

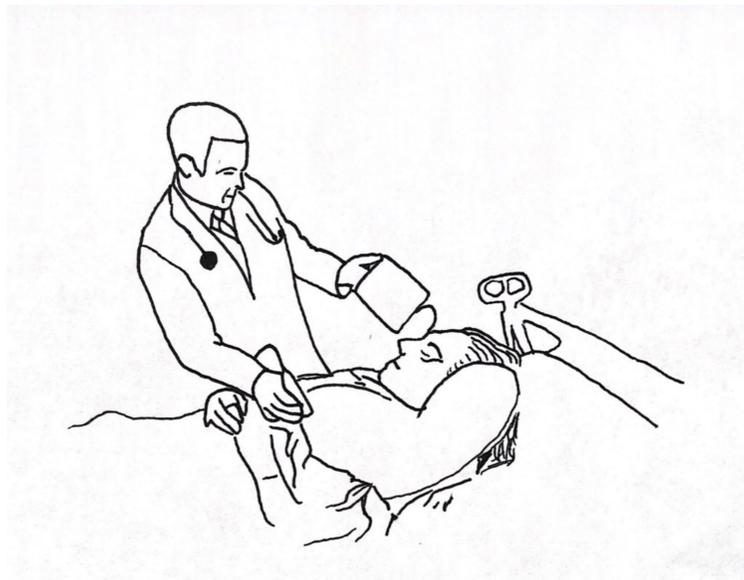
## Introduction

Point of care ultrasound (POCUS) can be utilized for procedures in the hospital setting. Internal medicine residents at this rural community hospital, in collaboration with the pulmonary and critical care attendings, developed a resident-driven, procedure-based educational activity utilizing POCUS to perform procedures. In this project, we will describe the utility of point of care ultrasound that help shift resident learning to include exposure to basic procedures utilized in the hospital setting. The proceduralist rotation was created to incorporate point of care ultrasound in the clinical setting and to expose residents to basic procedures utilizing point of care ultrasound.

There are many applications for bedside ultrasound in an inpatient setting. This study aimed to gather data to better understand interest from residents to better understand uses and barriers to use in the hospital. These data may be used to help residency programs and health care systems develop competency-based curricula for POCUS.

## Methods

All participating PGY-II and -III residents and medical students at the Arnot Ogden Medical Center were involved in a procedural service rotation for one week. Data was collected from each participant via an anonymous online survey. Each participant completed a procedure log which included the number, type of procedure, and ultrasound applications that the participant was exposed to during the rotation. Patient information was de-identified. Data collection is still ongoing.



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## Results/Preliminary Data

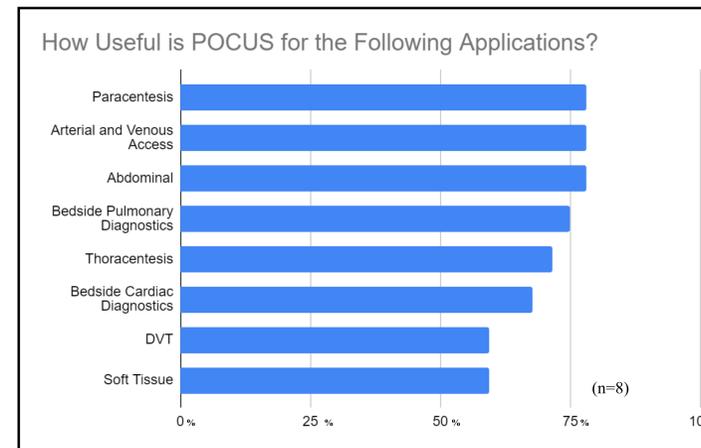


Figure 1. Participant survey responses (n=8) on the utility of point of care ultrasound.

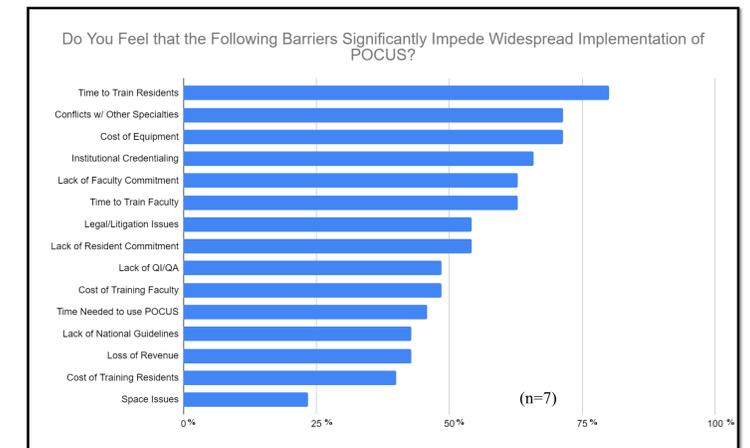


Figure 2. Participant survey responses (n=7) in barriers of implementation of point of care ultrasound.

## Discussion

This project is IRB exempt. It is currently in its data collection phase; the above data are preliminary. Since initiation of the procedure rotation, participating residents have been exposed to procedures including paracentesis, thoracentesis, ultrasound guided arterial, and venous access. Residents have also had the opportunity to participate in bedside intensive care unit procedures such as endotracheal intubation and bronchoscopy. Currently more equipment is being acquired for the procedure service, and it will continue, and residents will continue to be exposed to bedside ultrasound applications and procedures with direct supervision. Preliminary data suggests that residents find point of care ultrasound useful for most applications and barriers to implementation include time to train residents, cost of equipment, and conflicts with other specialties.

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