

Point of Care Ultrasound (PoCUS)

Competency Assessment Forms

EARLY PREGNANCY (TV)

Competency D (TV) - Early Pregnancy (IUP) Guidance

Please follow this guidance as closely as possible to ensure consistency between assessors. Ability to enter details, save image/clip and optimize environment only needs to be done once if multiple competencies are being assessed.

1. **“What are the core indications?”**
e.g. positive pregnancy test with PV bleed and/or pain. Any questionable indications should be challenged.
2. Demonstrates familiarity with the machine controls and transducer handling.
3. Demonstrates an ability to enter patient details as per EDPoCUS policy.
4. It is reasonable to utilise the TV phantom to perform this competency assessment. But should still comment on patient comfort.
5. Demonstrates knowledge of the requirement, where possible, for an empty bladder.
6. **“This patient presents with positive urine HCG (8 weeks) and PV spotting”**
7. **“Please demonstrate the TV ultrasound assessment of a patient who present with a positive pregnancy test and PV spotting”**
8. Demonstrates the coronal and longitudinal views of the uterus.
9. Demonstrates proficiency with transducer handling and orientation.
-In CS - **“On the screen show me the patient’s left”**
-In LS - **“On the screen show me anterior and posterior”**
10. For each view **“Please point out the structures that you can identify and show me where you are looking for free fluid”**
Must be able to correctly identify bladder, uterus and endometrial stripe
11. If they fail to mention any one of the above structures then ask them to identify it.
12. If unable to visualize the juxtaposition of bladder and uterus they must recognize that this is an indeterminate scan.
13. **“Please describe the ultrasound appearance consistent with an IUP”**
Juxtaposition bladder and uterus, gestational sac, yolk sac, fetal pole, etc
14. **“What is the implication of a negative or indeterminate scan for IUP in a pregnant patient?”**
Can’t rule out ectopic
15. **“Please save an image or clip”**

Competency D (TV) - 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?
1. Preparation for the scan <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"/>
2. The scan 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 CS	KEY STEP KEY STEP KEY STEP	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"/>
Ensures patient comfort		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	KEY STEP	Yes <input type="checkbox"/> Prompted <input type="checkbox"/> No <input type="checkbox"/>
Thoroughness (scans through uterus)	KEY STEP	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"/>
3. Post scan 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"/>
Self Assessment (circle) : A B C		Competency Level
Guide	Level	Assessor (Print and Sign level)
Virtually no prompting required	A. Advanced / Instructor potential	
Some prompting required	B. Competent to scan and interpret findings independently	
Significant prompting required and/or Any KEY STEP requires prompting	C. Requires reassessment. If scanning alone cannot rely on negative findings	