liability for your organization or medical professionals.

We pray, along with so many clinic leaders, that God would continue to raise up medical personnel with hearts to serve in the pregnancy clinic setting. We also urge that there be no compromise in education and training to the highest standard of safety in the pregnancy clinic by highly skilled and credentialed sonographers or physicians. We want to give no credence to the claims pro-life clinics are "fake clinics" or provide substandard care to those God entrusts us to serve.

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