Residents' Professional Identity Formation & Faculty Learning Plans in the FM Residency Program at Henry Ford Rochester Hospital (HFRH), MI

Eleanor King, MD, Director, FM Residency Program, HFRH; Heidi Kenaga, Research Coordinator, WSUSOM Office of GME; Andrea Milne, MD, PhD, Associate Program Director, FM Residency Program, HFRH; Mehak Ahmed, MD, PGY-2, FM Residency Program, HFRH; Sheryl Wissman, MD, Chief Medical Officer, HFRH

Introduction: Background

Our project seeks to learn more about cultivating a resilient professional identity in demanding, often changing settings since this development impacts patient care and a physician's well-being, confidence, and efficacy. FM/WSUGME uses the tools of **narrative medicine** -- reflective writing -- to assess the natural progression of ***professional identity formation*** **(PIF)** in residents and ***individualized learning plans*** **(ILP)** to foster PIF in faculty. We seek a better understanding of our residents, the faculty, and those features of the clinical learning environment that will foster their transformation into healers of the first rank.

The WSU IRB Office found this research exempt (#2026 057).

Objectives/Alignment

Cultivating in trainees a sense of professional mission and stewardship of the discipline is a priority of the FM residency program, HFRH, and WSUGME. Like NI IX, our NI X initiative uses ***reflective writing practices*** to gauge resident well-being and feelings of satisfaction. The establishment of a community service/outreach curriculum in the FM program in 2024-25 was a first step toward achieving this goal.

> *Empathy, capacity for reflection, and social connectedness are important skills for becoming a compassionate and professional physician. These attributes play a crucial role in professional identity development and are increasingly challenged in modern medicine by the evolving burnout epidemic. Therefore, these skills are essential curricular targets in medical education.*
>
> - Silver & Hussain, "A resident narrative curriculum to promote professional identity development," *MedEdPORTAL*, Oct 2024

Interventions

Collating and analyzing **resident** reflections on patient encounters and training experiences to gauge development of a compassionate professional identity

Instituting ILPs for **faculty** centering on procedures required by ABFM. Faculty share experiences, cross train, and provide accountability for development of their professional identity as healthcare providers and educators

Measures

Multiple data sources are used to illuminate residents' training encounters that help form their identity as physicians: Resident reflections, GME annual surveys, and program end-of-AY surveys. The population comprises FM residents (n = 29) across 3 training years who have protected free time every 4-8 weeks to compose reflections during lecture time in response to two prompts: [P1] "What made you feel like a doctor this week?" and [P2] "What challenged you or what did you struggle with?" Coding of resident documents was employed to conduct ***thematic analysis***.

With regard to faculty ILPs, the measurement of completion is faculty self-reported data in response to the question "If a resident asked you about this skill, would you feel confident enough teaching them?"

Results (residents)

Since the start of the 2025-26 AY, FM has collected 33 reflections from resident cohorts, subdivided by year: PGY-1s = 12, PGY-2s = 11, and PGY-3s = 10. In response to the P1 prompt, initial themes detected included *knowing the answer*, *healing, fostering relationships*, and *helping patients*. In response to the P2 prompt, initial themes detected included *navigating the medical system*, *developing a work-life balance*, and *work volume*.

Results (faculty)

ILP Goals - 5 FM Faculty	Milestones to Date
Developing point-of-care ultrasound (POCUS) skills	Writing three POCUS goals and objectives for specific exams
Expertise in hormone replacement therapy (female)	Enrolling in course on hormone replacement therapy for women
Expertise in hormone replacement therapy (male)	Starting course on testosterone replacement for men
Specialization in obesity medicine	Completing course in obesity medicine
Expanding community outreach	Establishing satellite clinic at homeless shelter

Discussion

Next steps include closer examination of resident reflections to determine themes related to professional identity formation, with particular attention to changes across the PGY years. FM continues to track faculty progress in meeting individualized goals, anticipating that each faculty member will have completed their goal in 12-18 months while recognizing that a self-guided plan will vary.

Challenges faced to date include faculty ability to devote time to meeting goals without adding evening/weekend work to already busy schedules. There have also been financial barriers, since training has associated costs and CME funding in academic medicine is not very robust.

The FM residency program believes that providing

- *residents* the time and space to reflect and
- *faculty* the autonomy and support to pursue their individual interests will foster development of our physicians' professional identity.

Heart of a Healer: Developing Professional Identity Through the Care of Communities Experiencing Vulnerability

Joy Walton MD | Alexandra McKenna DO | Melissa Rudie DO | Jaynine Vado DO | Molly Wilson MD | Liz Zmuda DO
Ashley Gerard DO | Lindsay Merrin DO | Rebecca Rupff DO | Maura Donnelly OMS-II | Sarah Fagbamigbe OMS-IV | Meg Conover MSc
OhioHealth Doctors Hospital Community Care

Introduction: Background & Context

Interprofessional education (IPE) experiences are team-based learning opportunities geared towards strengthening collaboration and communication across disciplines. There has been a surge of residency programs implementing these IPEs to enhance training and prepare residents for collaborative healthcare.

