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Exploring the views of practitioners for community implementation of point-of-care Ultrasound in the UK

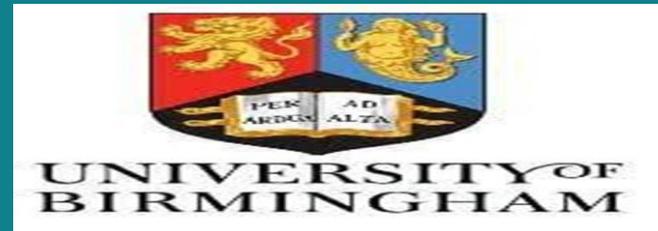
SAPC ASM 4th-6th July 2022

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The research team

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- Prof Richard Lilford, University of Birmingham
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More than 75% of our research was judged to be internationally excellent or world-leading in the latest Research Excellence Framework



Background



Beneficial Changes Network (BCN) – to adopt and implement changes beneficial to health service delivery.



From BCN discussion: point-of-care ultrasound (POCUS) identified as potentially beneficial in community practice.

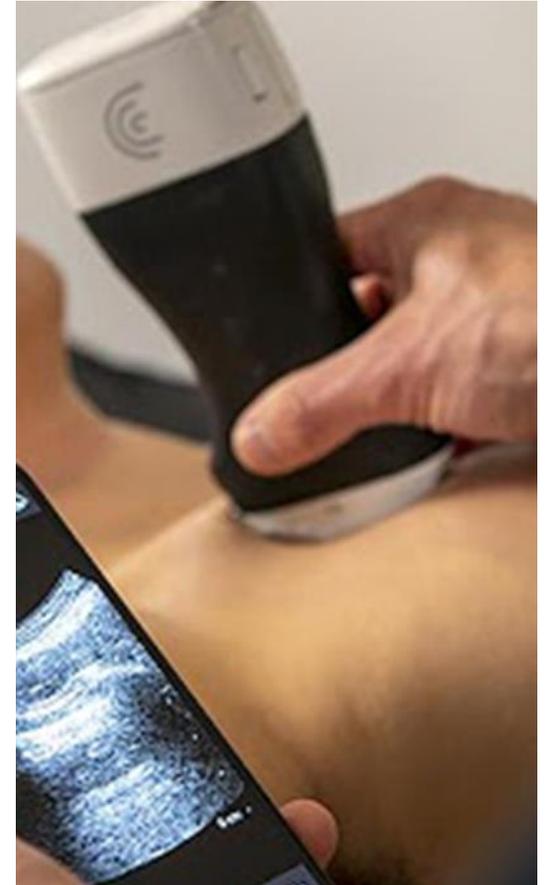
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What is POCUS

- Use of an image-producing device by a clinician at the point of care (Moore & Copel, 2011).



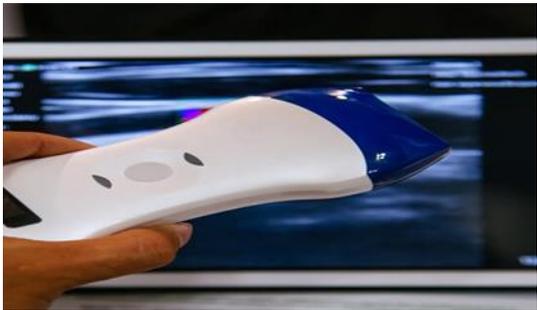
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- US technology now includes ‘hand-held/pocket size devices (‘modern stethoscopes’).
- Can be used in a range of environments.
- Can be used by non-radiology clinicians.

Handheld portable US device



Pocket-sized US device



Portable Wireless Handheld US device



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The evidence

- POCUS may reduce time to diagnosis, treatment and overall costs (Weile et al., 2018).
- POCUS is widespread in secondary care settings.
- But limited evidence of POCUS in community settings in the UK.

Aim

To explore the views of POCUS practitioners for potential barriers and facilitators to a wider implementation POCUS in community settings in the UK.

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Methods

- **Design:** A qualitative interview study
- **Recruitment:** Social media and snowballing technique to recruit eligible participants.
- **Data collection:** Individual interviews via Microsoft Teams.
- **Data analysis:** Interviews recorded, transcribed and analysed using a Framework approach assisted by NVivo 12.

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Findings

Details of participants:

- 16 practitioners aged between 36 and 62 years.
- A range of professional backgrounds (paramedics, GPs, hospital emergency physicians/consultants ..).

