

# Assessment of Procedural Surgical Skills (APSS)



## Ultrasound Assessment of Fetal Wellbeing

Trainee name		RANZCOG ID#
Training Supervisor name		Date

Procedure being assessed					
OBSTETRICS <i>(the required level of supervision for satisfactory assessments)</i> <input type="checkbox"/> Ultrasound assessment of fetal wellbeing (D)					
Rating Key: Applies to the demonstration of the level of awareness, behaviour or technical skills					
Level	1 Requires substantial input from assessor	2 Requires some assistance	3 Safely completes, but without mastery	4 Consistent with independent practice	Not Assessable
Relevant clinical information	Indication for ultrasound scan.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Relevant clinical history.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Confirm correct patient identity with name and date of birth.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical aspects of ultrasound scanning	Explanation to women regarding the scan procedure.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Machine settings required to optimise image.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Probe orientation and manipulation.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Systematic scanning approach to the examination.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetal wellbeing in third trimester	Probe cleaning and/or sterilization.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Measured the fetal heart rate using pulse wave				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recognised number of fetuses.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recognised fetal movements.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assessed fetal presentation.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assessed placental location.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation	Measured amniotic fluid index using deepest vertical pocket (DVP) and maximum vertical pocket (MVP).				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Measured middle cerebral and umbilical artery Doppler.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Demonstrated adequate documentation with all relevant/necessary information.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Outcome	Interpreted the ultrasound scan findings in the context of the clinical scenario.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Formulated a management plan in the context of the scan findings.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Outcome					
Trainee name				Date	

# Assessment of Procedural Surgical Skills (APSS)

## Ultrasound Assessment of Fetal Wellbeing



Number of times the procedure has been previously completed by the trainee

Purpose of assessment

☐ Advanced Obstetrics ATM

Global Rating: Please make an overall assessment based on your observation of the trainee.

- ☐ A [Performs with direct supervision (in room/assisting with procedure)]  
☐ B [Able to perform with onsite supervision immediately available]  
☐ C [Able to perform with offsite supervision / assistance in complicated cases]  
☐ D [Able to perform independently and supervise others performing uncomplicated cases]

Global Rating - *the required level of supervision must be obtained for satisfactory assessments*

Procedure	Global Rating
Ultrasound assessment of fetal wellbeing	D

Assessment

☐ Satisfactory as per the above Global Rating  
(*Summative assessment - upload in My.RANZCOG*)

☐ Not yet at the required level (*Formative assessment*)

Comments

### Sign-off

Assessor name

Assessor signature

Date

Assessor status

☐ Training Supervisor

☐ Consultant

☐ Senior Radiologist

☐ Senior Sonographer

Training Supervisor name

Training Supervisor signature<sup>1</sup>

Date

Trainee signature

Date

<sup>1</sup> If the Assessor and Training Supervisor are the same person, only one signature is required.