At OhioHealth Doctors Hospital, IPEs are being implemented through Interdisciplinary Conferences (IDC) and the Community Care clinic. IDCs are structured forums for all DH residents and fellows. The Community Care clinic serves as a hands-on multidisciplinary experience geared towards underserved and vulnerable populations. Family and Internal Medicine residents have scheduled experiences within the clinic and other specialties provide as needed consultations and referrals.

Previously, residents have expressed positive feedback about IDC and Community Care clinic, though it has never been formally analyzed. There is interest in exploring how IPE experiences with underserved populations influence professional identity amongst residents as they prepare to become attendings. Additionally, the relationship between IPE exposure and residents' attitudes toward community-based care, health equity, and interdisciplinary collaboration remains unexplored. Through these implemented experiences we plan to examine whether IPEs can meaningfully impact professional identity and clinical skills in training residents.

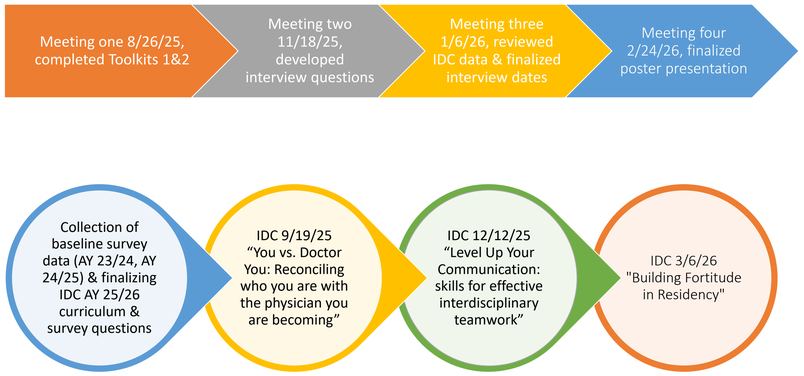
Aim/Objectives/Alignment

By March 2027, we seek to assess both quantitatively and qualitatively how intentional IPE and community-centered clinical experiences shape residents' attitudes toward interdisciplinary collaboration, health equity, and service to underserved populations, and how these experiences contribute to the development of their professional values and identity as physicians with the heart of a healer.

Project Alignment with Organization

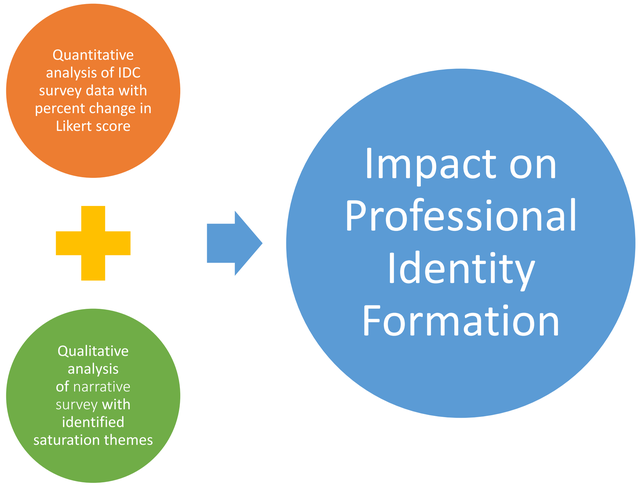
OhioHealth has identified health equity as one of its strategic priorities, and Community Care provides primary care access to a vulnerable community while training physicians with this important lens through formalized education. Together, this model provides a platform for data generation and insights that can inform institution-wide strategies to dismantle structural inequities, promote population health, and develop future providers.

Interventions & Changes



- Mixed methods: qualitative and quantitative
- Utilizing existing data from previous IDCs as baseline
- IRB submission: QI determination pending

Measures



Process measures:

- Percent average attendance of all resident trainees at Doctors Hospital in IDC over 1 academic year
- Percent improvement in average Likert score on IDC survey in 1 academic year
- Percent completion of narrative surveys from FM and IM residents

Results: Preliminary

"This experience has strengthened my identity as a physician who is adaptable, equity-minded, and patient-centered. It reinforced the importance of meeting patients where they are—both medically and socially—and tailoring care to the realities of their lives."
"No, because I deal with similar population at our home clinic."
"I made a connection with a young man when discussing his anxiety and because of that connection, he wanted me to be his PCP moving forward."

