

EFAST

Extended Focussed Assessment with Sonography for Trauma

Ultrasound Logbook

Name _____

Contents

EFAST Accreditation Requirements

25 Abdominal Aorta Report Forms

3 Formative Assessments

1 Summative Assessment



E-FAST Accreditation

Extended Focussed Assessment with Sonography for Trauma

Accreditation requires (as a minimum)

1. Completion of Introductory US course

Physics, artefacts, how to use the machine and perform a scan

2. Completion of a FAST or E-FAST course

With theoretical and hands on components

Including integration of EFAST into the clinical setting

3. Completion of an ultrasound logbook

25 scans with recording of images

Half indicated

5 positive for free fluid

Scans all checked by a supervisor (may simply view images retrospectively)

Ideally scans compared to a gold standard (CT / Serial clinical exam / Formal ultrasound / Operative findings / Post mortem)

4. Completion of 3 Formative Assessments (Ultrasound Village recommendation)

Detailed and directed E-FAST examinations with a supervisor, going through the attached work sheet.

5. Summative Assessment (Ultrasound Village recommendation)

A formative assessment with no help / feedback, where the competence of the sonographer is completely assessed by a supervisor.

6. Testing of Knowledge

Ideally a test of image interpretation and clinical decision making ability to test knowledge rather than ultrasound ability.

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E-FAST is a limited trauma ultrasound that only aims to detect:

1. Intra abdominal free fluid
2. Pericardial effusion
3. Major haemothorax
4. Pneumothorax

A normal E-FAST does not exclude significant intra abdominal injury

Patient details

Mechanism of Trauma _____

Examination Findings

Pulse	BP	RR	Sats
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Probe Position	Views	Notes	Findings	Optional Information
	1 RUQ	RUQ Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid	Right Upper Quadrant Normal Inadequate Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth
	2 LUQ	LUQ Fluid can collect around the entire spleen Look above the diaphragm for HTX	Right Haemothorax Normal Inadequate Positive	
	3 Subcostal	Subcostal Tamponade is a clinical diagnosis Look for fluid in the pericardial space Intra-abdominal fluid above the liver can simulate fluid in front of the right ventricle - although it is on the other side of the diaphragm Pericardial fat pads may give the appearance of pericardial fluid Fluid must have a depth of >5mm; traces of pericardial fluid are normal	Left Upper Quadrant Normal Inadequate Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth
	4 Female Pelvis LS	Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women	Subcostal Normal Inadequate Positive	Maximal depth _____ mm
	5 Male Pelvis TS		Pelvis Normal Inadequate Positive	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth
	6 & 7 Lung LS	Lung Sliding sign and comet tail artefact are normal; loss of these indicate PFX Pneumothorax, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PFX	Right Lung Pneumothorax Normal Inadequate Positive	Detected anteriorly Anteriorly and laterally
			Left Lung Pneumothorax Normal Inadequate Positive	Detected anteriorly Anteriorly and laterally

Conclusions (Note: E-FAST findings must be consistent with clinical suspicion; integrate history, examination, investigations and EFAST findings to reach a conclusion)

Clinician _____ Signature _____ Date _____ Time _____

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			Left Lung Pneumothorax	Normal	Inadequate	Positive

