

# Point of Care Ultrasound (PoCUS)

## Competency Assessment Forms

### EARLY PREGNANCY (TA)

# Competency D (TA) - Early Pregnancy (IUP)

Name: \_\_\_\_\_ Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

**Logged Experience:** number of scans (circle) 10 25 50+ Number: \_\_\_\_\_

Experience certified as evidenced by: \_\_\_\_\_ (signed by Assessor)

Competency component	Trainer's comments recorded during the assessment	Competent?
<b>1. Preparation for the scan</b> <i>Greet the patient appropriately and identify the patient. Demonstrate appropriate attitude and professional manner</i>		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Knowledge of core indications		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Positions the patient correctly and ensures an appropriate environment		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
<b>2. The scan</b> Sets up the equipment acceptably		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Probe selection, handling and scanning technique		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Demonstrates pelvic organs in LS and TS	<b>KEY STEP</b> <b>KEY STEP</b>  <b>KEY STEP</b>	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Identifies bladder		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Identifies uterine fundus and endometrial stripe		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Identifies Pouch of Douglas		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Comments appropriately on proximity of uterus to bladder, uterine contents, and free fluid	<b>KEY STEP</b>	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Thoroughness (scans through uterus)	<b>KEY STEP</b>	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Efficiency / Speed of scan		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Saves/prints/documents ( <i>As per local policy</i> )		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
<b>3. Post scan</b> Appropriate interpretation of the findings		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Result correctly integrated into clinical scenario		Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
<b>Self Assessment (circle) : A B C</b>		<b>Competency Level</b>
<b>Guide</b>	<b>Level</b>	
Virtually no prompting required	<b>A. Advanced / Instructor potential</b>	<b>Assessor (Print and Sign level)</b>
Some prompting required	<b>B. Competent to scan and interpret findings independently</b>	
Significant prompting required and/or Any KEY STEP requires prompting	<b>C. Requires reassessment. If scanning alone cannot rely on negative findings</b>	