Discussion

1. Participation in Interdisciplinary Conference and Community Care experiences may have contributed to measurable growth in residents' professional identity formation.
2. Interdisciplinary Conference survey data indicates overall positive perceptions of physician identity growth. Communication and Collaboration were identified as the most gained skill across events.
3. Focus group interviews were transitioned to narrative surveys due to resident time and scheduling constraints. Four of twenty residents have responded voluntarily.
4. Pairing intentional professional development with service to vulnerable communities may foster stronger physician identity formation. This model may help prepare future physicians committed to compassionate and equitable care.
5. Next steps: execution & analysis of narrative surveys prior to graduation, analysis of future IDCs on 3/6/26 ("Building Fortitude in Residency) and 5/1/26 ("Beyond the White Coat – Legal, Financial, and Future planning").
6. Challenges: Defining success for less tangible aims, engaging residents in survey completion, finding a qualitative analysis tool, controlling for confounders such as DME transition and changes in Community Care resident presence.

NI X Meeting Two: April 17-18, 2026

Improving Clinical Competency Through Direct Observation in Family Medicine Residency

Yousef Ksheboon MD[1], Christina Delisi MD[1], Sagar Acharya MD[1], Apurva Patil MD[1], Ann Yacoubian MD[1], Shana John MD[1], Andrez Paz DO[1], Akshay Patel MD[1], Jillian Weinfeld MD[1], Kelly Ussery- Kronhaus MD[1], Kenneth Kronhaus MD[1]

[1]Hackensack Meridian Health Ocean University Medical Center

Introduction: Background & Context

- Direct observations are a meaningful evaluation tool to assess resident competency throughout residency training
- Prior to the implementation of this project, the residents at the OUMC Family Medicine Residency Program residents were obtaining 20-30 direct observations throughout their training
- Increasing the number of direct observations per resident allows for specific and direct feedback for residents
- Changing residency culture to create a constant feedback loop for residents to feel more comfortable receiving feedback andfor faculty development around the process of feedback

Aim/Objectives/Alignment

- *To increase the number of direct observations per resident to 100 evaluations per year of training which totals 300 direct observations throughout the three years of a family medicine residency*
- *To create a procedure competency curriciculm to meet the new procedural competencies in accordance with the ABFM*

Project Alignment with Organization

- Evaluating clinical competence has the ability to improve resident performance and overall clinical outcomes during residency and during future practice

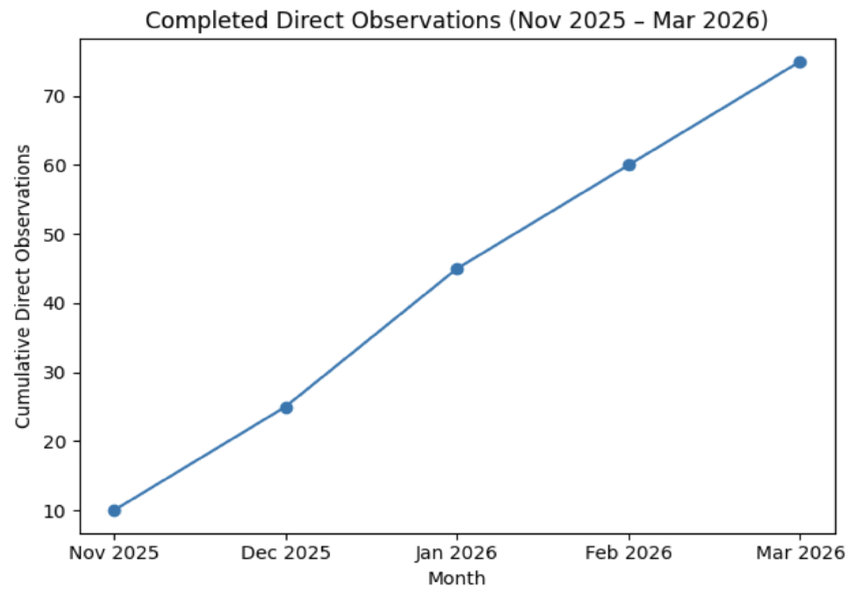
Interventions/Changes

- Developed an AI generated platform to track direct observation data including both quantitative and qualitative metrics
- Residents can access their personal performance in real time
- Each resident has been given a QR code that attaches to ID badge and worn during every rotation
- Both clinic performance and procedural competency are being evaluated using the same QR code
- Procedural workshops are being incorporated into didactics sessions and logged
- PGY-3 class is evaluating perceived improvement in evaluations from residency and faculty perspectives
- Needs to be submitted to IRB

Measures

- The amount of direct observations collected per resident
- The amount of direct observations completed by each faculty member
- Improvement in resident performance throughout training with the goal of each resident achieving a 4 or 5 score on five point likert scale by the third year of family medicine residency training
- Formal assessments of the thirteen procedure competencies required by the ABFM for family medicine residency competency attestation upon graduation
- Improvement in rating scores of the process of evaluation amongst faculty and residents

Results: Preliminary



Discussion

1. *The number of direct observations per family medicine resident have doubled since the implementation of this project*
2. *Both residents and faculty feel more satisfied with the process of evaluation and ease of use of the current evaluation tool*
3. *AI has allowed us to constantly modify the evaluation tool and database based on feedback from residents and faculty*
4. *The data collected in this project will be used to ultimately attest to residency competency upon the completion of the family medicine training program*