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Mechanism of Trauma		BP	RR	Sats	
Examination Findings					
Probe Position	Views	Notes	Findings		
<p style="font-size: small;">Copyright Rippey and Erclve 2009</p>		1 RUQ 	RUQ Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid	Normal Inadequate Positive	Right Upper Quadrant Inadequate Positive Maximal depth _____mm
		2 LUQ 	LUQ Fluid can collect around the entire spleen Look above the diaphragm for HTX	Normal Inadequate Positive	Right Haemothorax Inadequate Positive
		3 Subcostal 	Subcostal Tampnade is a clinical diagnosis Look for fluid in the pericardial space Intra-abdominal fluid above the liver can simulate fluid in front of the right ventricle - although it is on the other side of the diaphragm Pericardial fat pads may give the appearance of pericardial fluid Fluid must have a depth of >5mm; traces of pericardial fluid are normal	Normal Inadequate Positive	Left Upper Quadrant Inadequate Positive
		4 Female Pelvis LS 	Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women	Normal Inadequate Positive	Left Haemothorax Inadequate Positive
		5 Male Pelvis TS 	Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women	Normal Inadequate Positive	Subcostal Inadequate Positive
		6 & 7 Lung LS 	Lung Sliding sign and comet tail artefact are normal; loss of these indicate PFX Pneumothorax, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PFX	Normal Inadequate Positive	Subcostal Inadequate Positive
				Normal Inadequate Positive	Pelvis Inadequate Positive
				Normal Inadequate Positive	Right Lung Pneumothorax Inadequate Positive
		Normal Inadequate Positive	Left Lung Pneumothorax Inadequate Positive		
		Normal Inadequate Positive	Optional Information < 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth		

Conclusions (Note: E-FAST findings must be consistent with clinical suspicion; integrate history, examination, investigations and EFAST findings to reach a conclusion)

Clinician	Signature	Date	Time	EMERGENCY ULTRASOUND EFAST
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EFAST: Indicated? Y N (Circle) Positive? Y N (Circle)
 Gold Standard Comparison: _____
 Supervisor: _____ Comment: _____



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Examination Findings

Pulse	BP	RR	Sats
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Probe Position	Views	Notes	Findings	Optional Information
	1 RUQ	RUQ Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid	Normal	< 2mm maximal depth
	2 LUQ	LUQ Fluid can collect around the entire spleen Look above the diaphragm for HTX	Inadequate	2 - 10mm maximal depth
	3 Subcostal	Subcostal Tamponade is a clinical diagnosis Look for fluid in the pericardial space Intra-abdominal fluid above the liver can simulate fluid in front of the right ventricle - although it is on the other side of the diaphragm Pericardial fat pads may give the appearance of pericardial fluid Fluid must have a depth of >5mm; traces of pericardial fluid are normal	Normal	> 10 mm maximal depth
	4 Female Pelvis LS	Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women	Inadequate	< 2mm maximal depth
	5 Male Pelvis TS		Normal	2 - 10mm maximal depth
	6 & 7 Lung LS	Lung Sliding sign and comet tail artefact are normal; loss of these indicate PFX Pleuradhesia, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PFX	Inadequate	> 10 mm maximal depth
				Normal
			Inadequate	Anteriorly and laterally
			Normal	Detected anteriorly
			Inadequate	Anteriorly and laterally

Conclusions (Note: E-FAST findings must be consistent with clinical suspicion; integrate history, examination, investigations and EFAST findings to reach a conclusion)

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Pulse	BP	RR	Sats
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Probe Position	Views	Notes	Findings	Optional Information	
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	4 Female Pelvis LS	Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women	Inadequate	Positive	Maximal depth _____ mm
	5 Male Pelvis TS		Normal	Inadequate	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth
	6 & 7 Lung LS		Lung Sliding sign and comet tail artefact are normal; loss of these indicate PFX Pneumothorax, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PFX	Normal	Detected anteriorly Anteriorly and laterally
				Inadequate	Positive

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Pulse	BP	RR	Sats
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Probe Position	Views	Notes	Findings	Optional Information	
	1 RUQ	RUQ Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid	Normal	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth	
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	4 Female Pelvis LS	Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women	Inadequate	Positive	Maximal depth _____ mm
	5 Male Pelvis TS		Normal	Positive	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth
	6 & 7 Lung LS	Lung Sliding sign and comet tail artefact are normal; loss of these indicate PFX Pneumothorax, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PFX	Normal	Positive	Detected anteriorly Anteriorly and laterally
				Normal	Detected anteriorly Anteriorly and laterally

