**TRAINEE DETAILS**

Trainee Name: ……………………………………………………………………….. Hospital: ………………………………………………………………………………….

 Formative  Summative

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| 1. Introduces self to patient and obtains relevant clinical details **ESSENTIAL** | 1No introduction or history | 2 | 3Minimal introduction and incompletehistory | 4 | 5Proper introduction and relevant history |
| 2. Explain examination**ESSENTIAL** | 1Incomplete or misinformation | 2 | 3Explanation complete but brief | 4 | 5Full succinct explanation with indication andlimitations. |
| 3. Enter patient details into machine**ESSENTIAL** | 1Unable to complete task correctly | 2 | 3Accurate but not familiar with machine | 4 | 5Excellent knowledge of machine and accurate datainput |
| 4. Selection of probe and routine examination pre-sets | 1Inappropriate probe or inabilityto select settings | 2 | 3Correct but some hesitancy in useof equipment | 4 | 5Correct and confident use ofequipment |
| 5. Use grey scale controls including gain, depth, focus and zoom | 1Suboptimal image quality | 2 | 3Optimises image but uncertainty in use of machine functions | 4 | 5Optimises image appropriately with familiarity |
| 6. Assess placenta including location, appearance and cord insertion; and assess amniotic fluid volume | 1Incorrect demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinalplanes |
| 7. Assess chorionicity and amnionicity in case of multiple pregnancy | 1Incorrectassessmet | 2 | 3Someuncertainty | 4 | 5Confidentassessment |
| 8. Measure BPD, HC, AC, FL, HL | 1Incorrect plane and measurement | 2 | 3Hesitancy in image acquisition and calliperPlacement | 4 | 5Systematic image acquisition and measurement |
| 9. Assess fetal head and brain:* Cranium shape and ossification
* Lateral ventricles
* Choroid plexus
* 3rd and 4th ventricle
* Thalami
* CSP
* Cerebellum
* Cisterna magna
 | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinal planes |
| 10. Assess corpus callosum (sagittal) – include 3D sagittal reconstruction from BPD plane | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinalplanes |
| 11. Measurement of nuchal fold | 1Incorrect plane and measurement | 2 | 3Hesitancy in image acquisition and calliperplacement | 4 | 5Systematic image acquisition and measurement |
| 12. Assess fetal face and neck:* Orbits and lenses
* Lip, nose, chin (mandible)
* Palate (axial)
* Profile
* Nasal bone
 | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinal planes |
| 13. Fetal heart 4 chamber view:* Situs (abdomen & thorax)
* Axis
* Ventricular septum

Ventricular size, morphology atrial size, AV- valves, crux | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse plane |
|  14. Pulmonary veins | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematicapproach | 4 | 5Systematic approach in both transverse plane |
| 15. Outflow tracts* Left outflow tract
* Right outflow tract
 | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematicapproach | 4 | 5Systematic approach in both transverse plane |
| 16. 3 vessel view, arrowhead view* PA, Aorta, SVC
 | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematicapproach | 4 | 5Systematic approach in both transverse plane |
| 17. Sagittal views heart:* Aortic arch & neck vessels
* Ductal arch
* Venous return – SVC, IVC
 | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach longitudinal plane |
|  18. Adjust machine settings to assess the fetal heart optimally | 1Suboptimal image quality | 2 | 3Optimises image but uncertainty in use of machine functions | 4 | 5Optimises image appropriately with familiarity |
|  19. Assess diaphragm, lungs | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinalplanes |
| 20. Assess limbs including:* Humerus
* Radius, Ulna
* Hand, 5 digits
* Wrist position
* Femur
* Tibia, Fibula

Feet, toes, ankles | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinal planes |
| 21. Assess fetal abdomen* Stomach size, situs
* Liver, gallbladder
* Bowel loops
* Kidneys, renal arteries
* Bladder
* Cord insertion, 3VC
 | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinal planes |
| 22. Assess fetal gender | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinalplanes |
| 23. Assess fetal spine:* Axial view, skin integrity
* Sagittal views, skin line
* Coronal views
 | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinal planes |
| 24. Recognise and assess abnormal pregnancy findings (eg fetal anomaly, amniotic fluid, fetal size), demonstrating a skill level appropriateto the level of training | 1Skill level well below that expected | 2 | 3Appropriate skill level demonstrated | 4 | 5Skill level well above that expected |
| 25. Measure uterine artery Doppler | 1Incorrect technique and measurement | 2 | 3Hesitancy in image acquisition andmeasurement | 4 | 5Systematic image acquisition and measurement |
| 26. Assess cervix – TA, may offer TV. Check for vasa praevia | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse longitudinalplanes |
| 27. Recognise and assess maternal pathology, demonstrating a skill level appropriate to the level of training | 1Skill level well below thatexpected | 2 | 3Near appropriate skill level | 4 | 5Skill level well above thatexpected |
| 28. Explain findings to patient and counsel patient accordingly **ESSENTIAL** | 1Incomplete or misinformation | 2 | 3Explanation complete butbrief | 4 | 5Full succinct explanation withlimitations |
| **REPORT WRITING** |  |  |  |  |  |
| 29. Personal details and clinical indication included**ESSENTIAL** | 1Deficient | 2 | 3Mostly correct(minor omission) | 4 | 5Accurate andcorrect |
| 30. Organised and well structured; Relevant structures and measurements included | 1Deficient and disorganised; Relevant structures and measurementsnot included | 2 | 3Mostly correct (mild disorganisation); Mostly included | 4 | 5Organised and well structured; Accurate and all relevant informationincluded |
| 31. Diagnosis or summary clearly stated (with relevant recommendations if applicable) | 1Deficient | 2 | 3Adequate summary | 4 | 5Stated clearly with relevantrecommendations |
| 32. Addresses the clinical scenario**ESSENTIAL** | 1Poorly addresses the clinicalscenario | 2 | 3Clinical scenario partiallyaddressed | 4 | 5Addresses the clinical scenariowell |

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| **TRAINEE TO COMPLETE**  |

For summative assessments only:

Number of summative assessments required to achieve this outcome: ……………………

Number of satisfactorily completed weeks of clinical training: ……………………

Number of formative assessments performed: ……………………

Number of prior mid trimester scans performed: ……………………

Aspects I think I performed well:

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Aspects I think need to be improved:

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| **ASSESSOR TO COMPLETE**  |

Number of criteria boxes assessed as ‘4’ or more: ………………………….

All essential items assessed as ‘4’ or more: Y / N

On assessment the trainee has:

 Achieved Above MAPS required for this Mid Trimester Ultrasound Assessment

 Achieved MAPS required for this Mid Trimester Ultrasound Assessment.

o (MAPS: a minimum of 24 of the 32 criteria to be scored at ‘4’ or higher, which must include all essential items)

 Not Achieved MAPS required for Mid Trimester Ultrasound Assessment.

Aspects performed well:

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Aspects to be improved:

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Type of pathology scanned in this assessment: ……………………………………………………………………………………………………….

# **SIGNATURES**

Assessor: ……………………………………………………………………….. Qualification: …………………………………………………………………..

Signature: .……………………………………………………………………… Date: .…………………………………………………………………………………

Trainee: ………………………………………………………………………… Date: .…………………………………………………………………………….

Signature: ……………………………………………………………………..