AdventHealth Orlando- Enhancing the clinical learning environment through fostering optimal communication practices and improving psychological safety

Alexandra Lajeunesse MA, Tyon Hall PhD, Shani Cunningham DO, Dwayne Gordon MD, Lee Johnson, Amanda Bailey MA, Natasha Bradley MA, Megan Dowdell MA

Introduction: Background & Context

AdventHealth Graduate Medical Education (GME) has undergone sustained growth and continuous improvement, guided by a leadership culture that actively values learner and faculty feedback. Current GME priorities include improving wellbeing metrics within the clinical learning environment, as reflected in the 2025 ACGME Well-Being Survey. Through participation in National Initiative X, AdventHealth GME aims to identify and implement evidence-based strategies that promote psychological safety—a critical component of high-quality medical education, patient safety, and learner wellbeing. Internal assessments have identified opportunities for growth related to psychological safety, particularly in learners' comfort discussing concerns with faculty and consistency of feedback in select programs.

As AdventHealth GME continues to expand residency and fellowship programs, ensuring an optimal learning environment is essential to maintaining educational excellence, accreditation outcomes, and competitive Match rates. This includes fostering both physical and emotional safety in high-acuity clinical settings such as inpatient units and the operating room. Addressing communication dynamics and feedback practices within these environments is key to supporting residents' professional development and sustaining a culture of trust, respect, and continuous learning.

Aim/Objectives/Alignment

This project aims to improve psychological safety and communication within the clinical learning environment by implementing a structured, therapist-facilitated feedback protocol in inpatient and operating room settings. The intervention is designed to provide direct observation and real-time, actionable feedback to both faculty and residents, with measurable outcomes including improvement in learner-reported safety, feedback quality, and communication metrics as reflected in the 2025 ACGME Well-Being Survey and local program evaluations. The scope, duration, and staffing model of the intervention were intentionally designed to be feasible within existing GME structures and reproducible across programs.

This initiative is highly relevant to AdventHealth GME's strategic priorities of program growth, accreditation success, and learner wellbeing. By engaging both faculty and residents across hierarchical roles, the project promotes inclusive dialogue and equitable access to feedback and support, ensuring that all learners feel empowered to voice concerns and participate fully in their education. Implemented within a defined timeframe and aligned with national best practices through National Initiative X, this project advances a sustainable, psychologically safe learning environment that supports educational excellence, patient safety, and institutional growth.

Interventions/Changes

IRB was submitted and approved for QI/QA

- **Therapist-Facilitated Observation**
  - Trained therapist shadows clinical teams in inpatient units, ORs, and outpatient clinics
  - Observes real-time resident–faculty communication and teaching interactions
- **Structured Communication Assessment**
  - Utilization of TOSCE-based observation tools to identify communication strengths and breakdowns
  - Focus on high-stakes, high-stress clinical environments
- **Psychological Safety Assessment**
  - Pre- and post-intervention psychological safety surveys administered to residents and faculty
  - Identification of patterns related to stress responses and perceived safety in learning
- **Group Educational Feedback**
  - Resident didactic workshops addressing aggregate communication themes and best practices
  - Faculty meetings or retreats reviewing system-level trends and opportunities for growth
- **Individualized Coaching and Feedback**
  - One-on-one, 30-minute feedback sessions with residents and faculty
  - Actionable, strengths-based recommendations tailored to observed behaviors
- **Reflection and Debrief**
  - Facilitated group debrief sessions following intervention completion
  - Encourages shared learning, reflection, and sustained culture change

Measures

Observational Data Review

- TOSCE observation data analyzed to identify changes in:
  - Communication behaviors
  - Teamwork dynamics
  - Interprofessional collaboration

Psychological Safety Measurement

- Edmondson Psychological Safety Index scores analyzed at:
  - Individual level
  - Team level
- Comparison of pre- and post-intervention psychological safety trends

Well-Being Outcomes

- Aggregate results from the ACGME Well-Being Survey reviewed
- Assessment of associations between communication improvements and resident well-being.

Results: Preliminary

The project is currently in the first stage of implementation.

- Initial project introduction to internal medicine and invitation to participate in project signatures were completed on 3/4/26.
- Initial project introduction to pediatric residents and invitation to participate in project signatures were completed on 4/3/26.
- Initial project introduction to both internal medicine and pediatrics faculty are being scheduled for May.
- Initial psychological safety evaluations will be conducted in May.
- Initial shadowing and observations are being scheduled to begin end of May-early June.
- **Initial data collection is scheduled to begin in early fall.**

Discussion

1. Current challenge is ensuring all residents receive and sign off on initial introduction to the project prior to shadowing beginning.
2. Currently considering conducting a Focus group during the debrief for both faculty and residents to gain rich feedback on the project experience.