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Examination Findings

Pulse	BP	RR	Sats
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Probe Position	Views	Notes	Findings	Optional Information	
	1 RUQ	RUQ Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid	Right Upper Quadrant Normal Inadequate Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth	
	2 LUQ	LUQ Fluid can collect around the entire spleen Look above the diaphragm for HTX	Right Haemothorax Normal Inadequate Positive		
	3 Subcostal	Subcostal Tamponade is a clinical diagnosis Look for fluid in the pericardial space Intra-abdominal fluid above the liver can simulate fluid in front of the right ventricle - although it is on the other side of the diaphragm Pericardial fat pads may give the appearance of pericardial fluid Fluid must have a depth of >5mm; traces of pericardial fluid are normal	Left Upper Quadrant Normal Inadequate Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth	
	4 Female Pelvis LS	Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women	Subcostal Normal Inadequate Positive	Maximal depth _____ mm	
	5 Male Pelvis TS		Pelvis Normal Inadequate Positive	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth	
	6 & 7 Lung LS		Lung Sliding sign and comet tail artefact are normal; loss of these indicate PFX Pneumothesis, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PFX	Right Lung Pneumothorax Normal Inadequate Positive	Detected anteriorly Anteriorly and laterally
			Left Lung Pneumothorax Normal Inadequate Positive	Detected anteriorly Anteriorly and laterally	

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Pulse	BP	RR	Sats
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	5 Male Pelvis TS		Normal	Positive	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth
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				Inadequate	Positive
			Normal	Detected anteriorly Anteriorly and laterally	

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Examination Findings

Pulse	BP	RR	Sats
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Probe Position	Views	Notes	Findings	Optional Information	
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	5 Male Pelvis TS		Normal	Positive	Maximal depth _____ mm
	6 & 7 Lung LS		Lung Sliding sign and comet tail artefact are normal; loss of these indicate PFX Pneumothorax, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PFX	Inadequate	Positive
				Normal	Positive

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Mechanism of Trauma _____

Examination Findings

Pulse	BP	RR	Sats
-------	----	----	------

Probe Position	Views	Notes	Findings	Optional Information
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	4 Female Pelvis LS	<p>Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women</p>	Inadequate	< 2mm maximal depth
	5 Male Pelvis TS		Normal	2 - 10mm maximal depth
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				Inadequate
			Inadequate	2-10mm maximal depth
			Inadequate	> 10 mm maximal depth

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Patient details

Mechanism of Trauma _____

Examination Findings

Pulse	BP	RR	Sats
-------	----	----	------

Probe Position	Views	Notes	Findings			Optional Information
			Right Upper Quadrant	Normal	Inadequate	
	1 RUQ	<p>RUQ</p> <p>Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid</p>	Normal	Inadequate	Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth
	2 LUQ	<p>LUQ</p> <p>Fluid can collect around the entire spleen Look above the diaphragm for HTX</p>	Normal	Inadequate	Positive	
	3 Subcostal	<p>Subcostal</p> <p>Tamponade is a clinical diagnosis Look for fluid in the pericardial space Intra-abdominal fluid above the liver can simulate fluid in front of the right ventricle - although it is on the other side of the diaphragm Pericardial fat pads may give the appearance of pericardial fluid Fluid must have a depth of >5mm; traces of pericardial fluid are normal</p>	Normal	Inadequate	Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth
	4 Female Pelvis LS	<p>Pelvis</p> <p>Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women</p>	Normal	Inadequate	Positive	Maximal depth _____ mm
	5 Male Pelvis TS		Normal	Inadequate	Positive	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth
	6 & 7 Lung LS	<p>Lung</p> <p>Sliding sign and comet tail artefact are normal; loss of these indicate PFX Pneumothorax, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PFX</p>	Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally
				Normal	Inadequate	Positive

Conclusions (Note: E-FAST findings must be consistent with clinical suspicion; integrate history, examination, investigations and EFAST findings to reach a conclusion)

