

Kaweah Delta Medical Center

GME Ultrasound Goals and Objectives

General Surgery

Overview

- The goal of the point of care ultrasound study (POCUS) curriculum is to provide a practical and experience to enable residents to become competent in (POCUS) applications to use in trauma. Residents will have competency in ultrasound physics, machine maintenance, image generation, acquisition, and interpretation. For complete details on the rotation details specific to surgery, please select the “General Surgery” tab found at www.kaweahem.com/ultrasound

Passing requirements for rotation include:

- Complete the EFAST pre-test on the first day of the rotation and submit it to Mia Zaninovich (mzaninov@kdhcd.org)
- Know how to correctly clean, stock and maintain the XPorte ultrasound units.
- For registered patients, demonstrate use of Cerner to order “POCUS EFAST”.
- For unregistered, e.g., critical trauma, patients, show how to scan the patient’s Q code their wrist band after they are registered.
- Show how to use the scanning function of the XPorte to assign themselves to a patient.
- Perform a quality EFAST exam and then complete the interpretation on the XPorte worksheet.
- Show how to use Sonosite Synchronicity (SS) to review their worksheet and then assign their exams to the correct supervising EM attending.
- Demonstrate competency by performing a minimum of 25 quality EFAST exams and passing the EFAST Standardized Direct Observed Test.
- Time permitting, learn how to perform superficial cervical plexus blocks for internal jugular lines and serratus anterior plane blocks for rib fractures.
- Attend program specific conferences and required activities, e.g. QA sessions and Sim Lab.
- On the last day, pass the end of rotation EFAST test with a minimum score of 75%
- Demonstrate ability to use Sim Lab BodyWorks Eve and HeartWorks Adam with a personal account and complete all EFAST and FAST Sim cases.

Assessment Methods (Resident):

1. The resident will receive written and verbal feedback at rotation’s end. Formative feedback (ways to improve) will be provided to the resident during the rotation.
2. The Surgical Program Director will, always, maintain an “open door policy” for Emergency Department supervising physicians and the surgical residents on the EUS 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 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 Surgical Residency Program Director. Confidentiality about any sensitive disclosures will be maintained. Needed discussions and improvements to the rotation will be addressed as required. If the resident has an issue to discuss that concerns the Surgical Residency Program Director as his/her supervising physician he/she can discuss this issue with the Surgical Assistant Program director, another core faculty member of the resident's choosing or with the 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 Surgical 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.