

# Interest in Point-of-Care Ultrasound within Family Medicine Residency

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## BACKGROUND

- Point-of-care ultrasound (POC US) is increasingly common in Family Medicine residency training and is a growing tool implemented in outpatient settings.
- The use of POC US in the office provides further means of diagnosing common medical conditions, primarily musculoskeletal (MSK) or abdominal (ABD) in origin[1,3].
- Exposure to this diagnostic tool often begins prior residency in medical school [5].
- POC US training in residency programs has the potential to help market the program to future applicants[4].
- Last year, we collected data from prospective Samaritan Family Medicine Residency(SFMR) applicants, demonstrating overwhelming interest in POC US training, and that training opportunity factored into residency selection.

## OBJECTIVES

To evaluate the experience and attitudes of Samaritan Family Medicine Residency faculty and residents surrounding POC US and to determine their interest in training in POC US in a residency setting.

## METHODS

- Included one electronic survey of faculty and residents in the Samaritan Family Medicine Residency Program, including incoming 2020 residents
- Email was sent on April 17<sup>th</sup> 2020, prompting voluntary participation in a confidential survey. The link was left open until April 24<sup>th</sup> 2020
- The survey measured levels of agreement (using Likert-scale questions) about past exposure, current and future interest in and use of POC US, as well as perception of importance to prospective applicants.
- This was compared to previous data from a prior residency study regarding prospective applicant POC US interest, as well as family medicine residencies as seen in the article Point of Care Ultrasound in Family Medicine Residency Programs: A CERA Study[4].

## RESULTS

- The survey was sent to 43 members of SFMR, including faculty and residents
- 35 individuals responded (81% response rate)
- Most respondents have had minimal exposure to POC US in training and practice (Figure 1)
- Most respondents were interested in POC US training and anticipated likely use of this modality of care if they were provided training (Figures 2 & 3)
- 34 out of 35 respondents (94%) would utilize point-of-care ultrasound if trained (Figure 3)
- The perceived importance of both POC US training for future practice, as well as in prospective applicants selecting a residency varied (Figures 4&5)

Figure 1. Hours of exposure to POC US

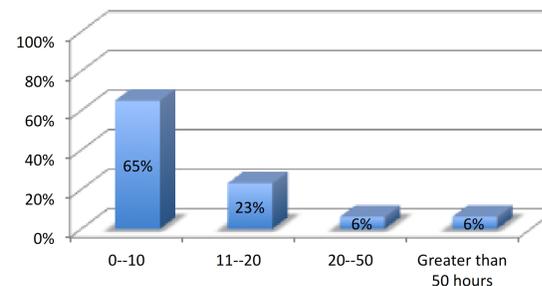


Figure 2. Interest in POC US Training

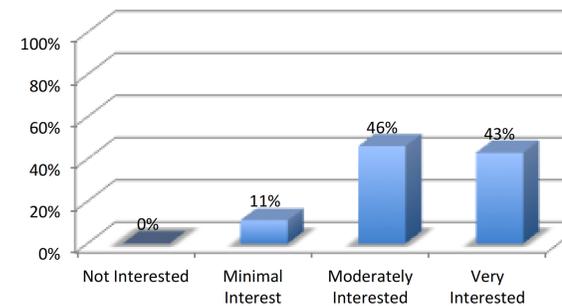


Figure 3. Would You Use POC US if Trained?

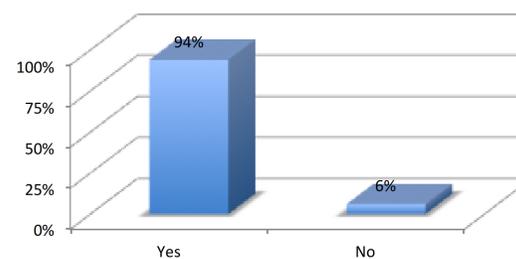


Figure 4. Importance of POC US for Future Practice

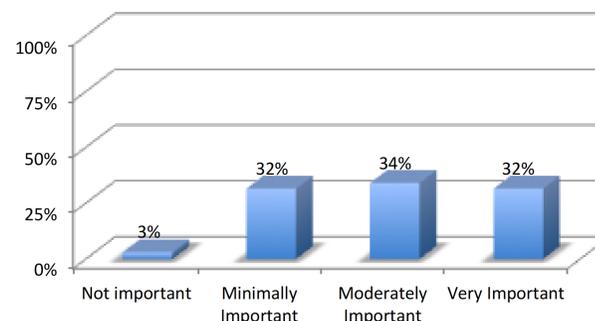
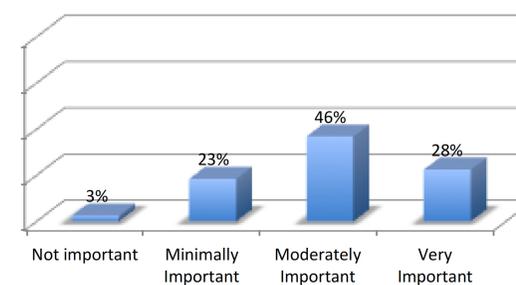


Figure 5. Perceived Importance of POC US Training for Prospective Residents



## CONCLUSIONS

- The data shows minimal history of POC US exposure accompanied by a strong level of interest in future training in POC US.
- In the 2014 CERA study, 29% of the Family Medicine Residencies stated they had started a POC US curriculum.
- The CERA study found that there was an interest to learn and value in POC US both in residency and future practice. These findings were consistent with the data collected within our residency.
- Most SFMR faculty and residents believe POC US training is important to prospective residents

**Limitations:** Potential response bias, limited comparison data

**Opportunities:**

- Potential to increase source of income for reimbursement through POC US
- Potential to improve patient and training resident satisfaction for our medical home model, including opportunity and practice of varied procedural skills
- Formal POC US programs/training opportunity may improve the quality of future applicants to our program

**Threats:**

- Training required for residents and faculty
- Cost of Ultrasound machine

## FUTURE IMPLICATIONS

- Continued interest in training and perceived value of POC US may generate formal curricula for similar study and evaluation.
- If training in POC US is initiated, this could lead to further QI projects and possible collaborations between multidisciplinary instructors for training [4].
- Local training opportunities may further facilitate educational collaboration with Samaritan Health Services and affiliate medical schools.

## REFERENCES & ACKNOWLEDGEMENTS

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Acknowledgments:

I'd like to recognize faculty mentors, Dr. Bharat Gopal and Dr. Mary Wunderle-McIntosh for their interest and assistance in this project.