Clinician	Signature	Date	Time	EMERGENCY ULTRASOUND EFAST
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Probe Position	Views	Notes	Findings	Optional Information	
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	4 Female Pelvis LS	Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women	Inadequate	Positive	Maximal depth _____ mm
	5 Male Pelvis TS		Normal	Positive	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth
	6 & 7 Lung LS		Lung Sliding sign and comet tail artefact are normal; loss of these indicate PFX Pneumothorax, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PFX	Normal	Detected anteriorly Anteriorly and laterally
				Inadequate	Positive
			Normal	Positive	

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Probe Position	Views	Notes	Findings	Optional Information
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				Normal
			Normal	Anteriorly and laterally
			Normal	Detected anteriorly
			Normal	Anteriorly and laterally

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Mechanism of Trauma		Pulse		BP		RR		Sats		
Examination Findings		Notes		Views		Findings		Optional Information		
Probe Position	Views	Notes	Right Upper Quadrant	Right Haemothorax	Left Upper Quadrant	Left Haemothorax	Subcostal	Pelvis	Right Lung Pneumothorax	Left Lung Pneumothorax
	1 RUQ	<p>RUQ Fluid collects in Morison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid</p>	Normal	Inadequate	Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth				
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	4 Female Pelvis LS	<p>Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women</p>	Normal	Inadequate	Positive	Maximal depth _____ mm				
	5 Male Pelvis TS		Normal	Inadequate	Positive	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth				
	6 & 7 Lung LS	<p>Lung Sliding sign and comet tail artefact are normal; loss of these indicate PFX Pneumothorax, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PFX</p>	Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally				
	6 & 7 Lung RS		Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally				
<p>Conclusions (Note: E-FAST findings must be consistent with clinical suspicion; integrate history, examination, investigations and EFAST findings to reach a conclusion)</p>										
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Examination Findings

Pulse	BP	RR	Sats
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Probe Position	Views	Notes	Findings	Optional Information
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	4 Female Pelvis LS	Pelvis Look for free fluid behind and above the bladder In the female, fluid collects initially in the Pouch of Douglas A small amount of pelvis free fluid is normal in women	Normal Inadequate Positive	Maximal depth _____ mm
	5 Male Pelvis TS		Normal Inadequate Positive	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth
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				Normal Inadequate Positive

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Clinician	Signature	Date	Time
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EMERGENCY ULTRASOUND EFAST

EFAST: Indicated? Y N (Circle) Positive? Y N (Circle)

Gold Standard Comparison: _____

Supervisor: _____ Comment: _____

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Trainee: _____

Tutor: _____

Date: _____

A Formative Assessment is a structured teaching process. The student is led through a complete ultrasound examination by their tutor. The tutor may direct, prompt and teach as they see appropriate. At least 3 Formative Assessments are required before attempting the final Summative Assessment. The Summative Assessment is a structured assessment process where the candidate may be prompted through the ultrasound examination process, is asked questions but should not be instructed.

	Competent	Required Instruction
Preparation		
Prepare patient		
Position		
Consent / Explanation		
Prepare environment		
Lights dimmed if possible		
Prepare machine		
Correct position		
Turn machine on		
Probe selection		
Can change transducer		
Selects appropriate transducer for indication		
Preset selection		
Select correct preset		
Data entry		
Enter patient / study details		

Competent **Required Instruction**

Image acquisition

RUQ

Optimisation	Adjusts depth		
	Understands frequency adjustment		
	Adjusts focus if on machine		
	Adjusts gain & TGC		
Identifies	Liver		
	Morrisons pouch		
	Kidney		
	Diaphragm		
	Lung		
	Gallbladder (if seen)		
	IVC (if seen)		
	Bowel		
Describes	Duodenum (if seen)		
	Where intraabdominal blood collects		
	Appearance of this		
	Where pleural blood collects		
	Appearance of this		

