Introduction:
Point-of-care ultrasound (PoCUS) became an invaluable tool in anaesthesia and critical care (ACC) [1]; appropriate training should integrate ACC residency programs [2].

Methods:
On-line surveys sent to 3 groups (ACC schools directors, residents and consultants), as approved by CPAR (Collegio Professori Anestesia Rianimazione), on teaching in vascular accesses-VA, lung ultrasound-LUS, transthoracic echocardiography-TTE, focused-assessment sonography for trauma-FAST, transcranial Doppler-TCD, regional anaesthesia-RA, diaphragm ultrasound-DUS.

Results:
In 270 survey days the form was filled by 568 residents (30/40 universities) 22 directors, 216 consultants (24/40 universities). For all the groups bedside teaching, followed by frontal lectures, is the most frequent tool for all techniques. LUS and DUS more frequently include research activities; AR e VA usually include simulations. Overall, the most neglected technique is FAST. According to directors and consultants, residents are mentored by consultants (96.2%/ 95.4%) and older residents (46.2%/ 26.9%), while according to residents, consultants/older residents mentor in 72% / 39.6% of cases, while 48.6% of the training is performed with no mentoring.

Ultrasound competences evaluation is performed mostly in everyday bedside activity (>55%) for all groups; however, residents report no evaluation in a higher percentage (37.5 vs.7.7%). Perception on adequacy of the training is displayed in Fig1. The main perceived limiting factor is the absence of a standardised didactic program, followed by mentor’s availability in residents’ perception and by mentor’s experience in consultants’ one.

Conclusion:
PoCUS teaching is present although not optimal and not homogenous in Italian ACC residency schools. Standardisation of residents’ ultrasound curriculum is suggested to improve ultrasound teaching.

References:

Image:
red: to be improved orange: sufficient green: adequate