

Certification in Maternal Fetal Medicine (CMFM)



Hybrid In-Hospital Clinical Examination (IHCE)
Patient Information and Consent Form

Thank you for participating in this ultrasound assessment.

Your ultrasound will be performed and reported on by the doctor undergoing assessment of their skills.

Your ultrasound will be observed by a specialist highly experienced in carrying out your type of ultrasound.

This specialist is the Examiner. The other specialist Examiner will be viewing by a video link. This exam format is called a Hybrid Ultrasound examination.

As usual in a doctor's training, in the unlikely event of the doctor performing your ultrasound being unable to complete any part of the scan, the specialist observing your ultrasound will ensure that this is completed.

Please treat this as a normal ultrasound.

PATIENT CONSENT PLEASE COMPLETE THE CONSENT FORM BELOW

I consent to the doctor performing my ultrasound on
please print name *date*
being observed in a hybrid format via Zoom, during my ultrasound scan to assess the doctors' skills in
ultrasound. The Hybrid IHCE is not recorded.

I am aware this assessment is part of the doctors Royal Australian and New Zealand College of Obstetricians
and Gynaecologists (RANZCOG) Ultrasound Examination.

My ultrasound is to be performed by Dr
(print name)

Patient's Signature

Date

Doctor's Signature

Date