

Kaweah Health

GME Ultrasound Goals and Objectives

EM PGY 1

OVERVIEW

The goal of the point of care ultrasound study (POCUS) curriculum is to provide a practical and didactic experience to enable first year EM residents to become competent in the core POCUS applications. Residents will have competency in ultrasound physics, image generation, acquisition, and interpretation.

- Review www.kaweahem.com/ultrasound for complete details on all following items including clinical, didactics, requirements, methods, and resources
- Complete all required modules from POCUS 101
- Demonstrate competency in the core emergency ultrasound applications by performing at least 225 total scans (a minimum of ten in each category is suggested): EFAST, aorta, trans-tracheal echocardiography, chest, biliary, renal, lower extremity venous, musculoskeletal, soft tissue, bowel, ocular and first trimester pregnancy both TA and TV, suggested pace
 - 1 exam per hour x 8 hours the first week = 32 exams
 - 2 exams per hour x 8 hours the 2nd to 4th week = 64 exams each week
 - Total is 224 exams
 - Be listed as the primary performer for at least 75% of the exams
- Demonstrate competency in the core emergency ultrasound applications in procedural guidance.
- Know how to correctly clean, stock and maintain the ultrasound units.
- Demonstrate ability to do POCUS exams, assign themselves to the patient, enter results in Synchronicity and assign the study to their attending.
- Demonstrate commitment to research by enrolling patients in ongoing ultrasound research projects

CLINICAL AND DIDACTICS


- Provide a schedule (subject to final approval) on the first day of the rotation.
- Schedule scanning shifts every weekday except for Thursday which is conference in the morning and image review in the afternoon. Do not schedule a scanning shift on Thursday without prior approval.
- Aim to do more solo shifts, e.g. afternoon and nights, the last three weeks of the rotation.
- Introduce yourself daily to all clinicians & check the ED tracking board for scanning opportunities.
- When the ultrasound faculty and fellows are present, they will provide hands-on education and supervision. If not, the resident will scan under the supervision of the patient's attending physician and have them reviewed at QA.

On Call Responsibilities (as per the EM PD)

- Residents will be on call weeks number 2 and 4 (starting Monday at 0600 and ending Monday at 0600) to come for those residents rotating in emergency medicine rotation who call in sick.
- If there is more than one EM resident on the US rotation, they may decide who will be taking call during weeks 2 and 4.
- The back-up call schedule will be finalized by the chief resident in charge of the EM schedule.
- The resident must be mindful of their responsibility to provide back-up; therefore, they must be within 2 hours of the hospital, ready to work and not under the influence of an intoxicating substance.
- Traveling to areas without adequate cell phone coverage is in violation of the sick call policy.

Requirements and Methods

Passing requirements for rotation include:

- Complete all required modules in the 4-week POCUS 101 Course.
- Perform a minimum of 225 scans as outlined previously.
- 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 and Standardized Direct Observed Testing.
- Demonstrate ability to use Sim Lab BodyWorks Eve and HeartWorks Adam.
- Maintain equipment via appropriate cleaning, stocking and archiving. 
- Demonstrate commitment to research by enrolling patients in any ongoing ultrasound research

Assessment Methods:

- The resident will receive written and verbal feedback and evaluations during 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.
- The Emergency Medicine Residency Program Director will, always, maintain an "open door policy" for Emergency Department supervising physicians and the Emergency 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 rotation. The aim being successful completion of the rotation with a high-performance standard on all metrics described in this document.
- The resident can access all 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 Emergency 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 Emergency Medicine Residency Program Director as his/her supervising physician he/she can discuss this issue with the Emergency Medicine Program director, another core faculty member of the resident's choosing or with the Hospital'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 Emergency 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.