Kaweah Health: GME Ultrasound G & O Transitional

Overview

The primary goal of the ultrasound curriculum is to provide a practical and didactic experience that enables transitional year residents to develop foundational proficiency in point-of-care ultrasound (POCUS) applications. This would apply to bedside clinical assessment, procedural guidance, and early postgraduate training across a broad range of future specialties. Residents should complete their ultrasound experience with increased comfort in using ultrasound in patient care within their anticipated practice setting. Residents will be expected to develop foundational knowledge and skills in ultrasound physics, image generation, acquisition, interpretation, documentation, and clinical integration. Because transitional year residents enter a variety of future specialties, this curriculum is intentionally broad and is designed to support general internship-level skill development rather than specialty-specific independent competency. This curriculum is designed in alignment with ACGME Transitional Year Program Requirements and Transitional Year Milestones across the six core competency domains. For up-to-date details on the areas below, visit http://kaweahem.com/ultrasound/

By completion of the required POCUS experience, transitional year residents will be able to:

- Patient Care (PC): Select appropriate focused ultrasound applications for common bedside clinical questions, obtain interpretable images with supervision, and begin integrating findings into patient care at a foundational level.
- Medical Knowledge (MK): Describe basic ultrasound physics, probe selection, machine controls, artifacts, and normal versus common pathologic findings for core introductory applications.
- Interpersonal and Communication Skills (ICS): Communicate POCUS findings & uncertainty to supervising physicians and the care team and document examinations appropriately.
- Professionalism (PROF): Use POCUS within the scope of training, recognize limitations, seek work-up when indicated, and follow documentation processes.
- Practice-Based Learning and Improvement (PBLI): Incorporate direct observation, image review, simulation, and QA feedback to improve image acquisition, interpretation, and clinical application over time.
- Systems-Based Practice (SBP): Use POCUS to support efficient bedside decision making, procedural safety, and appropriate use of institutional workflow for study review, documentation, and image archiving.

Residents should, upon completion of this rotation, feel comfortable applying their foundational ultrasound skills in other clinical environments, e.g. the ICU, that use the same ultrasound platform and workflow. They should understand the practical operation of the ultrasound machine and the Sonosite Synchronicity workflow sufficiently to perform focused studies, document findings, and submit them to attending physicians.

Scheduling

- Perform scanning shifts every weekday except for Thursday conference days when, after conference, image review will be held in the afternoon.

Scanning Responsibilities

- Develop foundational proficiency in ultrasound by performing a broad range of core examinations and then, when feasible, emphasizing additional applications relevant to the resident's anticipated specialty.
- Perform an average of one exam per hour x 8 hours during the first week.
- Perform an average of two exams per hour x 8 hours for the second through fourth week.
- The total number of exams required is decreased by any GME excused days off, e.g. wellness days.
- Your first and last exam should be respectively within 30 minutes of the start and end of your shift.
- Know how to assign oneself, perform, interpret, document, and assign studies to the ED attending.
- Scan with the ultrasound faculty and/or fellow when they are present and with the ED patient's attending physician when they are not present. These studies will subsequently undergo QA.
- Be listed as the primary performer for at least 75% of the exams.
- For each exam, there can be multiple observers, but only the primary performer and one additional performer get credit toward their total number required for successful completion of the rotation.
- After completing a scan, use Connect Messenger to notify the attending that the exam is complete and place a brief note stating "POCUS complete" in the ED progress note.
- Make up missed or tardy shifts at the discretion of both the ultrasound and TY program directors.
- Recognize that these scan numbers are intended to provide broad foundational exposure rather than specialty-specific independent competency.

For each core application area, the resident will be able to:

- Identify relevant anatomy and sonoanatomy.
- Select the appropriate probe, preset, and machine settings.
- Acquire standard views and optimize image quality.
- Distinguish normal from common pathologic findings at a basic introductory level.
- Recognize indeterminate or concerning findings that require further evaluation.

Passing Requirements for Rotation Include

- Complete all required modules in the 4-week POCUS 101 Course.
- Perform a minimum of 225 scans as outlined above.
- Attend program-specific conference days, journal clubs, and image review.
- Set up an account in Sim Lab BodyWorks Eve and perform 5 or more exams in each topic.
- Maintain equipment via appropriate cleaning, stocking, and archiving.
- Demonstrate commitment to research by enrolling patients in any ongoing ultrasound research when appropriate and feasible.
- Through QA review and direct observation, demonstrate the ability to obtain interpretable images and provide appropriate basic interpretations for core introductory applications at a foundational level.
- Demonstrate sufficient familiarity with the ultrasound machine and Sonosite Synchronicity workflow to apply foundational ultrasound skills in clinical settings, e.g. the ICU, using the same platform, including performing studies, documenting findings and submitting them for review to their attending physician.
- Successful completion of this rotation will contribute evidence toward achievement of relevant ACGME Transitional Year milestones in patient care, medical knowledge, communication, professionalism, practice-based learning, and systems-based practice.