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Start of Block: Default Question Block

Thank you for participating in our study looking at the feasibility of implementing the eFAST exam into the US Ski Team Physician's repertoire. By completing this survey you are consenting to be a part of this study. You may discontinue participation at any point, but we greatly appreciate your time and input.

Last four digits of your cell phone number:

_____

What is your level of proficiency with ultrasound?

- Novice (1)
- New Learner (2)
- Moderate Experience (3)
- Expert (4)

Q1 During the RUQ portion of the eFAST, it is important to completely visualize what structure(s)?

- Caudal tip of the liver (1)
- Right lobe of the liver (2)
- IVC exiting the liver (3)
- Hepatic portal vein and hepatic artery (4)
- I don't know (5)

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Q2 In the LUQ view of the eFAST, fluid will FIRST accumulate in which space of the abdomen?

- Splenorenal recess (1)
- Pouch of Douglas (2)
- L Costophrenic angle (3)
- Between spleen and diaphragm (4)
- I don't know (5)

Q3 When viewing the bladder in the eFAST, where is the first place fluid will accumulate in a male?

- Pouch of Douglas (1)
- Retroprostatic Recess (2)
- Retrovesical Pouch (3)
- Scarpa's Fascia (4)
- I don't know (5)

Q4 Which of the following is true of the cardiac portion of eFAST?

- ○ You use parasternal long axis to rule out pulmonary embolus (1)
- ○ The parasternal short axis view helps rule out pericardial effusion (2)
- ○ The subxiphoid view is an option for ruling out tamponade (3)
- ○ You should evaluate valve and wall motion in the short axis before moving to the next view (4)
- ○ I don't know (5)

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Q5 What is true of the lung portion of the eFAST?

- Batwing sign is positive indication for pneumothorax (1)
- The barcode or seashore signs can be found on B mode of the ultrasound (2)
- “Ants on a log” or pleural wall motion is reassuring (3)
- Rib shadowing is concerning for fracture or other pathology (4)
- I don't know (5)

Q6 In eFAST, which of the following findings would be considered abnormal when evaluating the pleural space?

- Comet tail artifacts (1)
- Rib fractures (2)
- Normal lung sliding (3)
- Anechoic pleural effusion (4)
- I don't know (5)

Q7 What does the sliding sign indicate in eFAST examination of the pleural line?

- Presence of pneumothorax (1)
- Presence of free fluid (2)
- Normal lung movement (3)
- Rib fracture (4)
- I don't know (5)

Q8 Which injury might eFAST NOT be able to effectively diagnose in trauma patients?

- Cardiac tamponade (1)
- Splenic laceration (2)
- Renal contusion (3)
- Bowel obstruction (4)
- I don't know (5)

Q9 Which of the following images demonstrates pathology?

- Image: LUQ view with free fluid in perisplenic space (1)
- Image: Tilting longitudinal bladder ultrasound (2)
- Image:Tilting transverse bladder ultrasound (3)
- Image:Fast exam normal morrisons pouch (4)
- I don't know (5)

Q10 This image demonstrates: (Cine clip: RUQ view with free fluid around caudal tip of liver)

- A normal LUQ view (1)
- A left hydronephrosis (2)
- Positive liver laceration (3)
- Fluid between the spleen and diaphragm (4)
- I don't know (5)

Q11 Elderly female with hypotension and shortness of breath and back pain presenting in extremis. What do you find on ultrasound? (Cine clip: Apical 5 chamber view with right atrial thrombus)

- Pulmonary Tamponade (1)
- Pericardial Effusion (2)
- Right Atrial Thrombus (3)
- Mitral valve insufficiency (4)
- I don't know (5)

Q12 In the pathology below, fluid will first accumulate in which space? (Cine clip: Tilting transverse view of male pelvis view with free fluid in rectovesical pouch)

- Splenorenal recess (1)
- Rectovesical pouch (2)
- Pericardial sac (3)
- Morrison's pouch (4)
- I don't know (5)

Q13 The image below demonstrates a patient who would benefit from: (Cine clip: Subxiphoid view of heart with significant pericardial free fluid causing tamponade)

- Emergent pericardiocentesis/pericardotomy (1)
- Splenectomy (2)
- Supportive measures and observation (3)
- Exploratory laparotomy (4)
- I don't know (5)

Q14 If you were to see a “barcode sign” on a stable patient when using M-mode on the pulmonary portion of the eFAST, you should:

- Do nothing this is a normal finding (1)
- Look for the lung point (2)
- Get a CXR stat and decompress the chest (3)
- Wipe off the gel, there is too much (4)
- I don't know (5)

Q15 Which of the following is true of the eFAST exam?

- Limited by patient mental status (1)
- It allows for localization to an injured solid organ (2)
- It allows for rule out of intra-abdominal bleeding (3)
- Is indicated with any trauma to the chest (4)
- I don't know (5)

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A How confident are you in diagnosing the following conditions with POCUS (Point of Care Ultrasound)?

	Not Confident (1)	Moderately Confident (2)	Very Confident (3)
Pneumothorax (1)	○	○	○
Pericardial Effusion (2)	○	○	○
Solid Organ Laceration (3)	○	○	○
Pelvic Injury (4)	○	○	○

B How effective do you believe POCUS would be as a diagnostic tool for injuries in the general emergency management of USST athletes on-mountain?

- ○ Not Effective (1)
- ○ Moderately Effective (2)
- ○ Very Effective (3)

C How beneficial do you believe POCUS would be in emergency management of athletes in remote settings with prolonged transport times?

- ○ Not beneficial (1)
- ○ Moderately beneficial (2)
- ○ Very beneficial (3)

D Ultrasound would be a beneficial tool to have available in the care of US Ski and Snowboard Team athletes

- Strongly agreee (1)
- Somewhat agreee (2)
- Neither agree nor disagreee (3)
- Somewhat disagree (4)
- Strongly disagree (5)

End of Block: Default Question Block