INTRODUCTION
- Guatemala: low/middle income, under-funded and fragmented healthcare system
- Roosevelt Hospital: one of two public hospitals in Guatemala City
- Internal medicine program: 42 residents- includes emergency department (ED), inpatient floors, and intensive care unit (ICU)
- Mortality rates: 23.3% and 26.8% in the ICU and ED respectively
- High income countries: bedside ultrasonography is a standard cost-effective technology

PURPOSE
- Assess trainees’ knowledge and interest
- Establish a training program adapted to Guatemala
- Improve patient care and outcomes

METHODS
- Voluntary and Anonymous Questionnaire
- Medical Residents at Roosevelt Hospital
- Experience, Interests, Perceived Barriers

RESULTS
37/42 residents completed the survey (88%)

Experience
- 24% had received NO formal training
- None had used it for central venous access, arterial line placement or shock evaluation

Interest
- All residents were interested in learning for the evaluation of shock and respiratory failure
- The majority were interested in using for procedural guidance

Perceived Barriers
- To learning ultrasound was the lack of local expertise
- To implementing its use, was sustained access to a machine (92%) and training program (8%)

CONCLUSIONS
- Medical residents at Roosevelt hospital are interested and recognize the need for training and implementing diagnostic bedside ultrasound
- Perceived barriers can be resolved
  - Acquisition of reliable ultrasound machine
  - Utilization of local experts as trainers
  - Design a resident-based training program

NEXT STEPS
- Create a locally-sustainable, point of care ultrasound training program
  - Resident leaders to direct program
  - Local cardiologist to provide hands-on training
  - Didactics and course design based on international guidelines and recommendations
  - Post-course assessment and certification
  - Clinical outcomes research- improved care? medical education? cost effective?