



# University of Illinois, Metropolitan Group Hospitals

Resident Name:

PGY: 1 2 3 4 5

Date of Surgery: .....

## Objective Structured Assessment for Technical Skills (FAST)

A.			
Attendance at didactic lecture	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Able to turn on, power up machine, Appropriate probe module in place, Troubleshoot	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Patient data input prior to scanning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Probe settings with appropriate Hue and contrast	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Proper body markers in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Appropriate anatomical detail for			
Subxiphoid View	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Right Subcostal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Left Subcostal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pelvic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Generation of hardcopy of exam, assess for image quality	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Probe cleaned, machine powered down	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

B.			
Knowledge of Machine	<input type="checkbox"/> Knows frequency of probe	<input type="checkbox"/> Knows why this probe is being used for FAST	<input type="checkbox"/> Has a knowledge of ultrasound relationship with depth of penetration and resolution
Demonstrated Scanning Skills	<input type="checkbox"/> Incomplete sites or sequence	<input type="checkbox"/> Components for sites poor	<input type="checkbox"/> Consistent and clean
Time/Effort/Flow	<input type="checkbox"/> Unnecessary moves; unsure of exam	<input type="checkbox"/> Efficient, some wasted moves	<input type="checkbox"/> Quick, facile, confident



# University of Illinois, Metropolitan Group Hospitals

Resident Name:

PGY: 1 2 3 4 5

Date of Surgery: .....

## Objective Structured Assessment for Technical Skills (FAST)

Overall Performance

Outstanding    Proficient    Fail

Attending Name:

.....

Signature:

.....

Comments:

\_\_\_\_\_  
Attending