The use of live and continuous training 'ultrarounds' to enhance use of point-of-care ultrasound on a busy ambulatory assessment unit

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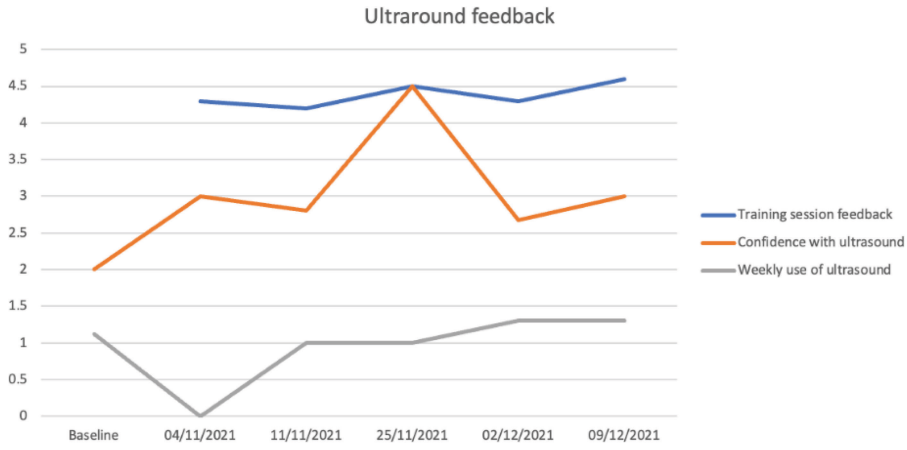

Fig 1. Weekly use of point-of-care ultrasound and trainee confidence with point-of-care ultrasound on ambulatory assessment unit.

Introduction

Point-of-care ultrasound (POCUS) is now a mandated section in the new Acute Internal Medicine (AIM) curriculum, however, large gaps in the ability for AIM to deliver this teaching, remain.[1,2] As a means to optimise confidence, competency (probe selection/position/image optimisation) and encourage active use of POCUS, 'ultraround' was introduced on a busy ambulatory assessment unit (AAU) in a tertiary hospital.[3]

Methods

Weekly basics of ultrasound (lung, abdomen and cardiac) were taught by a focused acute medicine ultrasound (FAMUS) accredited trainer using the 'Butterfly IQ+' probe. This was called the 'Ultraround' where trainees (all clinical grades/disciplines) and trainer go around the department scanning 4–5 patients, with live feedback and interpretation of different pathologies. Weekly feedback was obtained from attendees to ensure training was trainee guided/focused. We sought to assess the confidence of trainees each week and their use of POCUS, looking for long-term trends. Regular governance meetings were set up.

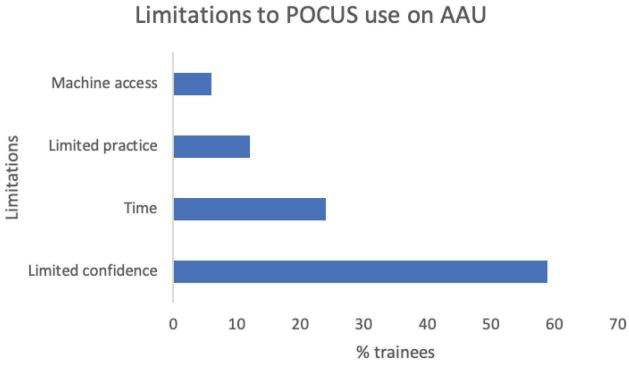

Fig 2. Limitations to point-of-care ultrasound use on ambulatory assessment unit.

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Results

Doctors (IMTs, fellows, specialty trainees and consultants), physician associates and advanced pharmacy practitioners participated in Ultrarounds. Confidence with POCUS was fairly static, however data were collected each week with different attendees, so we are as yet unable to assess impact (Fig 1). Qualitative feedback from trainees was universally positive. Trainees felt POCUS initiated treatment earlier, helped with assessment of fluid status and used it to guide diuretic therapy, decisions on urinary catheterisation and paracentesis. The most common limitation to POCUS use was confidence (Fig 2).

Discussion and conclusion

Ultraround provides an additional method of training, mentorship and quality assurance to embed POCUS into clinical practice. It augments the traditional learning/mentorship model, making POCUS a group learning/discussion activity open to all grades; clinicians now see POCUS on AAU whilst delivering care to help 'normalise' POCUS as part of everyday care. ■

References

1 Joint Royal College of Physicians Training Board (JRCTB) 2022. *Curriculum for Acute Internal Medicine Implementation*. 2022.
2 Knight T, Clare S, Smallwood N *et al*. Gaps in point of care ultrasound provision and the cost of ultrasound equipment provision: results of a nationwide audit of acute medical units. *Acute Med* 2020;19:64–8.
3 Nunab J, Walden A. A POCUS in Acute Medicine. *Acute Medicine* 2020;19:62–3.