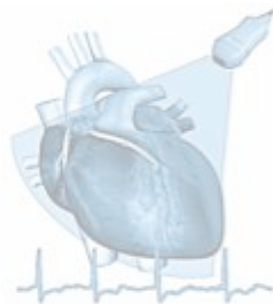




WINFOCUS-SWITZERLAND LOGBOOK



NOTES FOR CASE COLLECTION AND LOGBOOK EDITING

Minimum number of exams: 30 fully supervised (TYPE A exams) + 50 autonomously collected for later validation (TYPE B exams)

- This logbook must contain data on all your exams for final certification, both the TYPE A (i.e. when the tutor is at your side while you perform the exam) and the TYPE B (autonomously performed, to be subsequently validated upon submission to you tutor or via web to your distant-teacher). We suggest to print down the logbook on a sheet and fill it in immediately after the end of each exam; then report later the data in this digital version.

- For the sake of easy tracking of the collected clips/images of each case, create on USB-key a folder for each patient and indicate it with a progressive numeration (Ex. Folder n 1,2,3,4, etc.). In the line "*File number*" of the Logbook you have to report the folder number corresponding to the patient.

- In each folder save the clips/images useful to support the findings you indicated in each column of the logbook. You will name the clips/images with the folder number + progressive letters for each clip/image (Ex: Patient Folder number 3, containing 5 clips: name the clips/images 3A, 3B, 3C, 3D, 3E). Report this indication in the line "*File Number*" of the Logbook .

- **WARNING:** If you save static images and not clips to support dynamic findings (ex: LV contractility), save more images in different phases of the dynamic phenomenon. (Es. end-diastolic and end-systolic LV), or use, if appropriate, M-Mode (Ex: M-Mode in parasternal long axis with evidence of LV diameter variation in time). Otherwise we won't be able to interpret images.

- Compile each page of the Logbook. The rule is: one exam = one page. If you repeat the exam on the same patient upon changed clinical circumstances (this is encouraged) and your findings have changed, use another page and put the clips/images in a different folder with a different number.

- Try to give in the line "*Circumstances & Clinical Indications*" all the essential informations to understand the clinical scenario (you can write as long as you want in the digital Logbook). Remember that the validating Tutor, if not present at the moment of the exam, has to thoroughly understand the exam from your data. Every exam will be judged based on the fact that:

- 1) there was an appropriate indication to a focused critical care echo exam
- 2) the exam was technically performed correctly
- 3) the exam was stored appropriately (the clips/images are interpretable)
- 4) the main findings described are consistent with the clips/images provided
- 5) the diagnosis is consistent with the findings
- 6) the declared patient management was carried on according to the Echo diagnosis

Only exams that will fulfill all the above mentioned criteria will be considered valid for certification

- Do not compile the blue part; it's for tutor's evaluation.

- **For validation of exams executed without the direct presence of a tutor, only exams entirely compiled and with relative folder (informative clips/images) will be considered.**

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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Examination Findings							
Probe Position	Views	Notes	Findings				
Optional Information							
	1 RUQ		RUQ Fluid collects in Morrison's Pouch Look above diaphragm for HTX. 5° head down tilt will increase RUQ fluid	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	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	Normal	Inadequate	Positive	< 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth
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	6 & 7 Lung LS		Lung Sliding sign and comet tail artefact are normal; loss of these indicate PTX Pneumothorax, large bullae, COPD and non-ventilation (eg endobronchial intubation) can simulate PTX	Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally
	6 & 7 Lung RS			Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally

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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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Examination Findings		Pulse		BP		RR		Sats				
Probe Position	Views	Notes	Findings	Optional Information	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 Morrison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid</p>	Normal	Inadequate	Positive	< 2mm maximal depth						
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Supervisor: _____ Comment: _____



