



Point of Care Ultrasound (PoCUS)

Competency Assessment Forms

FAST



Competency B - FAST (Abdomen/Pelvis/Pericardium) Guidance

Please follow this guidance as closely as possible to ensure consistency between assessors. Ability to enter details, save image/clip and optimize environment only needs to be done once if multiple competencies are being assessed.

- 1. "What are the core indications?"
 - e.g. any trauma patient, especially blunt chest or abdomen, suspected ectopic. Any questionable indications should be challenged.
- 2. Demonstrates familiarity with the machine controls and transducer handling.
- 3. Demonstrates an ability to enter patient details as per EDPoCUS policy.
- 4. "This patient presents with blunt abdominal injuries following an MVC"
- 5. "Please show me the FAST views would you use to assess a patient with traumatic injuries"
- 6. Demonstrates a knowledge of the 4 views and confidence in obtaining them RUQ, LUQ, subxiphoid cardiac, pelvis
- 7. "For each view please point out on the structures that you can identify and show me where you are looking for free fluid"
 - **-RUQ** Must be able to correctly identify kidney, liver, sweep interface, acceptable view of diaphragm
 - **-LUQ** Must be able to correctly identify kidney, spleen, sweep interface, acceptable view of diaphragm
 - -Subxiph Must be able to correctly identify liver, RV, LV, septum, pericardium
 - -Pelvic Must be able to correctly identify bladder
- 8. If they fail to mention any one of the above structures then ask them to identify it.
- 9. If unable to visualize the full interface or enough diaphragm they must recognize that the abdo component is indeterminate. If unable to visualize the full heart then the cardiac component is indeterminate.
- 10, "How could you improve your image?"
 - e.g. firm transducer pressure to displace bowel gas, bend knees, patient breaths in to see the heart, gain, etc
- 11. "What are the implications of a negative or indeterminate FAST scan?"

 Does not rule out intra-abdominal injury
- 12. "Please save an image or clip"
- 13. Some physicians may want to incorporate the e-FAST views into this scan. This is appropriate. See competency F.

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Name:	Assessor:		Date:
Logged Experience: number of	cans (circle) 10 25 50+	Number:	
Experience certified as evidenced by:			(signed by Assessor)
Competency component		Trainer's comments recorded during the assessment	Competent?
1. Preparation for the scan Greet the patient appropriately and identify to patient. Demonstrate appropriate attitude as professional manner			Yes ☐ Prompted ☐ No ☐
Knowledge of core indications			Yes □ Prompted □ No □
Positions the patient correctly and ensures a appropriate environment	an		Yes ☐ Prompted ☐ No ☐
2. The scan Sets up the equipment acceptably			Yes □ Prompted □ No □
Probe selection, handling and scanning technique			Yes ☐ Prompted ☐ No ☐
Demonstrates satisfactory RUQ views Demonstrates satisfactory LUQ views Demonstrates satisfactory pelvic views Demonstrates satisfactory pericardial views		KEY STEP KEY STEP KEY STEP KEY STEP	Yes Prompted No No
Thoroughness (complete interface) Efficiency / Speed of scan		KEY STEP	Yes Prompted No Yes Prompted No
Saves/prints/documents (As per local policy))		Yes □ Prompted □ No □
3. Post scan Appropriate interpretation of the findings			Yes □ Prompted □ No □
Result correctly integrated into clinical scenario			Yes ☐ Prompted ☐ No ☐
Self Assessment (circle) : A B C		Competency Level	
Guide		Level	Assessor (Print and Sign level)
Virtually no prompting required	A. A	dvanced / Instructor potential	
Some prompting required	B. Competent to scan and interpret findings independently		
Significant prompting required and/or Any KEY STEP requires prompting	C. Requires reassessment. If scanning alone cannot rely on negative findings		