

ECIM 2024 Ultrasound Workshop

Program

Recorded Powerpoint Sessions	Basic principles of ultrasound and knobology
	Lung assessment
	Heart assessment
	Vascular assessment for Deep Venous Thrombosis

Hands on practice

March 6th

12:45	Welcoming Session
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	Station 1 Approach to the Breathless patient 1	Station 2 Approach to the Chest Pain patient 1	Station 3 Approach to the Breathless patient 2	Station 4 Approach to the Chest Pain patient 2	Station 5 Approach to the Breathless patient 3
13:00	Group A	Group B	Group C	Group D	Group E
14:00	Group B	Group C	Group D	Group E	Group A
15:00	Group C	Group D	Group E	Group A	Group B
16:00	Group D	Group E	Group A	Group B	Group C
17:00	Group E	Group A	Group B	Group C	Group D

18:00	Closing Session
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Clinical Case design

- Case duration: 60 min
- Clinical vignette with physical examination
- Instructor shows assessment in real time without comments, and explains what is doing and seeing
- Trainee performs and comments (at least 10 min per trainee).
- Clinical case and images/films are shown with pathologic findings
- Trainee checklist to assure all goals are achieved

Clinical Cases Goals

Station 1 - Approach to the Breathless patient 1

Pneumonia with pleural effusion

- Acquire adequate lung images at every thoracic point
- Acquire adequate cardiac images
 - Parasternal long axis
 - Parasternal short axis
 - Apical
 - Subcostal
- Identify anatomical structures
 - Atria and ventricular walls
 - Cardiac valves
 - Pericardium
 - Soft tissue
 - Ribs (bony and cartilaginous)
 - Pleural sliding
 - Diaphragm
- Identify patterns
 - A pattern
 - Focal B lines
 - C pattern
 - Atelectasis
 - Pleural effusion
 - Collapsing ventricula (septic shock)
 - Collapsing Inferior Vena Cava

Station 2 - Approach to the Chest Pain patient 1

Pericardic effusion

- Acquire adequate cardiac images
 - Parasternal long axis
 - Parasternal short axis
 - Apical
 - Subcostal
- Identify anatomic structures in each cardiac window
 - Atria and ventricular walls
 - Cardiac valves
 - Pericardium

- Identify patterns
 - Pericardial effusion
 - Tamponade signs

Station 3 - Approach to the Breathless patient 2

Heart failure

- Acquire adequate cardiac images
 - Parasternal long axis
 - Parasternal short axis
 - Apical
 - Subcostal
- Acquire adequate lung images at every thoracic point
- Identify anatomic structures in each window
 - Atria and ventricular walls
 - Cardiac valves
 - Pericardium
 - Soft tissue
 - Ribs (bony and cartilaginous)
 - Pleural sliding
 - Diaphragm
- Identify patterns
 - Diffuse B lines
 - Bilateral pleural effusion
 - Compromised myocardial function
 - Ingurgitated Inferior Vena Cava

Station 4 - Approach to the Chest Pain patient 2

Pneumothorax

- Acquire adequate lung images at every thoracic point
- Acquire adequate cardiac images
 - Parasternal long axis
 - Parasternal short axis
 - Apical
 - Subcostal
- Identify anatomical structures
 - Atria and ventricular walls
 - Cardiac valves
 - Pericardium
 - Soft tissue
 - Ribs (bony and cartilaginous)
 - Pleural sliding
 - Diaphragm
- Identify patterns
 - A' pattern
 - Lung point
 - Right ventricular dilatation
 - Ingurgitated Inferior Vena Cava

Station 5 - Approach to the Breathless patient 3

Pulmonary Embolism

- Acquire adequate lung images at every thoracic point
- Acquire adequate cardiac images
 - Parasternal long axis
 - Parasternal short axis
 - Apical
 - Subcostal
- Perform lower limbs venous assessment by two points compression (popliteal and femoral)
- Identify anatomical structures
 - Atria and ventricular walls
 - Cardiac valves
 - Pericardium
 - Soft tissue
 - Ribs (bony and cartilaginous)
 - Pleural sliding
 - Diaphragm
 - Popliteal vein and artery
 - Femoral vein and artery
 - Safena vein
- Identify patterns
 - A pattern
 - C pattern
 - Right ventricular dilatation
 - Engorged Inferior Vena Cava
 - Non-compressible venous structures