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Mechanism of Trauma	Examination Findings	Probe Position	Views	Notes	Findings			Optional Information															
					Right Upper Quadrant	Inadequate	Positive	Right Haemothorax	Inadequate	Positive	Left Upper Quadrant	Inadequate	Positive	Left Haemothorax	Inadequate	Positive	Subcostal	Inadequate	Positive	Pelvis	Inadequate	Positive	Right Lung Pneumothorax
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<p>Left Upper Quadrant</p>			Normal	Inadequate	Positive	Detected anteriorly	Anteriorly and laterally
<p>Left Haemothorax</p>			Normal	Inadequate	Positive	Detected anteriorly	Anteriorly and laterally
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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 pelvic free fluid is normal in women	Left Haemothorax	Normal	Inadequate	Positive	Optional Information Maximal depth ____mm	
	5 Male Pelvis TS			Subcostal	Normal	Inadequate	Positive	Optional Information < 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth
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	Left Upper Quadrant	Left Haemothorax	Normal	Inadequate	Positive	Maximal depth ____ mm < 2mm maximal depth 2 - 10mm maximal depth > 10 mm maximal depth
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	2 LUQ	<p>LUQ Fluid can collect around the entire spleen Look above the diaphragm for HTX</p>	Right Haemothorax	Normal	Inadequate	Positive	
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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 pelvic free fluid is normal in women</p>	Left Haemothorax	Normal	Inadequate	Positive	Optional Information Maximal depth ____mm
	5 Male Pelvis TS		Subcostal	Normal	Inadequate	Positive	Optional Information < 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth
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	6 & 7 Lung LS		Left Lung Pneumothorax	Normal	Inadequate	Positive	Optional Information Detected anteriorly Anteriorly and laterally
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	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.	Subcostal Normal Inadequate Positive	Normal Inadequate Positive	Inadequate Positive	< 2mm maximal depth 2-10mm maximal depth > 10 mm maximal depth
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	6 & 7 Lung LS			Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally

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Right Lung Pneumothorax	Right Lung Pneumothorax	Normal	Inadequate	Positive	Detected anteriorly Anteriorly and laterally	
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Examination Findings												
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			Right Upper Quadrant	Right Haemothorax	Left Upper Quadrant	Left Haemothorax	Subcostal	Pelvis	Right Lung Pneumothorax	Left Lung Pneumothorax	Maximal depth _____ mm	Detected anteriorly
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Right Lung Pneumothorax	Right Lung Pneumothorax	Normal	Inadequate	Positive	Detected anteriorly				
Left Lung Pneumothorax	Left Lung Pneumothorax	Normal	Inadequate	Positive	Anteriorly and laterally				
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	Pulse	BP	RR	Sats
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Examination Findings	Probe Position	Views	Notes	Findings			Optional Information			
				Right Upper Quadrant	Inadequate	Positive	< 2mm maximal depth	2 - 10mm maximal depth	> 10 mm maximal depth	
	1 RUQ		RUQ Fluid collects in Morrison's Pouch Look above diaphragm for HTX 5° head down tilt will increase RUQ fluid			Positive				
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							Positive			> 10 mm maximal depth
				Right Lung Pneumothorax	Inadequate	Positive			Detected anteriorly	
				Left Lung Pneumothorax	Inadequate	Positive			Anteriorly and laterally	
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	Left Upper Quadrant	Left Haemothorax	Normal	Inadequate	Positive	Maximal depth > 10 mm maximal depth
Right Upper Quadrant	Right Haemothorax	Normal	Inadequate	Positive	Maximal depth > 10 mm maximal depth	
Subcostal			Normal	Inadequate	Maximal depth > 10 mm maximal depth	
Pelvis			Normal	Inadequate	Maximal depth > 10 mm maximal depth	
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Subcostal		Normal	Inadequate	Positive	
Pelvis		Normal	Inadequate	Positive	
Right Lung Pneumothorax		Normal	Inadequate	Positive	
Left Lung Pneumothorax		Normal	Inadequate	Positive	
			Optional Information		
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			2 - 10mm maximal depth		
			> 10 mm maximal depth		
			< 2mm maximal depth		
			2 - 10mm maximal depth		
			> 10 mm maximal depth		
			Maximal depth _____mm		
			< 2mm maximal depth		
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Formative Assessment **E-FAST**

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.

Formative Assessment **E-FAST**

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

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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.

Formative Assessment **E-FAST**

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.

Summative Assessment **E-FAST**

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.