LUQ

Optimises image			
Identifies	Spleen		
	Kidney		
	Diaphragm		
	Can identify bowel / stomach		
Describes	Where intraabdominal blood collects		
	Appearance of this		
	Where pleural blood collects		
	Appearance of this		

Pelvis

Optimises image	Adjusts gain appropriately		
Identifies	Bladder		
	Iliac vessels		
	Prostate / Uterus & Vagina		
	Rectum		
Scans through in TS / LS appropriately			
Describes	Where free fluid collects		

Competent **Required Instruction**

Pericardium

Subcostal view

Optimises image	Adjusts depth appropriately		
Identifies	Liver		
	Lung		
	Heart		
	R Ventricle		
	L Ventricle		
	Septum		
	Atria		
	Pericardium		
Describes	Where pericardial fluid collects		
	Appearance of this		

Long axis parasternal view (optional)

Optimises image		
Identifies	Heart	
	RV	
	LV	
	LA	
	MV	
	AV	
	Pericardium	
Describes	Where pericardial fluid collects	
	Appearance of this	

Lung (optional)

Optimises image	High resolution (abdo or linear probe)		
	Shallow depth		
Identifies	Rib		
	Pleura		
	Comet tail artifact		
	Sliding sign		
Describes	Appearance of pneumothorax		
	Assessment of pneumothorax size		

Other (optional)

Sternum fracture assessment		
IVC size and variation assessment		

Competent **Required Instruction**

Essential Clinical Knowledge

Acts on ultrasound findings appropriately
Free fluid
Normal scan
Indeterminate
Incidental findings

Record Keeping

Stores / prints appropriate images

--	--

Writes appropriate report

--	--

Machine Maintenance

Cleans ultrasound probe
Can replace printer paper (if printer attached)
Stores machine and probes safely and correctly

Trainee Signature

Trainee's Name

Tutor Signature

Tutor's Name

A copy of this completed formative assessment form should be kept by the trainee.

Trainee: _____

Tutor: _____

Date: _____

A Formative Assessment is a structured teaching process. The student is led through a complete ultrasound examination by their tutor. The tutor may direct, prompt and teach as they see appropriate. At least 3 Formative Assessments are required before attempting the final Summative Assessment. The Summative Assessment is a structured assessment process where the candidate may be prompted through the ultrasound examination process, is asked questions but should not be instructed.

	Competent	Required Instruction
Preparation		
Prepare patient		
Position		
Consent / Explanation		
Prepare environment		
Lights dimmed if possible		
Prepare machine		
Correct position		
Turn machine on		
Probe selection		
Can change transducer		
Selects appropriate transducer for indication		
Preset selection		
Select correct preset		
Data entry		
Enter patient / study details		

Competent

**Required
Instruction**

Image acquisition

RUQ

Optimisation

Adjusts depth
Understands frequency adjustment
Adjusts focus if on machine
Adjusts gain & TGC

Identifies

Liver
Morrisons pouch
Kidney
Diaphragm
Lung
Gallbladder (if seen)
IVC (if seen)
Bowel
Duodenum (if seen)

Describes

Where intraabdominal blood collects
Appearance of this
Where pleural blood collects
Appearance of this

LUQ

Optimises image

--	--

Identifies

Spleen
Kidney
Diaphragm
Can identify bowel / stomach

Describes

Where intraabdominal blood collects
Appearance of this
Where pleural blood collects
Appearance of this

Pelvis

Optimises image

Adjusts gain appropriately

--	--

Identifies

Bladder
Iliac vessels
Prostate / Uterus & Vagina
Rectum

Scans through in TS / LS appropriately

--	--

Describes

Where free fluid collects

--	--

Competent **Required Instruction**

Pericardium

Subcostal view

Optimises image	Adjusts depth appropriately		
Identifies	Liver		
	Lung		
	Heart		
	R Ventricle		
	L Ventricle		
	Septum		
	Atria		
	Pericardium		
Describes	Where pericardial fluid collects		
	Appearance of this		

