

Point of Care Ultrasound (PoCUS)

Competency Assessment Forms

CARDIAC

INTERNATIONAL FEDERATION
FOR EMERGENCY MEDICINE



Competency C - Cardiac (Echo in Life Support)

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. cardiac arrest (code), peri-arrest, shock. 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 chest pain and hypotension”**
5. **“Please show me the views would you use to assess the heart in a peri-arrest patient”**
6. Demonstrates a knowledge of the subxiphoid view and has confidence in obtaining it
7. **“Please point out the structures that you can identify and show me where you are looking for pericardial fluid”**
Must be able to correctly identify liver, RV, LV, septum, pericardium
8. If they fail to mention any one of the above structures then ask them to identify it.
9. **“Please comment on cardiac form and function”**
-Must be able to categorise global function into hyperdynamic, normal, hypodynamic or absent contractility
-Should be able to compare the left with right ventricle size and explain the significance of a dilated RV
10. **“If you were unable to get a subxiphoid view what other view would you use?”**
11. Demonstrates a knowledge of a transthoracic view (e.g. LAPS or A4C) and can identify the Pericardium, RV, LV, and septum
12. **“How can you improve your image?”**
e.g. use alternate liver window, ask patient to breath in, etc
13. If unable to visualize the entire heart and scan through it, they must recognize that the scan is indeterminate for pericardial fluid
14. **“At what point in a code would you perform this scan?”**
During the pulse check
15. **“Please save an image or clip”**

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Name: _____ Assessor: _____ Date: _____

Logged Experience: number of scans (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 <i>Greet the patient appropriately and identify the patient. Demonstrate appropriate attitude and professional manner</i>		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Knowledge of core indications		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Positions the patient correctly and ensures an appropriate environment		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
2. The scan Sets up the equipment acceptably		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Probe selection, handling and scanning technique		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Demonstrates subxiphoid view Identifies pericardium and potential FLUID Describes cardiac FUNCTION (good,poor,absent) Describes cardiac FORM (RV size vs LV size). Demonstrates one other view (eg parasternal long or short, or apical four chamber)	KEY STEP KEY STEP KEY STEP	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Thoroughness (scans through heart) Efficiency / Speed of scan	KEY STEP	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Saves/prints/documents (<i>As per local policy</i>)		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
3. Post scan Appropriate interpretation of the findings		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Result correctly integrated into clinical scenario		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Self Assessment (circle) : A B C	Competency Level	
Guide	Level	Assessor (Print and Sign level)
Virtually no prompting required	A. Advanced / 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	