

## **SAMPLE APDIM Annual Fall Survey Topic Submission**

***FOR ILLUSTRATION ONLY: MAY NOT BE REPRODUCED***

### **Point-of-Care Ultrasound Education in Residency**

We are amidst a major transformation in the practice of medicine. Diagnostic point-of-care ultrasound (POCUS) can now add substantially to physicians' bedside diagnostic ability. As such, most medical schools currently include POCUS in their curricula (Bahner et al, 2014). POCUS is also already well integrated into the fields of Emergency Medicine and Pulmonary/Critical Care, and their respective RRCs have mandated POCUS training for residents and fellows to augment physical exam assessments and enhance real-time clinical decision making. As the technology rapidly advances and costs plummet, it is easy to envision most internists practicing with the tremendous benefits of a pocket ultrasound device in the near future.

Implementing a POCUS training curriculum within an Internal Medicine residency program, however, frequently faces huge challenges, including a lack of trained faculty educators, institutional resistance, equipment costs, and competing time constraints. Schnobrich and colleagues' 2012 anonymous survey of all APDIM members, with an 11% response rate, reported that 25% of respondents had formal ultrasound curricula. Another 35% of respondents anticipated ultrasound curriculum initiation. The educational efforts described in 2012, however, emphasized procedural guidance over diagnostic ultrasound evaluation.

Updated, more robust APDIM Survey data would help clearly establish the current state of POCUS education in medicine residencies, providing valuable benchmarking data that programs could leverage to enhance and support their own local efforts. Additionally, inclusion of this topic in the APDIM Survey would enable program directors to share their educational opinions with the IM-RRC regarding incorporation of POCUS requirements into medicine residency training.

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