ASUM CCPU Competence Assessment Form – Formative Assessment

Clinician Performed Neonatal Cardiac Ultrasound

Candidate: _____

Assessor: _____

Date: _____

Assessment type: Formative Assessment 1   ☐

     Formative Assessment 2   ☐

	Competent	Prompted	Fail
Prepare patient			
Position			
Informed			
Prepare Environment			
Lights dimmed if possible			
Probe & Preset Selection			
Can change transducer			
Selects appropriate transducer			
Selects appropriate preset			
Data Entry			
Enter patient details			
Image Acquisition			
Optimisation (depth, frequency, focus, gain)			
Identifies			
Parasternal Long Axis			
Parasternal Short Axis			
Ductal view			
Aortic arch			
Crab view (pulm veins)			
Apical 4 chamber			
Subcostal transverse			
Subcostal atrial septum			

Describes appearance & pathology	Competent	Prompted	Fail
IVC and SVC to RA (and identifies vascular catheter if present			
Pulmonary venous drainage			
AV valves			
Right and left outflow tracts			
Tri-leaflet aortic valve			
Mitral valve and papillary muscles			
Ventricular septum interrogated			
PDA if present			
Aortic arch and Doppler			
RVO and LVO measure			
SVC flow			
Measure of est RVSP if TR jet visible			
If TR jet not present uses other markers to estimate (ventricular septum position, PDA flow profile, RV ejection times			
M-mode of LV function and LA:Ao			
Appropriate use of colour Doppler			
Appropriate and accurate use of spectral Doppler (PW & CW)			

Artefacts

	Competent	Prompted	Fail
Identifies & explains the basis of common artefacts			

Record Keeping

	Competent	Prompted	Fail
Labels and stores images			
Documents any pathology identified			
Completes report			
Integrates ultrasound findings with clinical assessment and explains how the findings might change management			

Machine Maintenance

	Competent	Prompted	Fail
Cleans / disinfects ultrasound probe			
Stores machine and probes safely and correctly			

For Formative Assessment:
*Feedback of particularly good areas:*_____

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*Agreed actions for development*_____

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Examiner Signature:_____ Candidate Signature: _____

Examiner Name:_____ Candidate Name:_____

Date:_____