

Point of Care Ultrasound (PoCUS)

Competency Assessment Forms

eFAST (Thoracic)

Competency F - Thoracic (eFAST) 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. 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 chest trauma and dyspnoea”**
5. **“Please show me the views would you use to look for hemothorax and then show me the views you would use to look for pneumothorax”**
6. Demonstrates a knowledge of the thoracic views and confidence in obtaining them -Right and left lateral chest coronal diaphragm and lung base, right and left longitudinal anterior chest
7. For each view **“Please point out the structures that you can identify and show me where you are looking for hemothorax and then show me the signs are consistent with a pneumothorax ”**
-Lateral Chest Coronal Views - Must be able to correctly identify diaphragm, potential sites of fluid collection within pleural space. Should describe the significance of the Vertebral Line. May describe the Quad Sign.
-Anterior Chest - Must be able to correctly identify ribs, intercostal muscle, pleural line, pleural sliding. Should identify comet-tails. May demonstrate M-Mode signs.
8. If they fail to mention any one of the above structures then ask them to identify it.
9. **“What are the potential pitfalls in PoCUS assessment for pneumothorax?”**
Small pneumothoraces can be missed especially if the probe is positioned too medially on the anterior chest wall. False positives can also occur.
10. **“What are the implications of a negative or indeterminate eFAST scan?”**
Does not rule out thoracic injury
11. **“Please save an image or clip”**

Competency F - Thoracic (eFAST)

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 the diaphragm and pleural space	KEY STEP	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Demonstrates the vertebral line	KEY STEP	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Identifies / describes appearance of pleural fluid	KEY STEP	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Demonstrates pleural line and pleural sliding	KEY STEP	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Assesses all antero-lateral rib spaces	KEY STEP	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Demonstrates comet tails / B-lines	KEY STEP	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Demonstrates M-mode signs	KEY STEP	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Identifies / describes appearance of pneumothorax	KEY STEP	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Thoroughness (sweeps diaphragm, >2 rib spaces)	KEY STEP	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Efficiency / Speed of scan		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	