ASUM CCPU Competence Assessment Form - Formative Assesment
Clinician Performed Neonatal Cranial Ultrasound

Candidate: _____

Assessor: _____

Date: _____

Assessment type: Formative assessment 1   ☐

Formative assessment 2   ☐

		Competent	Prompted	Fail
Prepare Patient	Positioning, thermal care/comfort			
	Parents/nursing informed			
Prepare Environment	Lights dimmed if possible			
Probe and Preset Selection	Can choose the appropriate transducer			
	Can change transducer			
	Selects appropriate preset			
Data Entry	Correct patient details			
Image Acquisition	2D - Optimisation (depth, width, gain, focus, frequency)			
	Doppler – Optimisation (scale, baseline, gain)			
Scans	Coronal – Section 1			
	Coronal – Section 2			
	Coronal – Section 3			
	Coronal – Section 4			
	Coronal – Section 5			
	Coronal – Section 6			
	Sagittal – midline			
	Right – medial parasagittal			
	Right – lateral parasagittal			
	Left – medial parasagittal			
	Left – lateral parasagittal			
	Mastoid – identifies cerebellum (optional)			
	Temporal – Middle cerebral artery Doppler			

		Competent	Prompted	Fail
	Posterior fontanel sagittal view (optional)			
Identifies and describes	Key anatomical structures of brain parenchyma as outlined in the style guide			
	Ventricles			
	Germinal matrix/intraventricular haemorrhage			
	Periventricular echogenicities/cysts			
	Doppler findings of the anterior cerebral artery, middle cerebral artery, superior sagittal sinus			
	Evaluation of convexity of the brain			
	Artefacts and normal variants			
	Any congenital anomalies			
Record Keeping	Correct annotation and storage of images			
	Completes report and documents any pathology identified			
	• Each view adequate/inadequate			
	• Document scan			
	• Describe findings briefly			
	Integrates ultrasound findings with clinical assessment and explains how the findings might influence management			
Machine Maintenance	Cleans / disinfects ultrasound probe & interface			
	Stores the machine, probes and cables safely correctly			

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

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*Agreed actions for development*_____

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Assessor Signature:_____   Candidate Signature: _____

Assessor Name:_____   Candidate Name:_____

Date:_____