

Response to “Point-of-Care Ultrasound and Procedural Instruction in the Family Medicine Clerkship: A CERA Study”

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TO THE EDITOR:

“Point-of-Care Ultrasound and Procedural Instruction in the Family Medicine Clerkship: A CERA Study” by Hoffman et al. brought up some great points, but some pieces could have been expanded on.¹ I appreciated the look into the role of point-of care ultrasound (POCUS) in family medicine-related clerkships, but this article did not mention barriers to POCUS education and implementation. Sixty-five percent of responding clerkship directors felt that POCUS was an important skill in family medicine, but this opinion was not congruent with only 13.9% number of respondents who had a structured POCUS education.¹ A disconnect exists between what is perceived to be an important skill set and what actions are being taken to ensure that medical students have a relevant experience as part of a family medicine clerkship, in particular those with future aspirations to enter the family medicine specialty.

Not only would POCUS education empower students to hone a useful skill set, but it also could instill confidence to perform POCUS in clerkship and into residency. In addition, POCUS education/exposure can provide more effective and timely patient care. In an era where reimbursement continues to pose challenges for primary care providers, the ability to bill POCUS procedures provides additional benefits. Andersen et al noted that more than 90% of patients felt that they had been more thoroughly examined after POCUS was integrated into their visit; more than 80% of patients felt that POCUS allowed them to have a better understanding of the health condition in question; and more than 90% of patients felt that the quality of care had improved in general practice.² Carrera et al found that

POCUS had many applications in both the primary care setting and the hospital setting; POCUS use resulted in a reduction of treatment time, specifically 5 hours reduction in treatment time when compared to a 24-hour control group admitted to the hospital for chest discomfort and dyspnea.³

The ramifications of not training POCUS in family medicine clerkships include limited skill set/ability to perform a useful, quick, and safe procedure; limited confidence in performing POCUS; and limited exposure to a comprehensive family medicine clerkship. If the goal is to provide future family medicine physicians with a diverse and applicable skill set, then the onus is on the family medicine clerkship directors to prioritize implementing POCUS into their rotations.

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