Point of Care Ultrasound (PoCUS)

Competency Assessment Forms

AORTA

Competency A – Focussed Assessment of the Aorta (AAA) 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. any pt. suspected of having AAA, Elderly pt. with back pain or suspected renal colic, unexplained hypotension. 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. **"This 70yr old patient presents with hypotension and back pain"**

5. **"Please show me the views would you use to assess the abdominal aorta"**

6. **Starts with or increases to enough depth to visualize the vertebral body.**

7. **"Please point out the structures that you can identify"**
   -**Must** be able to correctly identify vertebral body, aorta, aorta bifurcation, IVC.
   -May point out other structures e.g SMA, splenic vein, etc.

8. **If they fail to mention any one of these structures (**vertebral body, aorta, aorta bifurcation, IVC) **then ask them to identify it.**

9. **"How could you improve your image?"**
   e.g. firm transducer pressure to displace bowel gas, side view, longitudinal view

10. **"Please measure the diameter of the aorta"**

11. **"What is the maximum diameter of a normal aorta?"**
    3cm

12. **"What are the pitfalls of measuring the aorta?"**
    e.g. measuring internal diameter, underestimating diameter due to tangent effect, etc

13. **"Please save an image or clip"**

14. **"What are the implications for patient management if you are unable to visualize the entire length of aorta?"**
    Demonstrates an understanding of the implication of an indeterminate scan

Competency A – Focussed Assessment of the Aorta (AAA)

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 *Greet the patient appropriately and identify the patient. Demonstrate appropriate attitude and professional manner*		Yes ❑ Prompted ❑ No ❑
Knowledge of core indications		Yes ❑ Prompted ❑ No ❑
Positions the patient correctly and ensures an appropriate environment		Yes ❑ Prompted ❑ No ❑
2. The scan Sets up the equipment acceptably		Yes ❑ Prompted ❑ No ❑
Probe selection, handling and scanning technique		Yes ❑ Prompted ❑ No ❑
Identifies Vertebral Body/Shadow Identifies Aorta in TS (LS optional**)** Identifies IVC Measures AP diameter of aorta accurately	**KEY STEP** **KEY STEP** **KEY STEP**	Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑
Thoroughness (subxiphoid to bifurcation) Efficiency / Speed of scan	**KEY STEP**	Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑
Saves/prints/documents *(As per local policy)*		Yes ❑ Prompted ❑ No ❑
3. Post scan Appropriate interpretation of the findings		Yes ❑ Prompted ❑ No ❑
Integrates information correctly into clinical scenario (Defines AAA)		Yes ❑ Prompted ❑ No ❑
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**	

Competency B – FAST (Abdomen/Pelvis/Pericardium) 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. any trauma patient, especially blunt chest or abdomen, suspected ectopic. 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. **"This patient presents with blunt abdominal injuries following an MVC"**

5. **"Please show me the FAST views would you use to assess a patient with traumatic injuries"**

6. **Demonstrates a knowledge of the 4 views and confidence in obtaining them**
   RUQ, LUQ, subxiphoid cardiac, pelvis

7. **"For each view please point out on the structures that you can identify and show me where you are looking for free fluid"**
   -RUQ - Must be able to correctly identify kidney, liver, sweep interface, acceptable view of diaphragm
   -LUQ - Must be able to correctly identify kidney, spleen, sweep interface, acceptable view of diaphragm
   -Subxiph - Must be able to correctly identify liver, RV, LV, septum, pericardium
   -Pelvic - Must be able to correctly identify bladder

8. **If they fail to mention any one of the above structures then ask them to identify it.**

9. **If unable to visualize the full interface or enough diaphragm they must recognize that the abdo component is indeterminate. If unable to visualize the full heart then the cardiac component is indeterminate.**

10. **"How could you improve your image?"**
    e.g. firm transducer pressure to displace bowel gas, bend knees, patient breaths in to see the heart, gain, etc

11. **"What are the implications of a negative or indeterminate FAST scan?"**
    Does not rule out intra-abdominal injury

12. **"Please save an image or clip"**

13. **Some physicians may want to incorporate the e-FAST views into this scan. This is appropriate. See competency F.**

Competency B – FAST (Abdomen/Pelvis/Pericardium)

