

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/pocus-findings-clinical-context-bedside/54232/>

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Integrating POCUS Findings with Clinical Context at the Bedside

Announcer:

Welcome to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Taro Minami. He's the Chair of the Ultrasound and Chest Imaging Section at CHEST, the Director of the Intensive Care Unit at Kent Hospital, and a Professor of Medicine and Medical Science and Clinician Educator at The Warren Alpert Medical School of Brown University. He's also a Clinical Professor at Kyoto University and a Visiting Professor at Tokyo Women's Medical University in Japan. He'll be discussing the clinical integration of point-of-care ultrasound in patient care. Here's Dr. Minami now.

Dr. Minami:

POCUS—point-of-care ultrasound—cannot be separated from the clinical context. When you take a look at the review article published in the New England Journal of Medicine by Dr. Jose M. Diaz-Gomez, Dr. Paul Mayo, who's my mentor, and Dr. Seth Koenig, the very first sentence of the very first paragraph of this New England Journal of Medicine article states that point-of-care ultrasonography is defined as the acquisition, interpretation, and immediate clinical integration of ultrasonographic imaging performed by a treating clinician at the patient's bedside, rather than by a radiologist or cardiologist.

This is important for so many reasons, because they stress the importance of the clinical integrations of ultrasonographic imaging as part of the point-of-care ultrasound. So you cannot separate patient's information from the images. POCUS is, in a way, a tool. And how to utilize a tool in conjunction to the patient's clinical context is so important. You can't separate them.

So that's why it's so important that POCUS is, in a way, ultrasound for your patient, performed by you at the bedside. And you are the one who utilizes the information for the patients you are treating in front of you. You can't separate the clinical context from the images by itself. If you miss that, you are running the risk of making big mistakes, I would say.

My friend and colleague Dr. Abhi Koratala, who is well-known in the Twitter field and in NephroPOCUS, often says that "POCUS is not the substitute for your brain." So you still have to think about utilizing all these POCUS images yourself. Without thinking and connecting to the patient's clinical context, you are running a risk of making a big mistake. So that's very important. And, if I say one thing, that is a thing I would like to stress.

Announcer:

That was Dr. Taro Minami talking about why point-of-care ultrasound can't be separated from clinical judgment. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!