# CHANGING ATTITUDES AND POCUS USE IN FAMILY MEDICINE BY IMPROVING TRAINING

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Point-of-care ultrasound (POCUS) use within family medicine can enhance the quality and timeliness of patient care. Although POCUS training is now required in family medicine residencies, there remains a lack of standardized, replicable strategies for implementation.[1,2] Effective training can impact decision-making, avoid delayed diagnoses, and support cost-efficient care.[3] The inpatient service offers excellent opportunities for POCUS training.

## Structured, Longitudinal Weekly Sessions

Weekly small group POCUS sessions are directly tied into existing rotations led by a POCUS champion and a small group of POCUS-engaged faculty utilizing the inpatient population.[4] This allows for repeated exposure and active image review sessions to a small group of residents, ensuring equitable access to hands-on learning opportunities, assessment of scanning skills and interpretation, and augmentation of clinical assessment without adding a substantial time burden.[5]

## Dedicated Hands-on Workshops

Periodic residency-wide, hands-on workshops within the longitudinal didactics curriculum with standardized patients allow residents to refresh and refine scanning skills, receive targeted feedback, and recognize normal versus pathological findings. These workshops supplement the inpatient bedside learning by providing protected time for skill refinement across training levels, focusing on interactive and collaborative learning.[4,5] These workshops are designed to reinforce and build upon the scanning skills developed during longitudinal weekly sessions that occur with the inpatient population.

## Longitudinal Assessment Strategy

Residents and faculty complete surveys at multiple points to measure confidence, comfort, and intent to use POCUS in clinical practice. Assessments are administered program-wide but are timed to coincide with inpatient scanning sessions to capture bedside learning impact. Ongoing assessments and feedback during small-group inpatient POCUS sessions identify barriers to implementation.[1]

## Faculty Utilization in POCUS

Rather than requiring broad training of faculty, a limited group of POCUS-engaged faculty led by a POCUS champion can support program growth. The group of POCUS-engaged faculty are assigned to lead inpatient POCUS sessions, residency-wide workshops, and participate in assessment and evaluation. This model builds a self-sustaining faculty cohort capable of mentoring residents and spearheading POCUS-based scholarship initiatives. Similar faculty champion models have been described in previous POCUS literature.[4]

**Summary:** Family medicine residencies can grow POCUS use on the inpatient service while maintaining a patient-centered mission. The framework is adaptable to programs of varying, offering a replicable model for other residencies without a formal ultrasound track or extensive faculty expertise. Building on prior work, this approach emphasizes competency-based training while highlighting inpatient implementation and resource-conscious faculty engagement.

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