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 *Greet the patient appropriately and identify the patient. Demonstrate appropriate attitude and professional manner*		Yes ❑ Prompted ❑ No ❑
Knowledge of core indications		Yes ❑ Prompted ❑ No ❑
Positions the patient correctly and ensures an appropriate environment		Yes ❑ Prompted ❑ No ❑
2. The scan Sets up the equipment acceptably		Yes ❑ Prompted ❑ No ❑
Probe selection, handling and scanning technique		Yes ❑ Prompted ❑ No ❑
Demonstrates satisfactory RUQ views Demonstrates satisfactory LUQ views Demonstrates satisfactory pelvic views Demonstrates satisfactory pericardial views	**KEY STEP** **KEY STEP** **KEY STEP** **KEY STEP**	Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑
Thoroughness (complete interface) Efficiency / Speed of scan	**KEY STEP**	Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑
Saves/prints/documents *(As per local policy)*		Yes ❑ Prompted ❑ No ❑
3. Post scan Appropriate interpretation of the findings		Yes ❑ Prompted ❑ No ❑
Result correctly integrated into clinical scenario		Yes ❑ Prompted ❑ No ❑

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**	

Competency C – Cardiac (Echo in Life Support)
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. cardiac arrest (code), peri-arrest, shock. 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. **"This patient presents with chest pain and hypotension"**

5. **"Please show me the views would you use to assess the heart in a peri-arrest patient"**

6. **Demonstrates a knowledge of the subxiphoid view and has confidence in obtaining it**

7. **"Please point out the structures that you can identify and show me where you are looking for pericardial fluid"**
   Must be able to correctly identify liver, RV, LV, septum, pericardium

8. **If they fail to mention any one of the above structures then ask them to identify it.**

9. **"Please comment on cardiac form and function"**
   -Must be able to categorise global **function** into hyperdynamic, normal, hypodynamic or absent contractility
   -Should be able to compare the left with right ventricle size and explain the significance of a dilated RV

10. **"If you were unable to get a subxiphoid view what other view would you use?"**

11. **Demonstrates a knowledge of a transthoracic view (e.g. LAPS or A4C) and can identify the Pericardium, RV, LV, and septum**

12. **"How can you improve your image?"**
    e.g. use alternate liver window, ask patient to breath in, etc

13. **If unable to visualize the entire heart and scan through it, they must recognize that the scan is indeterminate for pericardial fluid**

14. **"At what point in a code would you perform this scan?"**
    During the pulse check

15. **"Please save an image or clip"**

Competency C – Cardiac (Echo in Life Support)

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 *Greet the patient appropriately and identify the patient. Demonstrate appropriate attitude and professional manner*		Yes ❑ Prompted ❑ No ❑
Knowledge of core indications		Yes ❑ Prompted ❑ No ❑
Positions the patient correctly and ensures an appropriate environment		Yes ❑ Prompted ❑ No ❑
2. The scan Sets up the equipment acceptably		Yes ❑ Prompted ❑ No ❑
Probe selection, handling and scanning technique		Yes ❑ Prompted ❑ No ❑
Demonstrates subxiphoid view Identifies pericardium and potential FLUID Describes cardiac FUNCTION (good,poor,absent) Describes cardiac FORM (RV size vs LV size). Demonstrates one other view (eg parasternal long or short, or apical four chamber)	**KEY STEP** **KEY STEP** **KEY STEP**	Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑
Thoroughness (scans through heart) Efficiency / Speed of scan	**KEY STEP**	Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑
Saves/prints/documents *(As per local policy)*		Yes ❑ Prompted ❑ No ❑
3. Post scan Appropriate interpretation of the findings		Yes ❑ Prompted ❑ No ❑
Result correctly integrated into clinical scenario		Yes ❑ Prompted ❑ No ❑

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**	

Competency D (TA) – 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. **Demonstrates knowledge of the requirement, where possible, for a full bladder.**

5. **"This patient presents with positive urine HCG (8 weeks) and PV spotting"**

6. **"Please demonstrate the TA ultrasound assessment of a patient who presents with a positive pregnancy test and PV spotting"**

7. **Demonstrates the transverse and longitudinal views of the pelvis.**

8. **For each view "Please point out the structures that you can identify and show me where you are looking for an intrauterine pregnancy"**
   Must be able to correctly identify bladder, uterus, and endometrial stripe

9. **If they fail to mention any one of the above structures then ask them to identify it.**

10. **If unable to visualize the juxtaposition of bladder and uterus they must recognize that this is an indeterminate scan.**

11. **"Please describe the ultrasound appearance consistent with an IUP"**
    Juxtaposition bladder and uterus, gestational sac, yolk sac, fetal pole, etc

