Online Modules as an Alternative to Hands-On Point-of-Care Ultrasound Curriculum at Resource-Limited Physician Assistant Programs:

A Pilot Study







Shannon Crabtree Neri, MMS, PA-C, Ryan Adler, EdD, PA-C, Roger Kunes, MMSc, PA-C, Vytas Karalius, MD, MPH, Matthew McCauley, MD, Alex Ireland, MD

Disclosures

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 - Don Pedersen Research Grant, "Online Point-of-Care Ultrasound Training for Physician Assistant Students at Resource-Limited Institutions: A Pilot Study"
 - Principal Investigator: Shannon Crabtree, MMS, PA-C (Northwestern University)
 - Co-PI: Ryan Adler, EdD, ATC, PA-C (University of Mount Union)
 - Co-I: Roger Kunes, MMSc, PA-C (University of Mount Union)
- Funding of this project does not necessarily constitute an endorsement of the findings of this research presentation by the Physician Assistant Education Association.
- There are no references to off-label/unapproved uses of products in this presentation.

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Brief Overview

Point-of-care ultrasonography (POCUS) is an essential skill for physician assistants (PAs). Lack of experienced faculty and finances are common barriers to PA program implementation. This study evaluates an online-only curriculum in comparison to hands-on POCUS training to overcome these barriers.

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Learning Objectives

Upon conclusion of this Research in Action presentation, learners should be able to:

- Identify commonly cited barriers to implementing point-of-care ultrasound (POCUS) curriculum into physician assistant (PA) education.
- Describe POCUS curriculum and assessment methods utilized in undergraduate and graduate medical school learners' education.
- Justify, through the use of pilot data analysis, the use of online-only modules as an alternative to blended hands-on training to teach PA students at ultrasound resource-limited institutions a POCUS application.

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Introduction

Background

- Physician Assistants (PAs) can perform Point-of-Care Ultrasonography (POCUS)
 - Multiple specialties and primary care
 - At the bedside, fast, reliable, reproducible, inexpensive, & no ionizing radiation
- PA POCUS curriculum not currently modeling undergraduate/graduate medical education POCUS curriculum
 - No formal educational guidelines & lack of literature
 - Major Hurdles¹:
 - Cost/Access to US machines
 - Lack of trained faculty
 - Time

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Introduction

Current POCUS Learning Models

- POCUS integrated into curriculum in multiple different ways^{1,2,3,4}
 - Anatomy/physiology; physical exam; procedural skills lab
 - Blended methods of didactics, videos, hands-on simulators/task-trainers, hands-on SPs/volunteers practice
- POCUS assessed in multiple different ways²
 - Self assessments; skill assessment on SP/volunteer; multiple-choice exams; skill assessment on simulator model
- But what about those barriers?
 - Can we replace the hands-on learning sessions at resource-rich institutions with online modules for resource-limited institutions?
 - Online/"e-Learning" successful in teaching other procedures⁵

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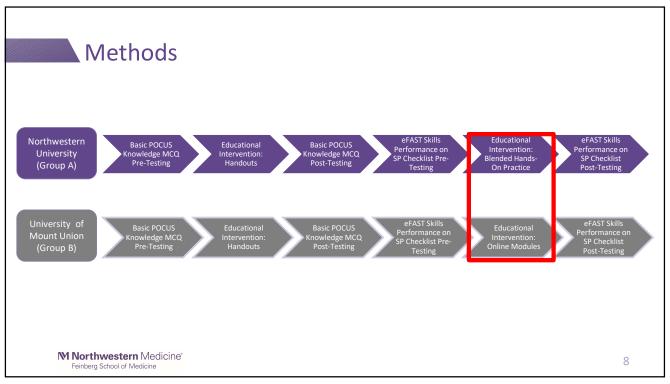
Introduction