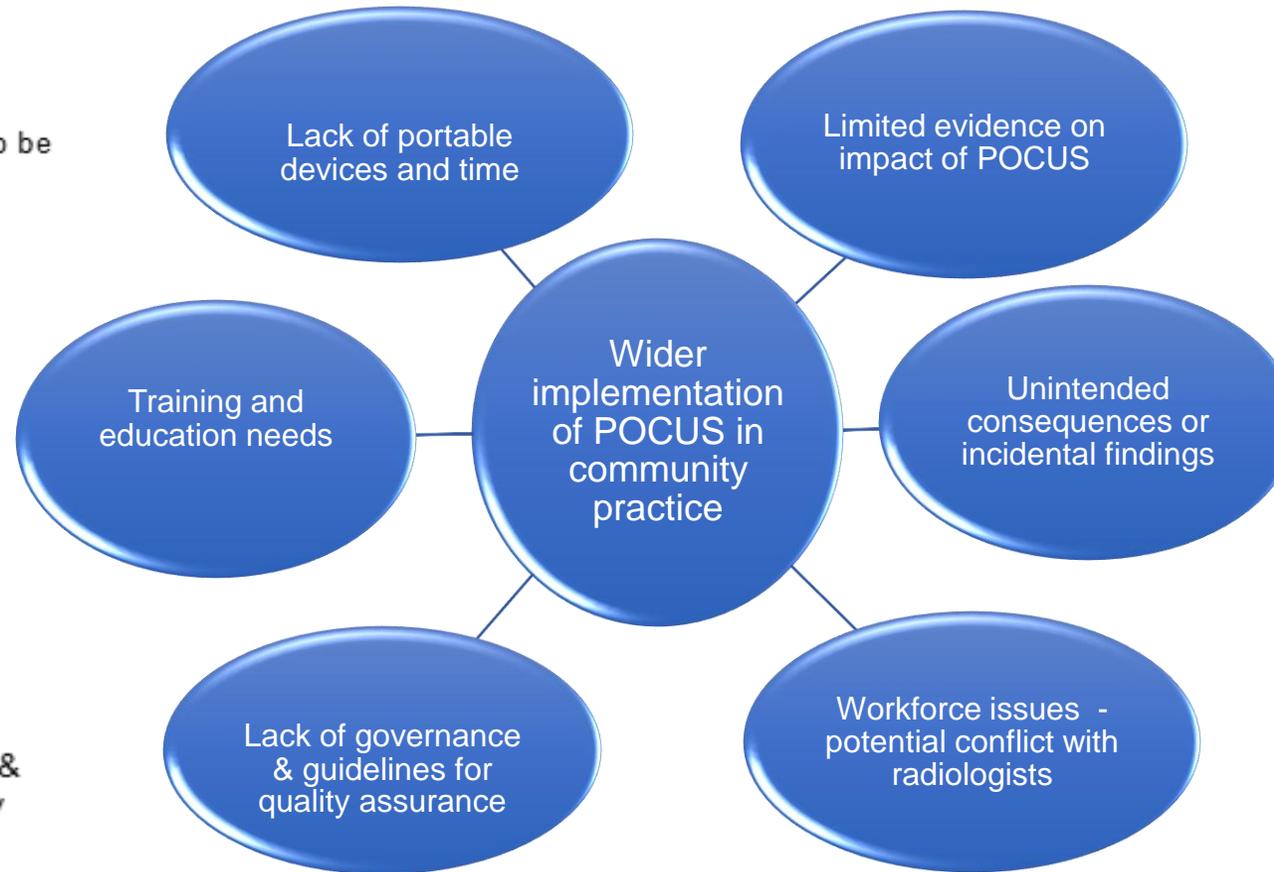
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Themes

- Make POCUS devices available
- Allow time for POCUS to be embedded in practice
- Provide training & supervision to improve skills & confidence
- Strengthen inclusion in undergrad & postgrad education
- Ensure governance & guidelines for quality assurance



- Provide robust evidence to support perceptions of improved health outcomes & patient experience
- Consideration of unintended consequences or incidental findings
- Should complement rather than replace work of radiologist

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Conclusion & next steps

Conclusion:

- POCUS could be useful for improving community care processes, health outcomes and patient experience.
- Facilitators identified should be considered for a wider community implementation of POCUS in the UK.

Next steps - further research on:

- a) How POCUS can be incorporated into clinical education.
- b) The impact of POCUS on care pathways, health outcomes and patient experience.

Acknowledgement

1. The funder NIHR ARC East Midlands
2. The research team
3. Study participants – clinical practitioners

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Thanks for
Listening

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