**TRAINEE DETAILS**

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

 Formative  Summative

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 machinefunctions | 4 | 5Optimises image appropriately with familiarity |
| 6. Assess uterine contents including fetal number, presentation and lie | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse longitudinalplanes |
| 7. Assess placenta:* location,
* anatomy
* appearance
 | 1Incorrect demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinalplanes |
| 8. Measure BPD | 1Incorrect plane and measurement | 2 | 3Hesitancy in image acquisition and calliperplacement | 4 | 5Systematic image acquisition and measurement |
| 9. Measure HC | 1Incorrect plane and measurement | 2 | 3Hesitancy in image acquisition and calliperplacement | 4 | 5Systematic image acquisition and measurement |
| 10. Measure AC | 1Incorrect plane and measurement | 2 | 3Hesitancy in image acquisition and calliperplacement | 4 | 5Systematic image acquisition and measurement |
| 11. Measure FL | 1Incorrect plane and measurement | 2 | 3Hesitancy in image acquisition and calliperplacement | 4 | 5Systematic image acquisition and measurement |
| 12. Briefly review brain anatomy as position allows* Falx – symmetry
* Lateral ventricles
* Corpus callosum
* Cerebellum
 | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinal planes |
| 13. Briefly review fetal face as position allows:* Orbits and lenses
* Lip, nose, chin
* Palate (axial)
* Profile
 | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinal planes |
| 14. Briefly review fetal heart as position allows:* 4 chamber heart
* Left outflow tract
* Right outflow tract
* 3 vessel view
* ‘Arrow’ view
 | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinal planes |
| 15. Briefly review fetal abdomen as position allows:* Diaphragm
* Stomach size, situs
* Liver, gallbladder
* Bowel loops
* Kidneys
* Bladder
 | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinal planes |
| 16. Briefly review fetal spine as position allows:* Axial views, skin integrity
* Sagittal views, skin line
* Coronal views
 | 1Incomplete demonstration | 2 | 3Structures demonstrated but unsystematic approach | 4 | 5Systematic approach in both transverse and longitudinalplanes |
| 17. Measure AFI | 1Incorrect technique and measurement | 2 | 3Hesitancy in image acquisition and calliperplacement | 4 | 5Systematic image acquisition and measurement |
| 18. Measure UA Doppler | 1Incorrect technique and measurement | 2 | 3Hesitancy in image acquisition andmeasurement | 4 | 5Systematic image acquisition and measurement |
| 19. Measure MCA Doppler* PI
* PSV
 | 1Incorrect technique and measurement | 2 | 3Hesitancy in image acquisition andmeasurement | 4 | 5Systematic image acquisition and measurement |
| 20. Measure DV Doppler | 1Incorrect technique and measurement | 2 | 3Hesitancy in image acquisition andmeasurement | 4 | 5Systematic image acquisition and measurement |
| 21. Appropriate adjustment and understanding of machine Doppler settings | 1Inability to select settings to optimise image acquisition or to recognise that such adjustment is required | 2 | 3Correct but some hesitancy in use of equipment | 4 | 5Correct and confident adjustment of settings and repeat sampling as required to ensure accurateassessment |
| 22. Assess Biophysical Profile (x/8)* Breathing
* Tone
* Movement
* Amniotic fluid
 | 1Incorrect assessment | 2 | 3Hesitant assessment | 4 | 5Accurate assessment |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 23. Recognise and assess pregnancy pathology (amniotic fluid, fetal well- being, fetal size, abnormal Doppler, fetal anatomy, anaemia, placenta praevia, selective IUGR in twins, TTTS…), demonstrating a skill level appropriate to the level of training | 1Skill level well below that expected | 2 | 3Near appropriate skill level demonstrated | 4 | 5Skill level well above that expected |
| 24. Recognise and assess maternal pathology, demonstrating a skill level appropriate to the level of training | 1Skill level well below that expected | 2 | 3Near appropriate skill level | 4 | 5Skill level well above thatexpected |
| 25. Assessment appropriately focussed to clinical question | 1Deficient assessment and not ordered | 2 | 3Complete but disorganised approach | 4 | 5Complete assessment in well-structuredmanner |
| 26. Strategies when poor views | 1Deficient assessment and not ordered | 2 | 3Complete but disorganised approach | 4 | 5Complete assessment in well-structuredmanner |
| 27. Explain findings to patient and counsel patient accordingly **ESSENTIAL** | 1Incomplete or misinformation | 2 | 3Explanation complete butbrief | 4 | 5Full succinct explanation withlimitations |
| **REPORT WRITING** |  |  |  |  |  |
| 28. Personal details and clinical indication included**ESSENTIAL** | 1Deficient | 2 | 3Mostly correct(minor omission) | 4 | 5Accurate andcorrect |
| 29. 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 |
| 30. Diagnosis or summary clearly stated (with relevant recommendations if applicable) | 1Deficient | 2 | 3Adequate summary | 4 | 5Stated clearly with relevantrecommendations |
| 31. Addresses the clinical scenario**ESSENTIAL** | 1Poorly addresses the clinicalscenario | 2 | 3Clinical scenario partiallyaddressed | 4 | 5Addresses the clinical scenariowell |

|  |
| --- |
| **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 third trimester scans performed: ……………………

Aspects I think I performed well:

………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………

Aspects I think need to be improved:

…………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………

|  |
| --- |
| **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 Third Trimester Ultrasound Assessment

 Achieved MAPS required for this Third 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 Third Trimester Ultrasound Assessment.

Aspects performed well:

…………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………

Aspects to be improved:

…………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………

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

# **SIGNATURES**

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

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

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

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