

## 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

## Difficult

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 (geniculofemoral 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 you 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, weblike 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