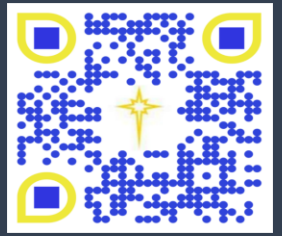


Teaching Experienced Providers Gastric Ultrasound Using Short Longitudinal Sessions

Kati Foster DNAP, CRNA,

Assistant Program Administrator, Assistant Professor of Clinical Nursing

St. Luke's University Hospital, DeSales University

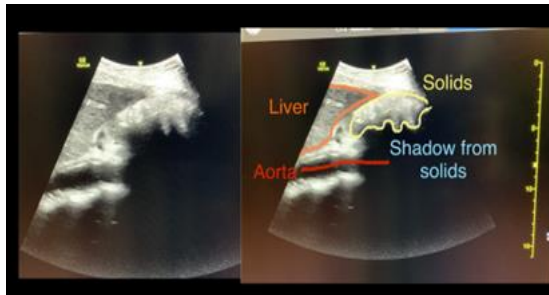


References

INTRODUCTION

- This project was designed & implemented in response to the increased use of GLP-1ra
- Teaching methods were designed based on the information that experienced practitioners state time as profound barrier to learning a new skill, learners attention drops off after 15 minutes, & medical professionals learn new skills more efficient when presented in a blended learning style

METHODS



- This project was deemed exempt from IRB approval.
- Teaching components included a PowerPoint, video demonstration, quick reference guide on every ultrasound, hands-on session, and weekly online images for interpretation.
- 16 workshops across 7 campuses; 67 individual anesthesia providers attended. All sessions lasted less than 20 minutes
- A total of 8 GUS images were posted with a corresponding annotated version posted a week later.

IMAGES

How many of the gastric ultrasound images displayed on TEAMS were you able to correctly identify?

[More Details](#)



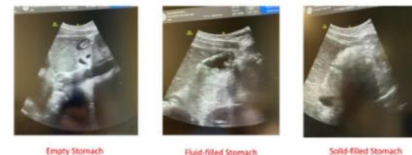
Technique:

- Set the machine to the curvilinear probe, set depth to 30cm, adjust as necessary per patient
- Place probe just below the xiphoid in the sagittal plane
- Scan the probe slowly to the patient's left

Proper starting probe placement:



Example images:



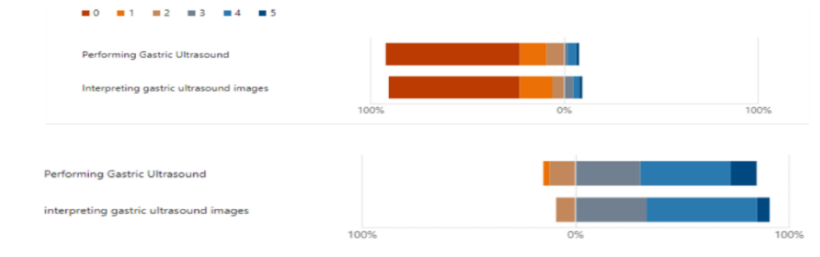
How to document in epic:
Take a picture of the ultrasound image using Epic Haku. The image can be imbedded in the Pre-operative note or in a separate progress note.

RESULTS

- Pre intervention average confidence score was 0.63 for both performing and interpreting GUS; post scores were 3.52 and 3.55 respectively

Pre confidence scores: perform and interpret 0.63

Post confidence scores: perform 3.52 interpret 3.55



CONCLUSION

- All teaching sessions and disseminated teaching materials were kept succinct and brief, allowing for busy experienced practitioners to participate between cases.
- The repetitive exposure over an 11-week period gave practitioners the opportunity to compound their knowledge.
- All materials were made available online for reference.
- The short session longitudinal educational technique consisting of virtual and hands-on teaching was successful in teaching experienced anesthesia providers how to perform and interpret gastric ultrasound.