

Kaweah Delta Medical Center

GME Ultrasound Goals and Objectives

Family Medicine

OVERVIEW

The goal of the point of care ultrasound study (POCUS) curriculum is to provide a practical and didactic experience to enable family medicine residents to become competent in (POCUS) applications in their anticipated practice setting. Residents will have competency in ultrasound physics, image generation, acquisition and interpretation. For complete details on all following items including clinical, didactics, requirements, methods and resources, refer to www.kaweahem.com/ultrasound

- Understand the principles of ultrasound physics and use them to enhance their image acquisition.
- Demonstrate competency in the following applications, ideally completing 10 of each: abdominal aorta, first trimester pregnancy, musculoskeletal/soft tissue (MSK), and ocular.
- Know how to correctly clean, stock and maintain the XPorte ultrasound units.
- Demonstrate ability to order POCUS exams, assign themselves to the patient, enter results in both the XPorte worksheet and the Synchronicity program and assign the patient to their attending.
- Demonstrate ability to correctly interpret and differentiate adequate from inadequate studies in QA.

CLINICAL AND DIDACTICS

- Residents will give Mia an equitable schedule (subject to final approval) the first day of the rotation.
- Introduce yourself to all attendings & check for scanning opportunities.
- When the ultrasound faculty or fellows are present, they will provide hands-on education and supervision.
- When the ultrasound faculty or fellows are not present, the resident will scan under the supervision of the patient's attending physician and have them reviewed at QA.
- All scans, both clinical and non-clinical, need to have all pertinent patient information.

Passing requirements for rotation include:

- Do 75 or more scans (regardless or not if vacation is taken).
- Complete 100% of Core Fundamentals.
- Attend program specific conference days, journal clubs, QA and all ultrasound lectures.
- Set up room and US equipment for SIM/US workshops occurring during conference times.
- Demonstrate competency via observation or Standardized Direct Observed Testing.
- Demonstrate ability to use Sim Lab BodyWorks Eve and HeartWorks Adam with a personal account and perform adequate Sim cases to meet competency requirements.
- Maintain equipment via appropriate cleaning, stocking and archiving.
- Pass all US exams with a score of 70% or higher.

Assessment Methods (Resident):

1. The resident will receive written and verbal feedback and evaluations during the course of the rotation and at rotation's end. Formative feedback (ways to improve) will be provided to the resident during the rotation. The aim is early recognition of both good and poor performance while there's time for mid-course adjustments.
2. The Family Medicine Residency Program Director will, at all times, maintain an "open door policy" for Family Medicine residents on the service to discuss the rotation and the resident's

performance on it. This same “open door policy” will extend to all members of the health care team with whom the resident interacts. A resident whose performance is substandard will be counseled and remediated during the course of the rotation. The aim being successful completion of the rotation with a high-performance standard on all metrics described in this document.

3. The resident can access all of the written evaluations online through New Innovations.

Assessment Method (Program Evaluation)

1. At any time during the rotation, the resident on service is invited to discuss any aspect of his/her experience with the Family Medicine Residency Program Director. Confidentiality about any sensitive disclosures will be maintained. Needed discussions and mid-course corrections and improvements to the rotation will be addressed as required. If the resident has an issue to discuss that concerns the Family Medicine Residency Program Director as his/her supervising physician, he/she can discuss this issue with another core faculty member of the resident's choosing or with Kaweah Delta's DIO.
2. All residents will be asked for both confidential written and open verbal feedback on this rotation (and all others) at the end of the rotation and during the Family Medicine Department's annual program evaluation. Residents are also invited to discuss this rotation (and all others) during their resident-only meetings.
3. Program graduate performance in subsequent training programs will be used to identify areas for improvement in the content of the rotation.