Certification in Maternal Fetal Medicine (CMFM)



Hybrid In-Hospital Clinical Examination (IHCE) Summative Assessment Summary Sheet

| CANDIDATE DETAILS | | | |
|--|----------------------------|--------------------------|--------------------------|
| Candidate Name RANZCOG | ID | Date of Examination | |
| Scores from each Examiner must be averaged | l to provide the final sco | ore per assessment scan. | |
| 12 Week Assessment (At least 13/19) | | | |
| | Onsite Examiner | Remote Examiner | AVERAGE |
| Number of criteria boxes assessed at 4 or more | | | |
| | | | |
| Mid Trimester Assessment (At least 17/25) | | | |
| | Onsite Examiner | Remote Examiner | AVERAGE |
| Number of criteria boxes assessed at 4 or | | | |
| more | | | |
| Third Trimester Assessment (At least 12/18) | Onsite Examiner | Remote Examiner | AVERAGE |
| Number of criteria boxes assessed at 4 or | | | |
| more | | | |
| Ultrasound technique and Doppler Assessmo | ent (At least 5/8) | | |
| | Onsite Examiner | Remote Examiner | AVERAGE |
| Number of criteria boxes assessed at 4 or more | | | |
| To achieve a pass the candidate must achieve | an AVERAGE of 4 or m | ore in the minimum num | her of criteria indicate |
| for each assessment. Doppler and Physics ass | | | |
| This candidate has passed the IHCE | | | |

This candidate has not passed the IHCE



SIGNATURES

| Invigilator (Training Supervisor) | Name |
|-----------------------------------|------|
| Signature | |
| | |
| Onsite Examiner | Name |
| Signature | |
| | |
| Remote Examiner | Name |
| Signature | |
| | |
| Candidate | Name |
| Signature | |
| | |
| Examination Date | |