



Jonathan Monti shares his story and the power of POCUS

Thirteen years ago, on a remote military forward operating base in Afghanistan, I didn't have a clear reason for my trauma patient's hypotension. Although his penetrating wounds appeared relatively benign, something just didn't seem right. Thankfully, I had one of the first point-of-care ultrasound machines by my side. Within a minute, a FAST exam revealed a large pericardial effusion with early tamponade physiology. I alerted the surgeon who quickly took the patient to the surgical tent to undergo a pericardial window, revealing a piece of shrapnel embedded in the patient's right ventricle, and saving me from having to struggle through what would have assuredly been a very scary and my first pericardiocentesis.

The power of POCUS was revealed to me that day. It led me to pursue research during my EMPA residency demonstrating its value and the ease by which non-physicians could be trained to effectively employ POCUS to detect pneumothorax, and I have since been on mission to get clinicians to embrace and integrate POCUS into their practices. Although it may seem obvious that PAs can employ POCUS, there remains a paucity of studies demonstrating its employment by PAs in particular. Completion of the US Army's Emergency/critical care ultrasound fellowship in 2014 provided me with the tools to not only educate others in POCUS, but also the opportunity to craft and execute research that demonstrates that PAs and other non-physicians can safely and effectively employ POCUS. Prior to my retirement from the military, I was able to craft and execute several iterations of a Clinical Ultrasound Basic Skills (CUBS) Course, which included emergency and critical care applications. Attendees were astounded by the number of ways that POCUS could improve the care they provided to their patients, regardless of their clinical practice setting. I am currently conducting research on military medic employment of POCUS as an employee of the Henry M. Jackson Foundation for the Advancement of Military Medicine, a job that has allowed me the luxury of stepping away from clinical practice while remaining relevant as a PA educator/researcher, and the opportunity to continue to demonstrate the value of POCUS for those military personnel selflessly serving our country.

Co-founding the Society of Point-of-Care Ultrasound (SPOCUS) with Francisco Norman in 2016, has allowed us to increasingly extend our influence to those who may not realize the

value of POCUS, or who lack access to training and educational opportunities. Our members come from all practices and backgrounds, but many of our best and brightest members are pulm/CV Surg/critical care PAs who find POCUS invaluable in situations of undifferentiated dyspnea or hypotension. We consistently hear from our members that having an easily accessible diagnostic adjunct that can differentiate etiologies of acute physiologic pathology, guide management, and guide invasive procedures, is truly an invaluable resource for them, particularly for those clinicians working overnight or in critical access hospitals, where resources are limited. For those looking to learn more about POCUS, I would encourage you to explore the resources at www.spocus.org, and I would like to challenge those not currently employing POCUS to find out if/how POCUS can benefit your practice and patients.