Study Aims

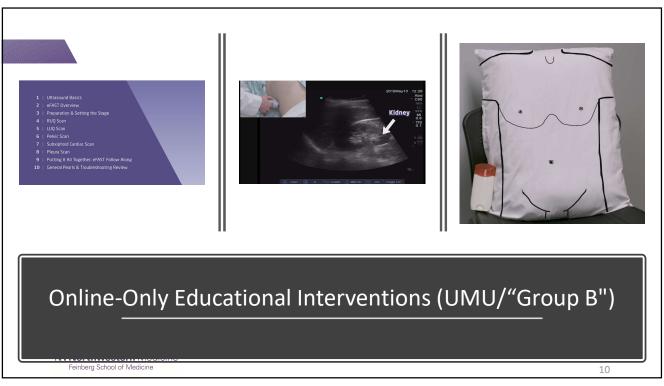
- This study aims to:
 - 1. Determine if PA students can achieve mastery in performing the Extended Focused Assessment with Sonography for Trauma (eFAST) after using only online modules for learning
 - 2. Determine if there is a statistically significant difference in the knowledge and/or skill performance scores between the traditional hands-on learning cohort and the online-only cohort
 - 3. Determine if students who learn the eFAST online have similar confidence in performing the eFAST as students who learn eFAST in a hands-on environment

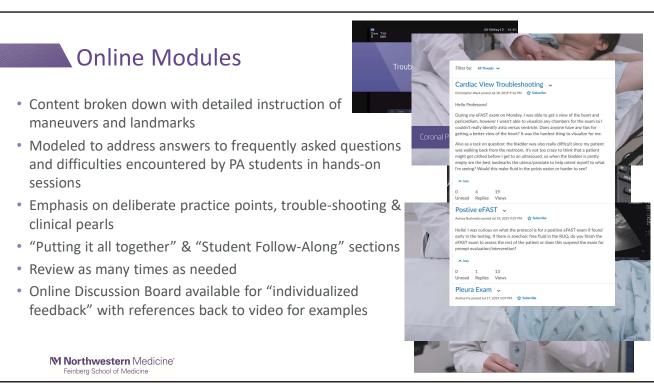
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Results: Student Demographics

Characteristic	Northwestern University (n=34)	University of Mount Union (n=36)
Female, n (%)	26 (76.5%)	26 (72.2%)
Male, n (%)	8 (23.5%)	10 (27.8%)
Age in years at matriculation, mean (median)	25.2 (24)	25.4 (24)
Hours of patient care hours experience prior to PA school matriculation, mean (SD)	4725.5 (2995.6)	960.2 (1163.2)
Average science GPA prior to PA school matriculation, mean (SD)	3.58 (0.31)	3.54 (0.24)
Hours of previous formal ultrasound training prior to PA school matriculation, mean (# of students)	0.029 (1)	0.028 (1)
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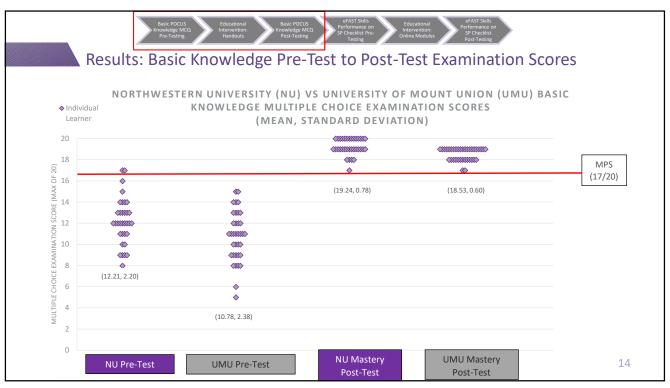
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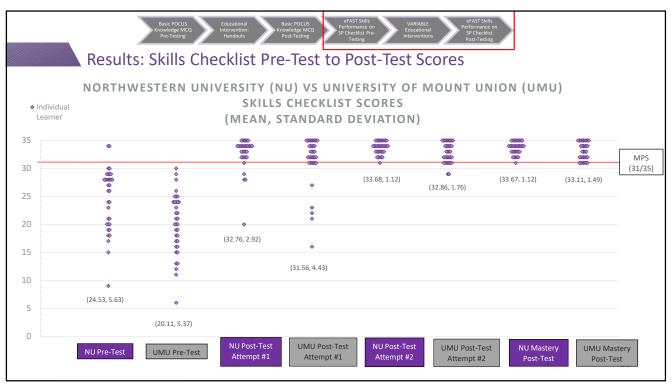
Results
Basic Knowledge Multiple Choice Examination & eFAST Skills Checklist Scores

