

Introduction

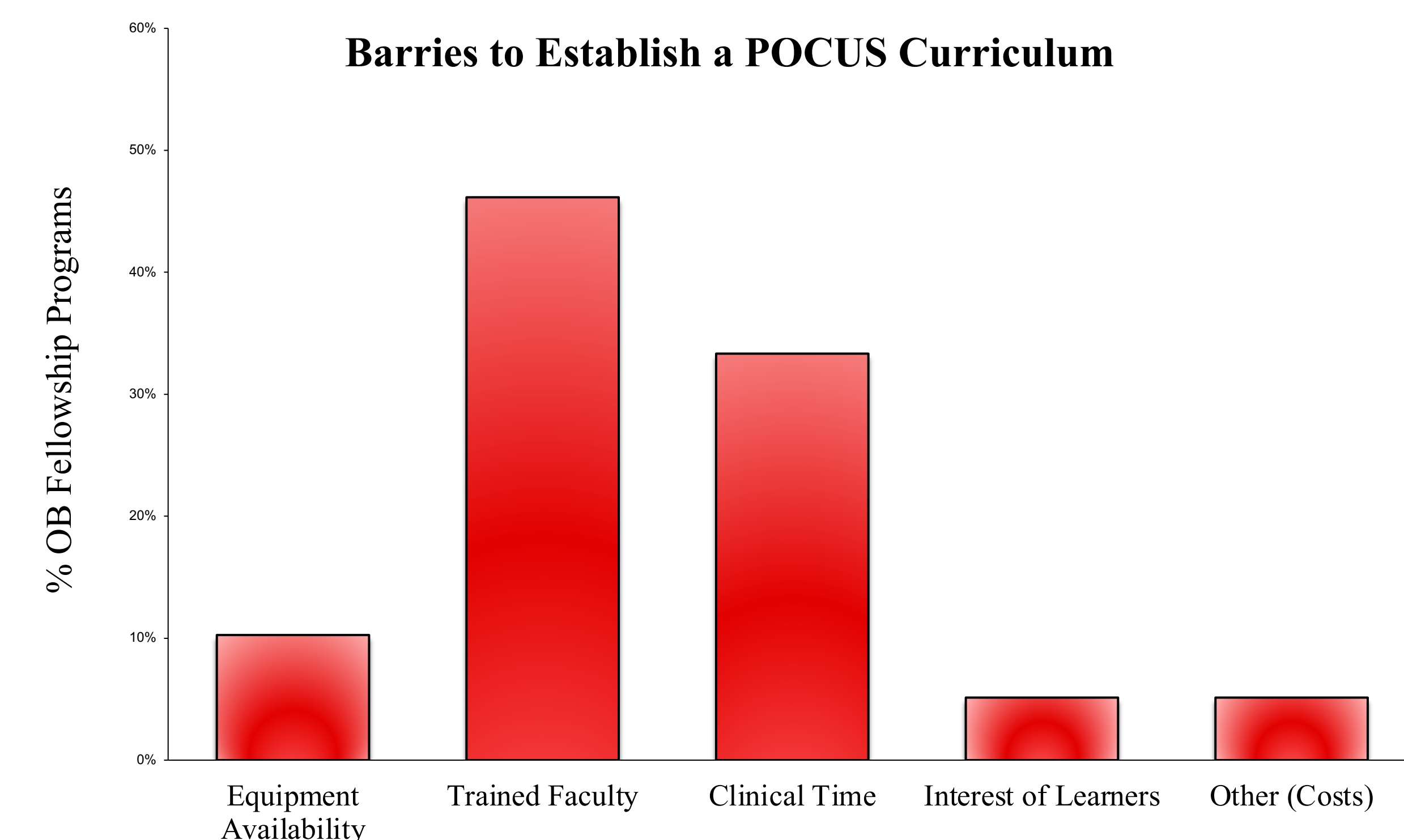
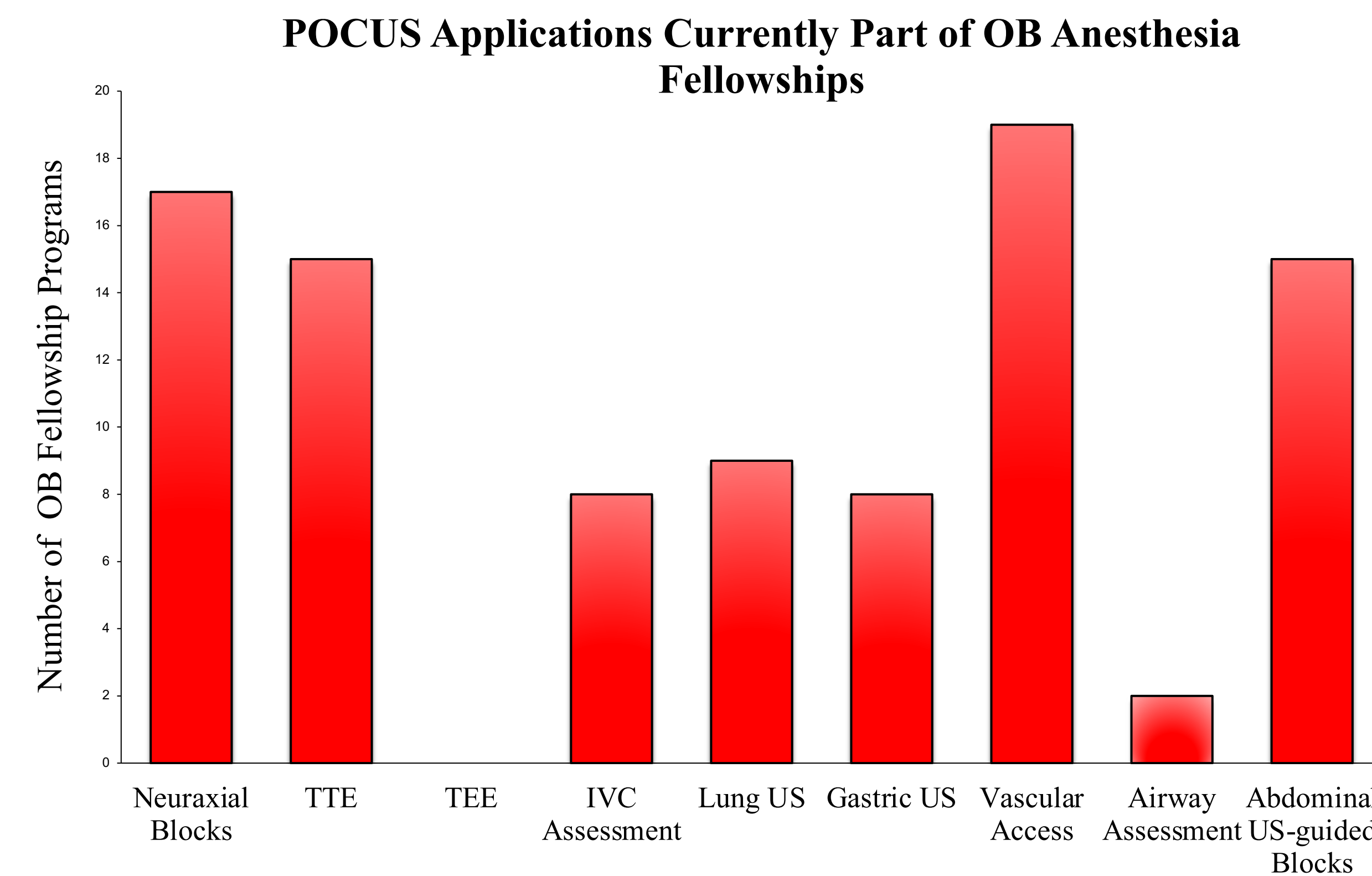
- The clinical impact of utilizing Point-of-Care Ultrasound (POCUS) in anesthesia is well established in the literature [1].
- POCUS use in the management of obstetrical patients has become of major interest [2] and educational resources have been put forward by the Society for Obstetric Anesthesia and Perinatology (SOAP).
- The current state of POCUS education in obstetrical anesthesia fellowships in North America remains unclear.
- **The aim of this survey was to explore the prevalence, characteristics, and potential barriers of POCUS education in these programs.**

