

In summary, these data should help clinicians to understand the absolute and relative risks of eDKA in those with type 1 diabetes in the current era, in particular when this diagnosis and this concern is becoming more pressing with the advent of the SGLT inhibitors that potentially increase the likelihood of developing it.

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A National Needs Assessment of Point-of- Care Ultrasound Training for Hospitalists



To the Editor: Point-of-care ultrasound (POCUS) is the use of

ultrasound at the bedside to answer a specific diagnostic question or guide performance of an invasive procedure.^{1,2} Though many medical schools and internal medicine residency programs have started teaching POCUS,³ most practicing hospitalists completed their training without any experience in POCUS.¹⁻³ Now, many practicing hospitalists are seeking continuing medical education courses to learn how to use POCUS. Currently, it is unknown how hospitalists are using POCUS and what training needs exist.

We conducted a national needs assessment to assess current POCUS use and training needs among hospitalists. A cross-sectional Web-based survey was sent to hospital medicine groups (HMGs) at all 116 Veterans Affairs (VA) medical centers with acute inpatient beds between April 7, 2016, and July 25, 2016. Hospital medicine group leaders answered 47 questions on the current use and desire for training in POCUS on behalf of their HMG. Core POCUS applications for hospitalists were included based on published guidelines.²

The response rate from HMG leaders was 45.2% (28 of 62) from the 62 VA hospitals with hospitalist sections. We found the majority of responding HMGs (82.1%; 23 of 28) currently use at least 1 POCUS application. The majority of HMGs that use POCUS reported using it for bedside procedures (paracentesis, thoracentesis, and central line placement) and diagnostic evaluation of pleural fluid and peritoneal fluid (Figure).

Among all HMGs that use POCUS, the majority desired additional training in paracentesis, thoracentesis, central line placement, and evaluation of pleural effusions, peritoneal free fluid, pericardial

effusion, pneumothorax, left ventricular function, pulmonary edema, abscess, urinary retention, and joint effusions. A markedly greater proportion of HMGs that currently use POCUS, compared with those that do not use POCUS, desired additional training.

These data represent the first national needs assessment for POCUS use by hospitalists. The Society of Hospital Medicine has endorsed use of ultrasound by hospitalists to guide bedside procedures and perform focused diagnostic evaluations.^{4,5} The most frequently reported use of POCUS was for procedural applications (paracentesis, thoracentesis, and central line placement), while relatively few HMGs currently use diagnostic POCUS applications. The two most frequently reported barriers to POCUS use were lack of trained physicians and lack of ultrasound equipment per chiefs of staff at VA facilities that do not use POCUS.

An intriguing finding of our study is that HMGs that currently use POCUS desire additional training in the same applications. It is unclear why current use of POCUS is associated with greater desire for training. Perhaps initial exposure to POCUS fosters a better understanding of its potential benefits and motivates users to seek additional training. Conversely, those who have not been exposed to POCUS may not appreciate its potential benefits and, therefore, have less desire for training. If true, the percentage of hospitalists seeking training may increase substantially in coming years as more hospitalists are exposed to POCUS. These data demonstrate a largely unmet need for additional POCUS training and can inform future educational design for systemwide implementation of POCUS use among HMGs in the VA and other health care systems.

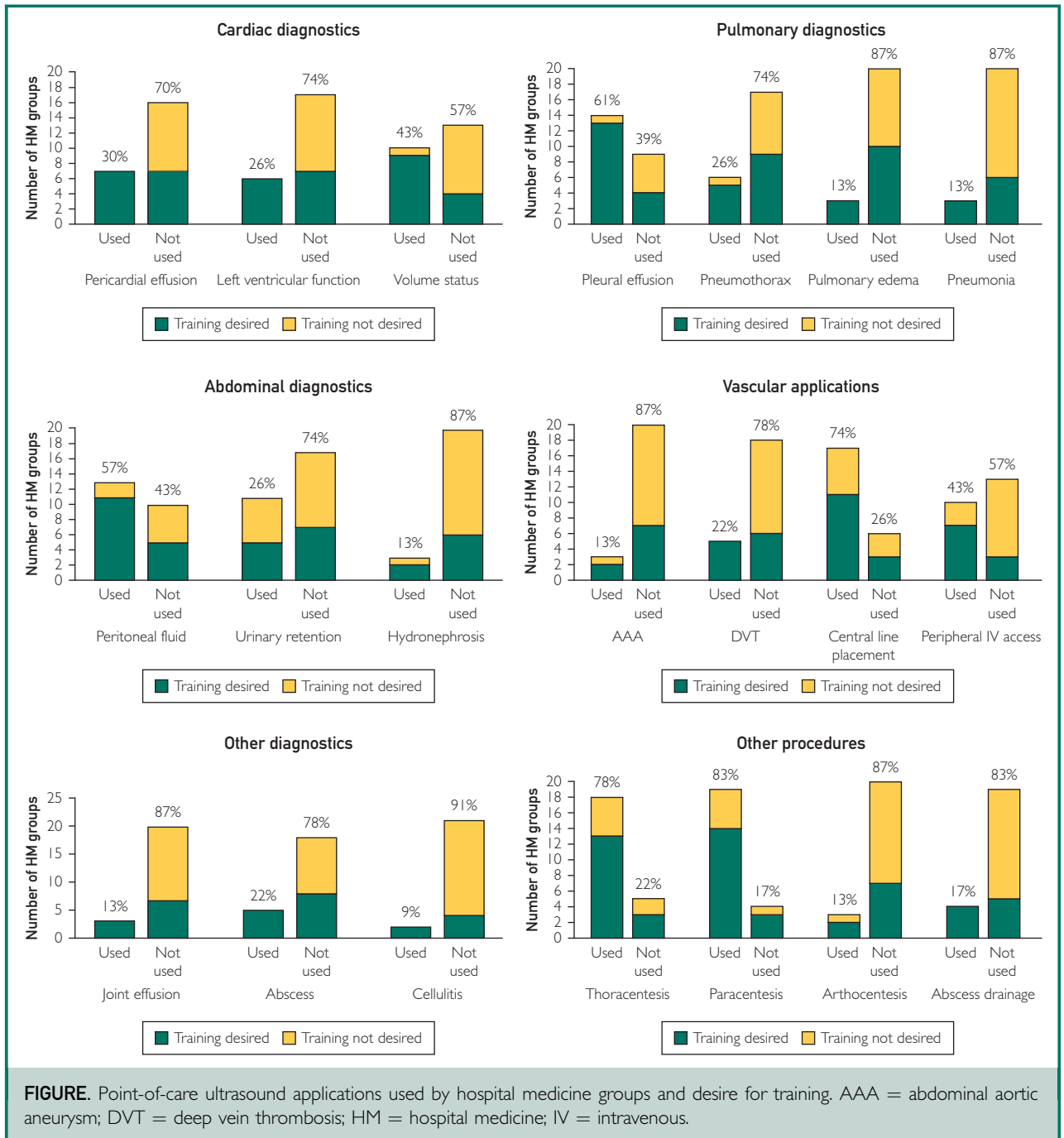


FIGURE. Point-of-care ultrasound applications used by hospital medicine groups and desire for training. AAA = abdominal aortic aneurysm; DVT = deep vein thrombosis; HM = hospital medicine; IV = intravenous.

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