Basic Knowledge Multiple Choice Examination Scores	PRE-TEST Out of 20 points Mean (SD)	MASTERY POST-TEST Out of 20 points Mean (SD)	PRE-TEST to POST-TEST IMPROVEMENT Mean (SD)
Northwestern University (n=34)	12.21 (2.20)	19.24 (0.78)	7.03 (2.40)
University of Mount Union (n=36)	10.78 (2.38)	18.53 (0.60)	7.75 (2.31)
p-value	p= 0.011	p= 0.000	p= 0.187

eFAST Skills Checklist Scores	PRE-TEST Out of 35 points Mean (SD)	MASTERY POST-TEST Out of 35 points Mean (SD)	PRE-TEST to POST-TEST IMPROVEMENT Mean
Northwestern University (n=34)	24.53 (5.63)	33.67 (1.12)	9.15 (5.64)
University of Mount Union (n=36)	20.11 (5.37)	33.11 (1.49)	13 (5.38)
p-value	p= 0.001	p= 0.078	p= 0.005

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Results **Student Confidence Surveys** University of Mount Union **Northwestern University** Pre-Test Pre-Test Post-Test Statement # agree-strongly agree # agree-strongly agree # agree-strongly agree # agree-strongly agree (n=24) (n=28) I feel confident to <u>observe</u> an eFAST examination being performed on a patient by a preceptor, understanding verbiage, landmarks, and components 31 (88.57%) 24 (100%) 24 (66.67%) 28 (100%) of the examination I feel confident to <u>perform</u> an eFAST examination on a patient <u>with guidance</u> from a preceptor 24 (100%) 16 (47.06%) 15 (41.67%) 28 (100%) I feel confident to $\underline{\text{perform}}$ an eFAST examination on a patient $\underline{\text{independently}}$ 3 (8.82%) 23 (95.83%) 0 (0%) 14 (50%) I feel confident to <u>observe</u> additional POCUS examinations being performed on a patient by a preceptor, understanding verbiage and landmarks 25 (73.53%) 24 (100%) 23 (63.89%) 27 (96%) I feel confident to \underline{try} a new POCUS examination on a patient while being \underline{taught} by a preceptor 21 (61.76%) 24 (100%) 21 (58.33%) 27 (96%) **M Northwestern** Medicine* 16 Feinberg School of Medicine

Conclusions

What Does This Mean?

- Students feel confident! (Kirkpatrick Level 1⁵)
- Both hands-on and online-only PA students can achieve mastery in POCUS knowledge and eFAST performance, without statistically significantly different scores in skill performance! (Kirkpatrick Level 2)
- Acceptable alternative to teach PA Students POCUS at resource-limited institutions
 - Eliminates cost
 - Eliminates in-house trained faculty
 - +/- eliminates time
- Poses a potential opportunity to train practicing clinicians who cannot attend inperson CME training workshops/bootcamps?

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Conclusions

Limitations

- Pilot study/small sample size
- Assessment reliability?
 - Graders underwent rater training
 - Checklist tool previously determined to have high inter-rater reliability & multiple-choice examination with KR-20 demonstrating homogeneity
 - Constraint of resource-limited institutions
- Timing of integration of education into PA curriculum?

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Conclusions

Future Research

- Additional data analysis for correlations
- Will the skills last?
- Does the training lead to PA students performing POCUS on clinical rotations?
- Does the training lead to PA students performing POCUS as practicing clinicians?
- Would this translate to other POCUS applications?
- Larger-sized study/multi-institutional data analysis needed!
- Applicable to other clinicians who utilize POCUS within their scope of practice?

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