To the Editor: Re: Point-of-Care Ultrasound and Modernization of the Bedside Assessment

We read with great enthusiasm the article "Point-of-Care Ultrasound and Modernization of the Bedside Assessment" by Maw et al.[1] We support and thank the authors for highlighting point-of-care ultrasound (POCUS) as a diagnostic tool and for pointing out the challenges inherent to POCUS curriculum development in graduate medical education.

We surveyed attitudes on POCUS from the incoming intern class (2021–2022) of our university-based family medicine residency program. On a scale of 1 to 10, with 10 representing the most excitement and interest in POCUS education and application, the incoming intern class (n = 10) was both "very excited" (9.8, range 8–10) for formal POCUS education and "very interested" in applying POCUS to patient care during (9.1, range 8–10) and following (9.3, range 8–10) residency. Eight of 10 residents reported some degree of POCUS exposure during medical school, including 4 residents who completed a full formal course. One resident reported utilizing ultrasound for patient care during medical school between 21 and 50 times, while the remaining 9 residents used it 10 times or less.

These limited data are subject to a number of potential biases and confounders but nonetheless lend themselves to the following conclusions:

1. Our trainee cohort's exposure to ultrasound prior to residency is consistent with recent trends. In 2014, 62.2% of responding medical schools reported including ultrasound training within their curriculum.[2] In our sample, 80% of respondents received at least some ultrasound instruction during medical school.

2. Enthusiasm for ultrasound training during residency is ubiquitous in our incoming class. We thus offer the likelihood that it may be widespread across family medicine programs nationwide.

Maw et al point out that lack of faculty expertise may be a chief barrier to the implementation of POCUS within residency programs. We also agree with the authors that the threat of a gap between resident POCUS enthusiasm and residency faculty expertise is real. Nevertheless, with ultrasound technology rapidly advancing and exposure during medical school ongoing, we suspect that interest in the use of POCUS during family medicine residency training will only continue to grow.

At our program, we have implemented a longitudinal POCUS curriculum that includes regular didactics and workshops, POCUS use on inpatient services, and resident rotation in a "POCUS clinic." We suggest that other family medicine residency programs interested in developing similar curricula invest in identifying and training individual faculty POCUS "champions" via continuing medical education courses or other means. These champions can then capitalize on that training to build a residency POCUS program consistent with American Academy of Family Physicians guidelines.[3]

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