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Future of imaging

What does radiologist Prof. Paul Sidhu have planned for his tenure as Presidency of the European Federation of Societies for Ultrasound in Medicine and Biology (EFSUMB) and what are his thoughts on future trends in imaging?



Paul Sidhu

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Congratulations on being elected to the Presidency of the European Federation of Societies for Ultrasound in Medicine and Biology. What are the main priorities for your tenure as President?

My tenure of two years will commence in October at the EUROSON congress in Ljubljana, Slovenia. During my tenure, I intend to continue welcoming and embracing all of the European societies, to try and increase membership and to welcome all sub-specialties involved in ultrasound into the society.

I'd also like to facilitate members to participate in the EUROSON meetings, particularly the annual general meeting and various workshops. I will also try and encourage younger medical practitioners to get on board and attend the meetings, since they are our future.

I'd also like to further improve our website, which is already a comprehensive website used across the globe particularly in areas where medical users are getting on board with ultrasound. We will use the website to provide educational credits, which can be entirely obtained online to demonstrate the acquisition of knowledge. This is already in motion but we will speed it up.

In addition, I plan to further develop our European Journal of Ultrasound to maintain it as a high impact publication as well as to get more researchers in Europe to choose this journal as their vehicle for publication.

Lastly, we want to encourage cross-border cooperation in scientific matters, in particular by encouraging researchers to submit results to website-based databases. One such database is already set up with about 1,000 cases listed online and, hopefully, other projects will also follow which will ultimately encourage participation.

Gillman and Kirkpatrick wrote about portable ultrasound in 2012 and argued that a portable US device could one day usurp the stethoscope. First of all, do you foresee a time when portable US will take over from the ubiquitous stethoscope and everyone involved in healthcare will have one

in their pocket? If so, what do you believe are the barriers to the universal rollout of portable US to all healthcare workers?

The use of ultrasound as a stethoscope is inevitable. Technology has allowed these machines to be used as hand-held devices. In fact, technology has even allowed the use of mobile telephones to be used as hand-held devices. It's therefore inescapable that people will use this to make a more accurate diagnosis. It's still in its infancy but the way forward is to teach it early, especially within medical school which is already happening in both EU and the US.

“ THE USE OF ULTRASOUND AS A STETHOSCOPE IS IN ITS INFANCY BUT THE WAY FORWARD IS TO TEACH IT EARLY ”

The barriers are the cost of the appliance - but the cost has dropped considerably since these appliances first came on to the market, so it can only continue to improve and be made readily available to everyone and, ultimately, become an invaluable tool in diagnosis.

Research is always an important facet of any healthcare system and the management of and access to the data produced is being seen by some as critical. Are there any plans within EFSUMB to enable remote access to big data via digital systems for consultants and practitioners?

We have a vast library of case studies on the website, an EFSUMB book as well as freely available guidelines.

The databases are a different matter however. We have set up the paediatric registry, which is an anonymous database. There are a lot of legal and regulatory processes to go through. Setting up the paediatric database involved 18 months of ethics approval from the UK, for a Pan-European Database.

In future, you have to be very careful of what you upload onto a database. To get regulatory approval,

much care must be taken to remain anonymous - regulations are so tight. It's a difficult process and you have to take care, but we will certainly move forward to select the important topics to establish this.

In a recent EFSUMB newsletter, Vito Cantisani wrote that, "Teachers specialised in medical education and US practitioners in different clinical specialties currently are insufficient to teach US in an easy way, to explain artefacts and how to avoid them and to explain the limits of the procedure". Given the wide variety of US training available, as well as all the courses endorsed by EFSUMB, is this an issue that is widely recognised, and if so, how, in your opinion, can this best be addressed?

EFSUMB has always encouraged people to teach centrally so that it allows the expertise to be concentrated and be best used. We also make an effort to invite people to attend these courses, reflected in the very popular EFSUMB schools and EFSUMBS-endorsed courses. We also have centres of excellence set up

across Europe, where interested persons can attend for a period of time and benefit from the local expertise. These are all vetted and verified by EFSUMB as centres of excellence.

We also work in partnership with the World Federation of Ultrasound in Medicine and Biology (WFUMB) which have set up similar centres of excellence around the world. Hopefully this is one way we can overcome the shortage of expertise to teach the younger generation. If you teach the teachers, you're moving forward as well. We hope this won't be a long-term problem and we'll see more and more people embracing the ultrasound. ■



REFERENCES

Cantisani V (2017) EFSUMB at ECR 2017. EFSUMB newsletter, 2. [Accessed 30 May 2017] Available from efsumb.org/uploads/10-01_efsumb_Online-PDF.pdf

Gillman LM, Kirkpatrick AW (2012) Portable bedside Ultrasound: the visual stethoscope of the 21st century. *Scand J Trauma Resusc Emerg Med*, 20: 18.

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