Flip cup Frenzy/Full Cup Flip Cup
Credits: Kevin Watkins, Robert Stenberg, UNC/VCU/CCAG EM Residencies, FOAMed

Set-up/Equipment:
- Facilitator (medical savvy)
- Sheet with questions/answers
- Table + 3 Plastic cups/Solo Cups (couple extra for back-up)
- Scoring sheet + utensil

Rules:
- Go until time is up
- Rotate through team
- Turn
  - Select Standard or Expert
  - Flip 1 vs 3 cups
  - Take turns
- SKIP OR GET QUESTION WRONG:
  - Must dance to initiate next person
  - ALTERNATIVE: Chug a cup of ______
  - ALTERNATIVE: Do 10 pushups 10 squats or 10 jumping jacks or 10 burpees or ___ exercise

Points:
- Standard
  - 1 point for flipping
  - 2 points for correct answer
- Expert
  - 2 points for flipping
  - 4 points for correct answer
Standard:

1. What does a blue color on color wave doppler?
   a. BART: Blue Away Red Towards

2. How is power doppler different than color doppler?
   a. Only shows flow and intensity not direction of flow

3. Changing what setting increases the amount of energy going into the patient?
   a. Power. (If they say gain or frequency, they are wrong)

4. How do you distinguish mild hydronephrosis from mistaking it as a renal vessel?
   a. Color

5. What artifact can be produced by putting color doppler on a stone?
   a. Twinkle artifact

6. By ultrasound, how do you check for patency of a ureter?
   a. Ureteral jet

7. What is the most reliable way to distinguish retinal from vitreous detachment?
   a. Tethering to optic nerve

8. Say at least two ways to help you see the gallbladder:
   a. Ask patient to take deep breath, go intercostal, Left lateral decubitus, etc.

9. Why should you not measure the posterior wall of the gallbladder to assess for wall thickness?
   a. Can be falsely elevated due to posterior wall enhancement artifact

10. How do you tell by ultrasound if there was an esophageal intubation?
    a. “Double Barrel sign”, no lung sliding

11. What part of the ultrasound image has the highest resolution?
    a. Center

12. What is the clinical utility of a FAST in trauma?
    a. + FAST & Hypotension ➔ OR

13. What block can be used to provide anesthesia for IJ central line placement?
    a. Superficial cervical plexus block

14. What block could you do for a trimalleolar fracture reduction?
    a. Pop sciatic block +/- adductor canal

15. What block would you do for pain control on 5 anterior rib fractures?
    a. Serratus anterior fascial plane block, could debate ESP block

16. What block could you do for a shoulder dislocation?
    a. Interscalene brachial plexus or any other proximal brachial plexus block

17. Increasing your gain on ocular ultrasound helps you see what kind of pathology?
    a. Vitreous pathology

18. What should you do if you see a stone in the neck of the gallbladder?
    a. Call a surgeon (and probably more correctly answer flip positions to see if nonmobile)

19. True or False: A thrombosis in the superficial femoral vein is a DVT
    a. True

20. What part of Mickey Mouse is the CBD?
    a. Left ear of Mickey Mouse
1. What is the artifact that can be seen along the side of the gallbladder that could make you falsely think there are stones?
   a. Lateral edge shadowing
2. How do you differentiate a LAD lesion from Takotsubo cardiomyopathy when you see apical hypokinesis?
   a. By cath. Not by ultrasound (you can’t differentiate by ultrasound)
3. Which cusp of the aortic valve do you not see on parasternal long axis?
   a. L coronary cusp
4. How do you obtain an RVSP?
   a. IVC measurement for RAP + CWD through peak tricuspid regurgitant jet for peak velocity then calculate
5. Most reliable way to assess for tamponade in pulmonary hypertension patient?
   a. AV valve dopplers assessing for increased respiratory variability (30% MV, 60% TV), LA collapse
6. What does the STAFF exam stand for in assessing nec fasc?
   a. Subcutaneous Thickening, Air, Fascial Fluid
7. What does the FASH exam for and what do you check?
   a. Focused assessment with Sonography for HIV-associated Tuberculosis.
   b. Assess for pericardial effusion, pleural effusion, ascites
8. What is the name of the condition that can mimic vitreous hemorrhage?
   a. Asteroid hyalosis
9. What thyroid condition is recognized by diffuse hyperemia and increased flow?
   a. Graves
10. List at least 2 nerves in the fascia iliaca that are blocked with a FICB?
    a. Femoral nerve, lateral femoral cutaneous nerve, obturator nerve (genicular nerve sits in fascia lata)
11. How do you distinguish portal venous gas from pneumobilia?
    a. Portal is Peripheral (pneumobilia follows a more central pattern in the liver)
12. What block would you have to do for the dorsolateral aspect of the foot?
    a. Sural nerve block
13. What does PLAPS stand for?
    a. Posterolateral Alveolar and/or Pleural syndrome
14. Which measurement can you get for bladder volume in either view?
    a. Anteroposterior depth
15. What measurements do you need to calculate cardiac output?
    a. LVOT VTI, HR, LVOT diameter (systole)
16. What does color doppler do for your while preparing to attempt ultrasound-guided paracentesis?
    a. Prevent from poking vessel such as superficial epigastric artery
17. How does one assess for more proximal clot when ultrasounding common femoral vein?
    a. Check for phasicity by pulse wave doppler and Valsalva maneuver
18. Describe the differences between acute and chronic DVTs by ultrasound
    a. Chronic = hyperechoic, thickened wall +/- calcifications, web-like filling defects (synechiae), frozen valves, recanalized veins
19. What is the name when all you can see of the gallbladder is the stones with associated shadowing?
    a. WES sign = Wall Echo Shadow Sign
20. What is the echotexture of a torsed testicle early into being torsed?
    a. Normal, then 4-6hrs hypoechoic, then 24hrs out heterogeneous