Aurora Health Care
Now part of ADVOCATEHEALTH
Internal Medicine Residency Program

Air Quality Escape Room (ESCR): Engaging Residents in Health Equity Education

V Gillet; J Bidwell; A Getzin; A Levy; D Simpson; M Zabel; D Cairns; and the
Advocate Health Air Quality Escape Room Working Group

AiAMC Alliance of Independent Academic Medical Centers
National Initiative

Introduction: Background & Context

- Social/structural drivers of health (eg, environmental exposures and health consequences of climate change) are recognized pillars in creating healthy communities[1,2]
- Many barriers limit how meaningfully residents incorporate structural, particularly environmental, health into their clinical decision-making
  - Gamification is shown to overcome many of these barriers by enhancing feelings of relatedness, autonomy, and competence[3,4]
- Dec 2025, 2 Internal Medicine (IM) faculty participated in an invitation only "design sprint" (10 hrs/2 days) *
  - o Experienced and critiqued an extreme heat escape room (ESCR)
  - o Each of 3 teams created and vetted rough drafts of immersive case challenges aka Escape Rooms (air quality, flooding, health care waste) to foster learning about climate resilience and healthcare sustainability
  - o Sponsored by Advocate Health's (AH) Environmental Affairs and Sustainability; Lead by the Medical Director of Sustainability
- IM faculty identified 2 residents (expertise/experience in game design or environmental health content) to partner on refining and implementing air quality ESCR

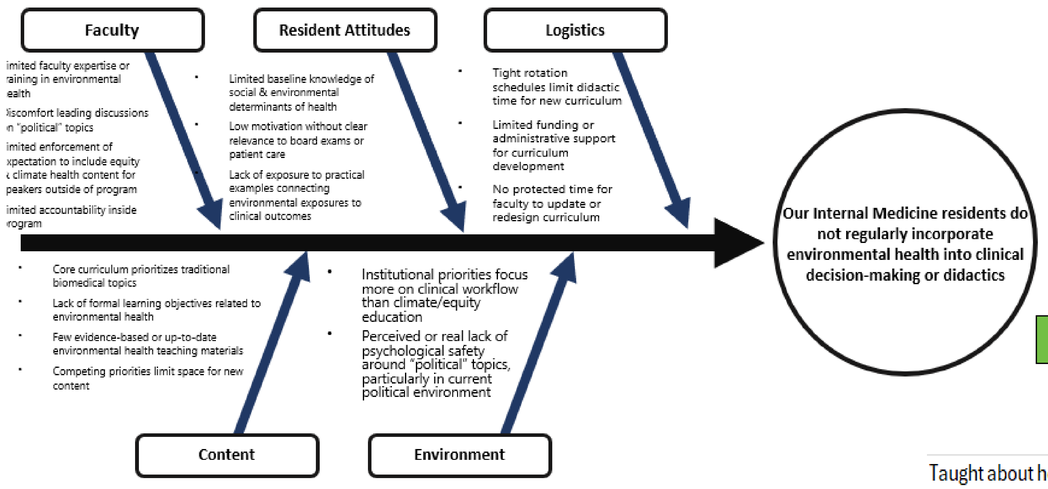
Aim /Objectives/Alignment

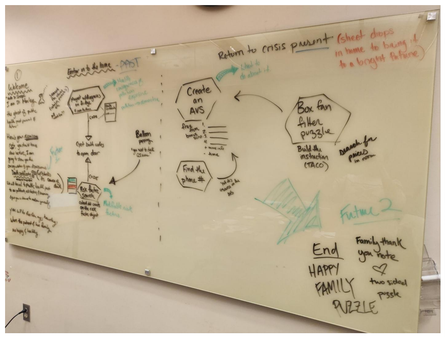
Aim: To bring environmental health education to Aurora IM residency by implementing a Med Ed ESCR on the health impacts of air quality

Objectives: Increase residents' knowledge/competence in:

- o Recognizing health impacts of poor air quality
- o Identifying vulnerable populations to reduce health inequities related to air pollution
- o Applying environmental health considerations to real-time clinical decisions
- o **Alignment:** AH's pledges to lead the way on environmental sustainability; Environmental sustainability and planetary health and is an Aurora GME strategic priority for 2026-2030
- o Design sprint was co-sponsored/partially funded by Advocate Health's Environmental Affairs and Sustainability Office

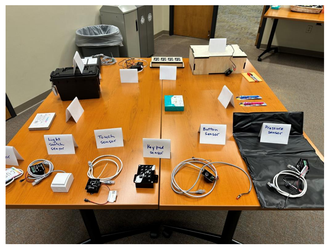
Barriers to environmental health incorporation to care and didactics





Interventions/Changes

- 30-60 min immersive case challenge MedEd ESCR on air pollution aimed at Internal Medicine residents
- Utilize Design Thinking approach to expand prototype and pilot



Planned Measures

- ACGME resident survey item(s): health disparities education
- Aurora specific GME milestone on Structural Fluency
  - o Level of competency on the "Ensures equitable health outcomes for patients across the life span and in all settings"
  - o Assessed by teaching faculty during IM inpatient rotations and continuity clinic
- Pre-post survey administered on day of escape room intervention