12. **"How can you improve your image?"**
    e.g. firm transducer pressure to displace bowel gas, full bladder, gain, etc

13. **"What is the implication of a negative or indeterminate scan for IUP in a pregnant patient?"**
    Can't rule out ectopic

14. **"Please save an image or clip"**

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?
1. Preparation for the scan *Greet the patient appropriately and identify the patient. Demonstrate appropriate attitude and professional manner*		Yes ❑ Prompted ❑ No ❑
Knowledge of core indications		Yes ❑ Prompted ❑ No ❑
Positions the patient correctly and ensures an appropriate environment		Yes ❑ Prompted ❑ No ❑
2. The scan Sets up the equipment acceptably		Yes ❑ Prompted ❑ No ❑
Probe selection, handling and scanning technique		Yes ❑ Prompted ❑ No ❑
Demonstrates pelvic organs in LS and TS Identifies bladder Identifies uterine fundus and endometrial stripe Identifies Pouch of Douglas Comments appropriately on proximity of uterus to bladder, uterine contents, and free fluid	**KEY STEP** **KEY STEP** **KEY STEP**	Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑
Thoroughness (scans through uterus) Efficiency / Speed of scan	**KEY STEP**	Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑
Saves/prints/documents *(As per local policy)*		Yes ❑ Prompted ❑ No ❑
3. Post scan Appropriate interpretation of the findings		Yes ❑ Prompted ❑ No ❑
Result correctly integrated into clinical scenario		Yes ❑ Prompted ❑ No ❑

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**	

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 *Greet the patient appropriately and identify the patient. Demonstrate appropriate attitude and professional manner*		Yes ❑ Prompted ❑ No ❑
Knowledge of core indications		Yes ❑ Prompted ❑ No ❑
Positions the patient correctly and ensures an appropriate environment		Yes ❑ Prompted ❑ No ❑
2. The scan Sets up the equipment acceptably		Yes ❑ Prompted ❑ No ❑
Probe selection, handling and scanning technique		Yes ❑ Prompted ❑ No ❑
Demonstrates pelvic organs in LS and CS Identifies bladder Identifies uterine fundus and endometrial stripe Ensures patient comfort Comments appropriately on proximity of uterus to bladder, uterine contents, and free fluid	 **KEY STEP** **KEY STEP** **KEY STEP**	Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑
Thoroughness (scans through uterus) Efficiency / Speed of scan	**KEY STEP**	Yes ❑ Prompted ❑ No ❑ Yes ❑ Prompted ❑ No ❑
Saves/prints/documents *(As per local policy)*		Yes ❑ Prompted ❑ No ❑
3. Post scan Appropriate interpretation of the findings		Yes ❑ Prompted ❑ No ❑
Result correctly integrated into clinical scenario		Yes ❑ Prompted ❑ No ❑

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**	

Competency E – Shock/Resuscitation (IVC)
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. any hypotensive patient, any patient requiring iv fluid resuscitation. 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. **"This patient present with unexplained hypotension"**

5. **"Please show me the views would you use to assess the IVC in a hypotensive patient"**

6. **Demonstrates knowledge of the IVC views and confidence in obtaining them.**
    Subxiphoid longitudinal or transverse. Optional - right coronal (through liver)

7. **For each view "Please point out the structures that you can identify"**
    Must be able to correctly identify the sub-hepatic IVC, liver and right atrium

8. **If they fail to mention any one of the above structures then ask them to identify it.**

9. **"Please describe the size and collapsibility of the IVC"**

10. **"In a hypotensive patient what IVC diameter would you consider to be large and what diameter would you consider to be small?"**
    Small < than 1cm or Big > than 2cm (Note: this is just a ballpark guide)

11. **"What are potential causes a <u>Small and Collapsing</u> IVC in a hypotensive patient"**
    Hypovolemic shock, Sepsis, etc

12. **"What are potential causes a <u>Large and Non-Collapsing</u> IVC in a hypotensive patient"**
    P.E., Cardiac tamponade, Cardiogenic shock, etc

13. **"Please save an image or clip"**

Competency E – Shock/Resuscitation (IVC)

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 *Greet the patient appropriately and identify the patient. Demonstrate appropriate attitude and professional manner*		**Yes ❑ Prompted ❑ No ❑**
Knowledge of core indications		**Yes ❑ Prompted ❑ No ❑**
Positions the patient correctly and ensures an appropriate environment		**Yes ❑ Prompted ