The State of the Society

Our Society continues to grow, we currently have 161 members from all walks of life. Students, residents, and faculty members, Members that are fellowship trained, self taught, and some that just recognize POCUS makes a difference to their practice.

We have 10 active Train the Trainer Programs, 4 Student Ultrasound Interest Sections and have delivered 5 "Director's Packets" to clinicians seeking formalize the ultrasound presence in their practice and seeking leadership positions as Directors of Clinical Ultrasound.

The next step in our mission to increase the utilization of POCUS is to start hosting a series of CME workshops called the "I Can sCan Workshops" or shortened to "I sCan Workshops." The I sCan Workshops are affordable, customized immersion workshops based around two principles. Firstly, utilizing POCUS will always improve the quality of care clinicians deliver and secondly, mentorship is difference maker to the learner.

The "I sCan Workshops" are a portion of a broader "Yes, I sCan" program which will evolve in the next year. This initiative is intended to promote the concept that clinicians are scanning, and POCUS is a part of their practice.

I sCan Workshops will partner with the ULA to utilize their video lectures and textbook to "flip the classroom." In addition, every workshop attendee will be offered membership into the Society, and will be assigned a mentor who will continue to guide the learning process and assist with questions on credentialing, competency and leadership.

These workshops are intended for primary care, EM and critical use. However, if there is a particular skill a learner has an interest in
mastering, then time can be carved out to learn that specific skill. For example, if a clinician working in anesthesia is interested in spending time learning regional anesthesia or line placement, then the iScan workshop can accommodate break out sessions to focus and teach these tasks.

The iScan Workshops series:

- "I sCan Orlando 2018" is a partnership workshop between The American Society of Surgical PAs and SPOCUS. This is a single day event on January 20, 2018 at the Doubletree MCO hotel. 30 attendees, TOPICS: FAST STUDY, DVT, & the evaluation of Dyspnea, as well as needle placement. 30 attendees.

- "I sCan Boston 2018"- Early in the planning stages, this stand alone workshop will take place over 3 days, with the first day comprising of students from the local PA programs. Day 2 and 3 will comprise practicing clinicians. 52 attendees, 60 students. Tentatively scheduled for 2/23-25 2018.

- "I sCan Austin 2018"- SPOCUS has had an initial meeting to explore a workshop with a Family Practice Society, April 2018.

Train the Trainer Program- We now have 10 different Programs participating in the Train the Trainer Program. The program has been very successful, as the faculty members are already hosting their own workshops. Read about this faculty member's experience.

Student Ultrasound Interest Sections- SPOCUS now has 4 active programs, including University of Washington-MEDEX, University of Wisconsin- Madison, University of Utah, and Nova Southeastern University- Orlando. Emory University PA program will be the next group of students who stood up and took control of their future, with a start date looming in the next few weeks.

The Nova program deserves a special mention. The students only had access to their leased ultrasound machines for a month. All 62 students in the class joined the SUIS, and under the leadership of first year student Miranda Ghali utilized their last few days with the machines to put on a SonoSlam. Because of the time frame, this
event was held on their own, and planned exclusively by the students themselves.

Grant writing- We now have a grant writing team working for the Society. If you have an idea for an event, program, study or initiative please reach out to SPOCUS and we will put you in touch with the team to fund your project.

AIUM collaboration- SPOCUS will continue to work with AIUM to create generalist clinical ultrasound guidelines. These guidelines will continue to provide a basis for clinicians to seek POCUS privileging in the facilities where they serve their patients.

The Society of Point of Care Ultrasound - Testimony from Faculty Experience with TtT
I was able to start teaching my students ultrasound in April 2017. Because of the Train the Trainer program, my students left the didactic year with knowledge on how to assess basic cardiac function, diagnose deep vein thrombosis and abdominal aortic aneurysm using ultrasound. Next year I plan to expand the curriculum to include further assessment of the abdomen including gallbladder and kidneys, lungs, soft tissue and neck.