Results: Preliminary

	% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
Taught about health care disparities	88%	3.8	83%	3.6	86%	3.8

Table 1. Baseline Internal medicine results on 2025 ACGME survey

Milestone - Structural Fluency (1 to 5 Scale)	20-21	21-22	22-23	23-24	24-25
PGY 1	3.2	3	3.1	3.1	3
PGY 2	3.6	3.4	3.6	3.6	3.6
PGY 3	4.1	4	4	4.1	3.6

Table 2. Baseline Internal medicine results on Aurora's structural fluency competency by academic year and year in training

Discussion

Escape rooms show promise as a method to increase resident engagement with and competence around topics that are not a part of traditional biomedical education

Next steps:

- Translate design sprint draft into a functional game model
- Develop survey instrument to be administered to participants
- Test game model with learners and iterate

Current Challenges

- Limited best practices for creating GME escape rooms
- Respecting the core creative concept created by others, but allowing enough freedom for successful implementation

Selected References/Resources

Clinical

- Marmot M, Allen J, Bell R, et al. Consortium for the European Review of Social Determinants of Health and the Health Divide. WHO European review of social determinants of health and the health divide. Lancet. 2012 Sep 15;380(9846):1011-29. doi: 10.1016/S0140-6736(12)61228-8. Epub 2012 Sep 8. PMID: 22964159.
- Ghosh AK, Azan A, Basu G, et al. Building Climate Change into Medical Education: A Society of General Internal Medicine Position Statement. J Gen Intern Med. 2024 Oct;39(13):2581-2589. doi: 10.1007/s11606-024-08690-1. Epub 2024 Feb 29. PMID: 38424345; PMCID: PMC11436550.
- López-Belmonte J, Segura-Robles A, Fuentes-Cabrera A, et al. Evaluating Activation and Absence of Negative Effect: Gamification and Escape Rooms for Learning. Int J Environ Res Public Health. 2020 Mar 26;17(7):2224. doi: 10.3390/ijerph17072224. PMID: 32224978; PMCID: PMC7177750.
- Kakos NJ, Lufler RS, Cyr B, Zwirner C, Hurley E, Heinrich C, Wilson AB. Unlocking knowledge: a meta-analysis assessing the efficacy of educational escape rooms in health sciences education. Adv Health Sci Educ Theory Pract. 2025 Jun;30(3):837-857. doi: 10.1007/s10459-024-10373-9. Epub 2024 Sep 12. PMID: 39266886.

Escape Rooms Medical Education

- Diemer G, Jaffe R, Papanagnou D, Zhang XC, Zavodnick J. Patient safety escape room: a graduate medical education simulation for event reporting. MedEdPORTAL. 2019 Dec 27;15:10868.
- Park GL, Hegazy SA, Sepe J, et al.. Fostering competencies: a scoping review of escape rooms in medical education. Medical Science Educator. 2025 Apr;35(2):1111-21.
- Effectiveness of Escape Room in Medical Education: A Systematic Review and Meta-Analysis. Games for Health Journal. 2024 Dec 1;13(6):419-27.
- Beardsley T, Sevigny T, Kalynych C. Using an Escape Room for Teaching Patient Safety. Journal of Graduate Medical Education. 2025 Dec 1;17(6):742-8. DOI: 10.4300/JGME-D-24-01022.1

Developing a Collaborative Learning Model maximizing Student and Resident Experience

Elizabeth Beiter, MD; Matthew Orischak, MD; Alexis Williams, DO, Jackline Kiprono, MS, Becky Fleig, MEd

Introduction: Background & Context

Xavier University is starting a new osteopathic medical school and TriHealth is the primary health care partner. Additionally, TriHealth is adding three new residency programs. Across all our GME programs one of the consistent areas of focus on the ACGME survey is the impact of other learners on resident experience. There is currently no formal "residents as teachers" learning curriculum. Additionally, osteopathic residents are consistently represented in all our GME programs however there is no formal osteopathic continuing education during residency training at TriHealth.

Interventions/Changes

- Survey Residents and medical students on drivers of poor satisfaction.
- Apply PDSA methodology to the problem areas identified in the survey.
- Roll out DAX AI to reduce documentation burden and improve time management
- Create and implement medical student expectation document.
- Improve EMR access and documentation capabilities
- Development of longitudinal OMM curriculum for residents with Xavier University

Results: Preliminary

- Residents reported strong support for most planned interventions; Including clinic teaching effectiveness, students teaching support, and clarifying expectations
- Perceptions were more mixed on workload and student impact, with their response being distributed across.
- Administrative workload & Sufficient teaching time in clinic, stood as concerns with over half disagreeing

Aim/Objectives/Alignment

- Examine the key drivers contributing to poor resident experiences with other learners in clinical learning environment.
- Pilot targeted interventions to address the most frequent cited factors impacting resident satisfaction
- Partner with Xavier University to build a collaborative Osteopathic Manipulation(OMM) experience for osteopathic residents.

