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| **Key Points**   * Supervisor – a sonographer or medical officer who is currently credentialed in ultrasound scanning. * It is recommended that the initial ultrasound scanning competency is completed within a 6 month period. * Documents for ongoing recording of ultrasound scanning are provided and may be utilised for reflective practice and performance review.   **Documentation**   * **Part A** - initial requirements and record of competency * **Part B** - record of supervised practice leading to competency * **Part C** - ongoing record following initial competency * **Part D** - assessment report. Completed for each supervised examination and annual peer review. Filed in professional portfolio |

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| **Competency requirements** | **Date** | **Initial** |
| **Initial ultrasound scanning competency** |  |  |
| **Theory**   * Pre-reading package completed prior to attending 1 day theory/workshop program * Attendance at 1 day theory/workshop program |  |  |
| **Practical**   * Required to complete a MINIMUM of **15** supervised ultrasound scans   *At completion of the 15th ultrasound scan the supervisor will be required to recommend whether the midwife has met the standards for ultrasound scanning competency* |  |  |
| **Ongoing competency** | | |
| * Required to complete a MINIMUM of **25** ultrasound scans in a 12 month period. | | |
| * Required to complete one supervised ultrasound scan 12 monthly. At completion of the supervised ultrasound scan the *Ultrasound Scanning Competency – Assessment Report (part D)* is to be completed by the supervisor. | | |

**Assessment Score Rubric**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Machine functions** | **1** | **2** | **3** | **4** | **5** |
| Uncertain of most machine controls and functions. |  | Understands commonly used controls. |  | Shows knowledge and awareness of all functions. |
| **Image orientation & navigations** | **1** | **2** | **3** | **4** | **5** |
| Frequently disorientated; unable to navigate. |  | Mainly orientated, but some difficulty navigating. |  | Orientated at all times, good navigation of fetus |
| **Fetal assessment** | **1** | **2** | **3** | **4** | **5** |
| Difficulty in recognising fetal poles and locating fetal heart. Inadequate skills to observe activity. |  | Recognises fetal poles, and locates heart in chest. Some difficulty with fine fetal movement. |  | Easily locates and recognizes basic anatomy. Able to observe different types of fetal activity (eg, trunk, limb, chest, face). |
| **Placenta** | **1** | **2** | **3** | **4** | **5** |
| Unable to recognise. |  | Recognises but difficulty showing lower margin. |  | Recognises and easily demonstrates lower margin. |
| **Approach to examination** | **1** | **2** | **3** | **4** | **5** |
| Little sensitivity or explanation offered to patient. Haphazard approach to scan. |  | Some explanation to patient. Satisfactory approach to scan, but without ease. |  | Demonstrates sensitivity to woman, logical approach and familiarity with all aspects of scan. |
| A score of 1 or 2 in any category will result in a fail in this assessment:  Final Score: | | | | | |

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| --- | --- | --- | --- | --- |
| **Summary of assessment** | | |  | **Supervisor declaration** |
| Has the trainee completed the minimum number of cases required? | Yes  No | □  □ |  | **Recommendation:**  □I consider them to be capable of performing this procedure unsupervised  **Or:**  □ The trainee is not yet ready for unsupervised performance and they require supervision of a minimum of further procedures before being reassessed  Supervisor Name:  Supervisor Signature:  Date: |
| Has the trainee completed a satisfactory final assessment | Yes  No | □  □ |  |
| Does the trainee need to perform any more supervised procedures | Yes  No | □  □ |  |
| Comments: | | |  |