Teaching ultrasound to PA students is becoming more and more important. Ultrasound is a safer, quicker and more cost effective modality. Our students were thrilled to be able to be introduced to ultrasound techniques. I am extremely grateful to the Train the Trainer program for allowing me to integrate ultrasound into our curriculum.
Upcoming POCUS courses

https://spocus.org/Upcoming-CME-Workshops/

2017 Yale New England Point-of-Care Ultrasound Course
6-8 September, 2017 Newport, Rhode Island
http://www.eus.yale.edu/courses/newenglandcourse.aspx

Musculoskeletal Ultrasound at the Point-of-Care: Diagnostic and Procedural Applications
16-17 September, 2017 Harvard, Boston MA

Point-of-Care Ultrasound for the Advanced Practice Provider. MGH Institute of Health Professions. October 21st, 2017 Boston, MA

Introduction to Primary Care Ultrasound
November 9-10, 2017 January 25-26, 2018 • March 15-16, 2018
University of South Carolina, Columbia, SC
http://ultrasoundinstitute.med.sc.edu/UIcme.asp

American College of Chest Physician's Ultrasonography: Essentials in Critical Care September 2017
15-17 Sep, and 1-3 December, 2017 Glenview, IL

American College of Chest Critical Care Ultrasound: Integration Into Clinical Practice November 2017
10-12 December, 2017 Glenview, IL
https://www.chestnet.org/Store/Products/Events/2017/Critical-Care-Ultrasound-Integration-Into-Clinical-Practice-November-2017

https://www.sempra.org/ultrasound-course/

UT Health San Antonio, March 1 - 2, 2018. Hotel Contessa, San Antonio
http://cme.uthscsa.edu/ultrasound.asp

Sonoworlds extensive upcoming ultrasound CME courses

Commercial groups that have been recommended by SPOCUS members

https://www.emergencyultrasound.com/course-calendar/

https://www.gcus.com/courses/
Recent “Smarticles”

Novel approaches to ultrasonography of the lung and pleural space: where are we now?
Breathe 2017 Jun; 13 (2) : 100-111.  doi: 10.1183/20734735.004717.
(This is a free article)

Inferior Vena Cava Measurement with Ultrasound: What Is the Best View and Best Mode?

Air and its Sonographic Appearance: Understanding the Artifacts.
dx.doi.org/10.1016/j.jemermed.2017.01.054

Ultrafast Ultrasounds

32 y/o female presents to the ED with c/o malaise, cough, shortness of breath, congestion, and a complaint of “I don’t feel well”. Physical exam demonstrates a patient that appears to be uncomfortable and anxious, but non-toxic, with normal vitals and an unremarkable physical exam. EKG demonstrated some non-specific findings with normal lab values, including D-Dimer and an elevated BNP of 8200 pg/ml. Chest x-ray was read by radiology as “mild vascular congestion.”

During the patients stay, pt became progressively anxious and dyspneic with decrease in drop in sat to 92%. Bedside ultrasound demonstrated a profound systolic dysfunction with an estimated EF of 10%, dramatic B-Lines, small bilateral effusions (with Spine signs). Pt was admitted with an order for a consultative ultrasound.

Shortly thereafter the patient arrested. Resuscitative efforts were initiated, but without an echo, the consideration was given to giving thrombolytics. The bedside POCUS was again used to diagnose cardiomyopathy, CHF and resuscitate the patient.
POCUS Conquers: Is there an abscess in there?

ideal for: Emergency Medicine, Internal Medicine, Urgent Care

Ultrasonic Solution: Have you ever attempted incision & drainage and walk out of the room without that satisfying gush of pus? You're not alone - we have too. Then we started using ultrasound. In fact, ~15% of pediatric patients who were deemed to need drainage based on clinical exam did not have an appreciable abscess on POCUS, with ~15% requiring drainage after POCUS who were initially deemed to not have an abscess based on clinical exam alone. In adults, the rate of management change with POCUS is between 17-56%. It's simple really: POCUS is superior to the clinical exam in diagnosing the presence or absence of an abscess in both pediatrics and adults.

Level of difficulty:

identification of an abscess:

(1 out of 5)

Great online video http://www.emergencyultrasoundteaching.com/narrated_lectures.html and scroll down to soft tissue

The evidence (for the above, though I suggest referring those interested back to the website):