Long axis parasternal view (optional)

Optimises image		
Identifies	Heart	
	RV	
	LV	
	LA	
	MV	
	AV	
	Pericardium	
Describes	Where pericardial fluid collects	
	Appearance of this	

Lung (optional)

Optimises image	High resolution (abdo or linear probe)		
	Shallow depth		
Identifies	Rib		
	Pleura		
	Comet tail artifact		
	Sliding sign		
Describes	Appearance of pneumothorax		
	Assessment of pneumothorax size		

Other (optional)

Sternum fracture assessment		
IVC size and variation assessment		

Competent **Required Instruction**

Essential Clinical Knowledge

Acts on ultrasound findings appropriately
Free fluid
Normal scan
Indeterminate
Incidental findings

Record Keeping

Stores / prints appropriate images

--	--

Writes appropriate report

--	--

Machine Maintenance

Cleans ultrasound probe
Can replace printer paper (if printer attached)
Stores machine and probes safely and correctly

Trainee Signature

Trainee's Name

Tutor Signature

Tutor's Name

A copy of this completed formative assessment form should be kept by the trainee.

Trainee: _____

Tutor: _____

Date: _____

A Formative Assessment is a structured teaching process. The student is led through a complete ultrasound examination by their tutor. The tutor may direct, prompt and teach as they see appropriate. At least 3 Formative Assessments are required before attempting the final Summative Assessment. The Summative Assessment is a structured assessment process where the candidate may be prompted through the ultrasound examination process, is asked questions but should not be instructed.

	Competent	Required Instruction
Preparation		
Prepare patient		
Position		
Consent / Explanation		
Prepare environment		
Lights dimmed if possible		
Prepare machine		
Correct position		
Turn machine on		
Probe selection		
Can change transducer		
Selects appropriate transducer for indication		
Preset selection		
Select correct preset		
Data entry		
Enter patient / study details		

Competent **Required Instruction**

Image acquisition

RUQ

Optimisation	Adjusts depth		
	Understands frequency adjustment		
	Adjusts focus if on machine		
	Adjusts gain & TGC		
Identifies	Liver		
	Morrisons pouch		
	Kidney		
	Diaphragm		
	Lung		
	Gallbladder (if seen)		
	IVC (if seen)		
	Bowel		
Describes	Duodenum (if seen)		
	Where intraabdominal blood collects		
	Appearance of this		
	Where pleural blood collects		
	Appearance of this		

LUQ

Optimises image			
Identifies	Spleen		
	Kidney		
	Diaphragm		
	Can identify bowel / stomach		
Describes	Where intraabdominal blood collects		
	Appearance of this		
	Where pleural blood collects		
	Appearance of this		

Pelvis

Optimises image	Adjusts gain appropriately		
Identifies	Bladder		
	Iliac vessels		
	Prostate / Uterus & Vagina		
	Rectum		
Scans through in TS / LS appropriately			
Describes	Where free fluid collects		

Competent **Required Instruction**

Pericardium

Subcostal view

Optimises image	Adjusts depth appropriately		
Identifies	Liver		
	Lung		
	Heart		
	R Ventricle		
	L Ventricle		
	Septum		
	Atria		
	Pericardium		
Describes	Where pericardial fluid collects		
	Appearance of this		

Long axis parasternal view (optional)

Optimises image		
Identifies	Heart	
	RV	
	LV	
	LA	
	MV	
	AV	
	Pericardium	
Describes	Where pericardial fluid collects	
	Appearance of this	

Lung (optional)

Optimises image	High resolution (abdo or linear probe)		
	Shallow depth		
Identifies	Rib		
	Pleura		
	Comet tail artifact		
	Sliding sign		
Describes	Appearance of pneumothorax		
	Assessment of pneumothorax size		

Other (optional)

Sternum fracture assessment		
IVC size and variation assessment		

Competent **Required Instruction**

Essential Clinical Knowledge

Acts on ultrasound findings appropriately
Free fluid
Normal scan
Indeterminate
Incidental findings

Record Keeping

Stores / prints appropriate images

--	--

Writes appropriate report

--	--

Machine Maintenance

Cleans ultrasound probe
Can replace printer paper (if printer attached)
Stores machine and probes safely and correctly

Trainee Signature

Trainee's Name

Tutor Signature

Tutor's Name

A copy of this completed formative assessment form should be kept by the trainee.