Measures

- Resident pre and post intervention survey data on the dissatisfiers with other learners in the clinical learning environment.
- ACGME survey data trends in the questions pertaining to the impact of other learners in the clinical learning environment
- Resident satisfaction with new longitudinal OMM curriculum for residents with Xavier University.

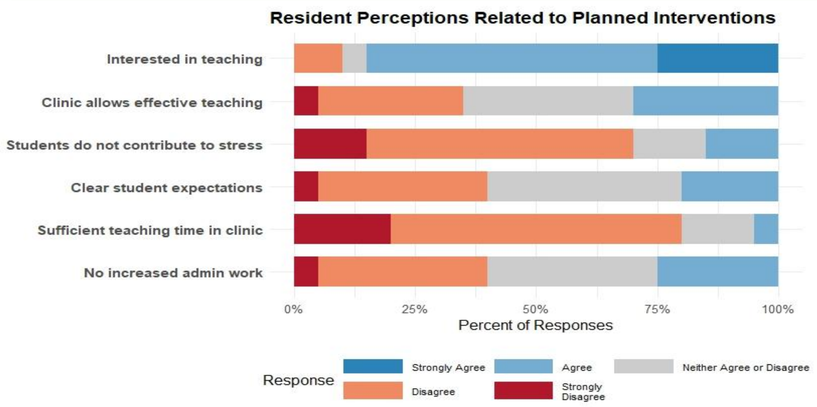
Discussion

- Baseline surveys shows key barriers to teaching learning environment, including insufficient time, increased after hour documentation.
- Residents viewed the EHR as supportive of teaching, suggesting openness to workflow enhancing tools such as DAX AI
- These results validate the need for targeted intervention to improve time management, documentation burden, and clarity of learner's role

Project Alignment with Organization

- As the primary Health Care partner for the Xavier University Osteopathic Medical school, TriHealth is committed to creating an exceptional and effective clinical learning environment.
- This project aligns with the partnership in enhancing satisfaction, teaching quality, and overall experience for both residents and medical students.

Results: Preliminary



Next steps

- Post intervention survey at 6-12 months to evaluate improvement in satisfaction and effectiveness
- Use PDSA cycles to refine interventions based on workflow impact on resident feed back
- Provide resident with teaching strategies to address areas of lower confidence indicated in baseline data
- Prioritize the identified barriers and implement the planned intervention

NI X Meeting Two: April 17-18, 2026

A Focus on POCUS: Faculty Development to Enhance Bedside Ultrasound Teaching in Internal Medicine

Seema Chandra, MD | Aldo Manresa, DO | Resa E. Lewiss, MD
Firas Rabbat, MD | JoVonnda Chresfield, MBA | Tina Sanjar, MD | Andres Soto, MD

Introduction: Background & Context

Point-of-care ultrasound (POCUS) is increasingly recognized as a valuable bedside diagnostic tool in internal medicine and hospital medicine. When used at the bedside, ultrasound can improve diagnostic accuracy, enhance physical examination, and support clinical decision-making in hospitalized patients.[1] [2] Despite growing interest among trainees, adoption of POCUS within hospital medicine remains limited, often due to lack of faculty training, supervision, and confidence in ultrasound use.[1] [3]

The FIU/Baptist Internal Medicine Residency welcomed its first class of thirty residents in June 2025. In developing the curriculum, we identified POCUS education as a key component. However, without faculty expertise, POCUS experience is limited for the simulation lab and dedicated practice sessions, and there is no role modeling of its applicability in daily care. While ultrasounds were previously available for hospitalist use, they were rarely used and there was no formal curriculum in place.

This initiative aims to establish a sustainable model for integrating ultrasound into hospital medicine practice and the resident learning environment through a faculty-first training approach with the goal of promoting real-world bedside ultrasound use and enhancing the clinical learning environment for residents..

References:

1. Soni NJ, Schnobrich D, Mathews BK, et al. Point-of-Care Ultrasound for Hospitalists: A Position Statement of the Society of Hospital Medicine. *Journal of Hospital Medicine.* 2019;14:E1–E6.
2. Moore CL, Copel JA. Point-of-care ultrasonography. *New England Journal of Medicine.* 2011;364:749–757.
3. LoPresti CM, Schnobrich DJ, Dversdal RK, Schembri F. A Road Map for Point-of-Care Ultrasound Training in Internal Medicine Residency. *The Ultrasound Journal.* 2019;11:10.