Methods

- A **12-question web-based survey** was sent to **42 fellowship program directors** from June to August 2021.
- Contact information was obtained from the official listing of fellowship programs on the SOAP website.
- Answers were collected anonymously through the Qualtrics online survey platform.

Results

Twenty-one (50%) program directors responded to this survey. **Eighteen (86%)** were programs located in the United States and **3 (14%)** in Canada.



- **Ninety-five percent** of programs currently use POCUS in their clinical work.
- Delivery of POCUS education was mainly achieved through informal teaching (**33%**) or formal longitudinal programs (**29%**).
- Training occurred mostly through bedside teaching (**81%**), and use of online modules/lectures (**52%**).
- POCUS was perceived as an important competency by **80%** of programs directors.
- **Seventy percent** of programs had dedicated staff educators while **30%** did not.

Summary

- Utilization of **POCUS in obstetrical anesthesia is prevalent** across North American programs.
- Current OB anesthesia **POCUS education remains heterogenous** across programs with varying modalities from informal teaching to structured mandatory electives.
- **Barriers identified** included: **number of trained staff, time, and equipment**, which may be responsible for the lack of consistency between fellowship programs.

References

1. McCormick, TJ. et al. (2018). CanJAnesth. 65:427-436
2. Chih, H. et al. (2021). IntlAnesthClin. 59:(3) 60-77