## Certification in Maternal Fetal Medicine (CMFM)



Hybrid In-Hospital Clinical Examination (IHCE)
Ultrasound Technique and Doppler Ultrasound Assessment

## **CANDIDATE DETAILS**

Candidate Name Hospital Date of Examination

Measure MCA Doppler	1 Incorrect technique and measurement	2	3 Hesitancy in image acquisition and calliper placement	4	5 Systematic image acquisition and measurement
Measure DV Doppler	1 Incorrect technique and measurement	2	3 Hesitancy in image acquisition and calliper placement	4	5 Systematic image acquisition and measurement
Measure uterine artery Dopplers	1 Incorrect technique and measurement	2	3 Hesitancy in image acquisition and calliper placement	4	5 Systematic image acquisition and measurement
Measure umbilical artery Dopplers	1 Incorrect technique and measurement	2	3 Hesitancy in image acquisition and calliper placement	4	5 Systematic image acquisition and measurement
Selection of probe and examination presets	1 Inappropriate probe or inability to select settings	2	3 Correct but some hesitancy in use of equipment	4	5 Correct and confident use of equipment
Demonstration of applied physics	1 Inability to demonstrate application of physics to setting	2	3 Some understanding of use of frame rate and persistence to optimise image	4	5 Detailed understanding of use of frame rate and persistence
Applied understanding of ALARA	1  Keeps power /  Doppler on  inappropriately, little  or no demonstration  of ALARA	2	3 Understands principles of ALARA but not always demonstrated	4	5 Always demonstrates ALARA principles, full understanding
Use of depth, focus and zoom functions	1 Suboptimal image quality	2	3 Optimises image but uncertainty in use of machine functions	4	5 Optimises image appropriately with familiarity



## **EXAMINER TO COMPLETE** Number of criteria boxes assessed as '4' or more: ..... On examination the trainee has: Achieved Above MAPS Achieved MAPS required for this Ultrasound and Doppler Assessment. (MAPS: a minimum of 5 of the 8 criteria to be scored at '4' or higher) Not Achieved MAPS required for this Ultrasound and Doppler Assessment Aspects performed well: Aspects to be improved: Duration of this examination: **SIGNATURES Examiner Name**

Qualification

Signature

Date