Candidate: _____

Examiner: _____

Date: _____

A Summative Assessment is a structured assessment process. The student is led through a complete ultrasound examination by their examiner.

At least 3 Formative Assessments are required before attempting the final Summative Assessment.

The candidate may be prompted through the ultrasound examination process and is asked questions but should not be instructed.

Failure to complete any one element changes the Summative Assessment into a Formative Assessment and the examination is completed as a teaching exercise, not a final assessment.

A further Summative Assessment is required prior to accreditation.

Competent Fail

Preparation

Prepare patient

Position

--	--

Consent / Explanation

--	--

Prepare environment

Lights dimmed if possible

--	--

Prepare machine

Correct position

--	--

Turn machine on

--	--

Probe selection

Can change transducer

--	--

Selects appropriate transducer for indication

--	--

Preset selection

Select correct preset

--	--

Data entry

Enter patient / study details

--	--

Competent Fail

Image acquisition

RUQ

Optimisation	Adjusts depth		
	Understands frequency adjustment		
	Adjusts focus if on machine		
	Adjusts gain & TGC		
Identifies	Liver		
	Morrisons pouch		
	Kidney		
	Diaphragm		
	Lung		
	Gallbladder (if seen)		
	IVC (if seen)		
	Bowel		
Describes	Duodenum (if seen)		
	Where intraabdominal blood collects		
	Appearance of this		
	Where pleural blood collects		
	Appearance of this		

LUQ

Optimises image			
Identifies	Spleen		
	Kidney		
	Diaphragm		
	Can identify bowel / stomach		
Describes	Where intraabdominal blood collects		
	Appearance of this		
	Where pleural blood collects		
	Appearance of this		

Pelvis

Optimises image	Adjusts gain appropriately		
Identifies	Bladder		
	Iliac vessels		
	Prostate / Uterus & Vagina		
	Rectum		
Scans through in TS / LS appropriately			
Describes	Where free fluid collects		

Competent Fail

Pericardium

Subcostal view

Optimises image	Adjusts depth appropriately		
Identifies	Liver		
	Lung		
	Heart		
	R Ventricle		
	L Ventricle		
	Septum		
	Atria		
	Pericardium		
Describes	Where pericardial fluid collects		
	Appearance of this		

Long axis parasternal view (optional)

Optimises image		
Identifies	Heart	
	RV	
	LV	
	LA	
	MV	
	AV	
	Pericardium	
Describes	Where pericardial fluid collects	
	Appearance of this	

Lung (optional)

Optimises image	High resolution (abdo or linear probe)		
	Shallow depth		
Identifies	Rib		
	Pleura		
	Comet tail artifact		
	Sliding sign		
Describes	Appearance of pneumothorax		
	Assessment of pneumothorax size		

Other (optional)

Sternum fracture assessment		
IVC size and variation assessment		

Competent **Fail**

Essential Clinical Knowledge

Acts on ultrasound findings appropriately
Free fluid
Normal scan
Indeterminate
Incidental findings

Record Keeping

Stores / prints appropriate images
Writes appropriate report

Machine Maintenance

Cleans ultrasound probe
Can replace printer paper (if printer attached)
Stores machine and probes safely and correctly

Candidate's Signature _____

Candidate's Name _____

Examiner's Signature _____

Examiner's Name _____

A copy of this completed summative assessment form should be kept by the trainee.
If the department has a Director of Emergency Ultrasound they should keep a copy of this document.