Aims/Objectives/Alignment

Aim

- **Implement and evaluate a longitudinal POCUS curriculum for faculty hospitalists in a new internal medicine residency**

Objectives

- **Develop educational modules** using online videos, question bank, simulation and hands-on training
- **Expand resident exposure** to bedside ultrasound learning
- **Establish a quality assurance and scan portfolio process** aligned with competency recommendations from the Society of Hospital Medicine and the American College of Chest Physicians.
- **Evaluate outcomes** in resident education and patient care
- **Evaluate faculty satisfaction and use of POCUS**

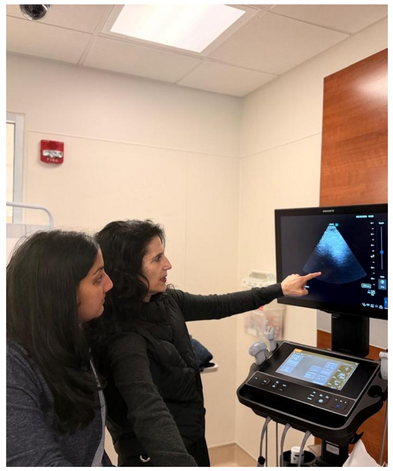
Interventions/Changes

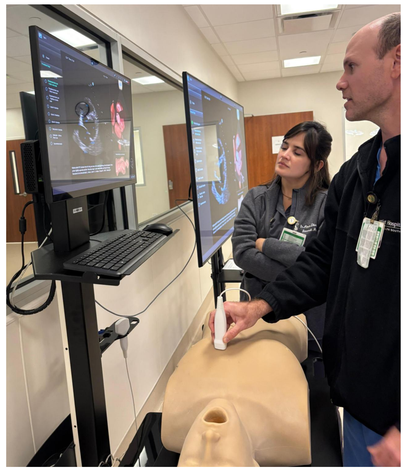
- **Twenty-two hospitalists** participated in

✓ **One-month** flipped classroom curriculum
✓ **8 hour hands-on workshop** (physics, cardiac, lung, inferior vena cava, and bladder ultrasound)

Ongoing

- **Longitudinal quality assurance program** with monthly check-ins





Faculty workshop February 2026

Measures

Faculty measures

- Number of hospitalists completing the POCUS training curriculum
- Adoption of handheld ultrasound use during hospital medicine service
- Participation in scan portfolio development and quality assurance review

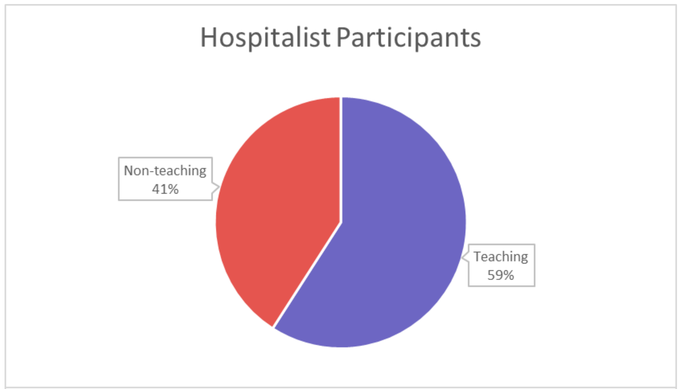
Residency measures

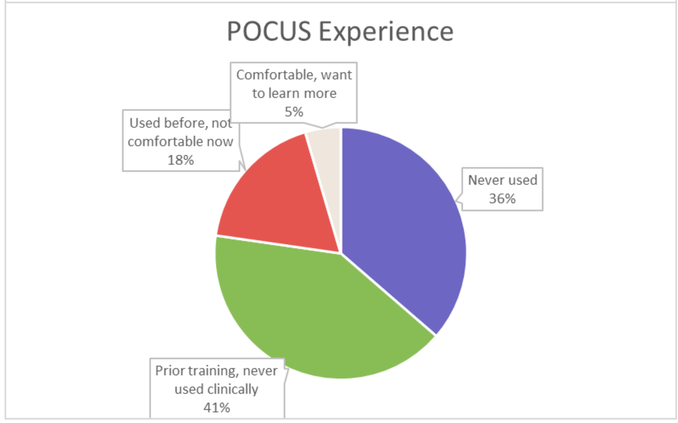
- Exposure to bedside ultrasound teaching during hospital medicine rotations
- Comparison of resident experience when rotating with trained vs non-trained hospitalists
- Resident perceptions of bedside teaching and ultrasound integration during rounds

Program measures

- Clinical assessment of POCUS utilization
- Development of an institutional POCUS quality assurance process

Results: Preliminary





Discussion

This descriptive education innovation examines the utility of implementing a faculty-first POCUS training program within a new internal medicine residency. Twenty-two hospitalists completed the curriculum and are now participating in a longitudinal quality assurance program. The majority of participants had limited prior ultrasound experience. Only one (5%) reported actively using POCUS before the workshop, highlighting two common barriers: limited faculty training and confidence.

By prioritizing hospitalist faculty skills development, this program expands opportunities for residents to learn ultrasound during routine patient care. Integrating POCUS into bedside rounds allows residents to observe and practice ultrasound in real clinical contexts while supporting clinical decision-making.

Next steps:

1. Evaluate resident education experiences when rotating with trained versus untrained hospital medicine faculty
2. Assess faculty progress toward POCUS portfolio completion at six months.

NI X Meeting Two April 17-18, 2026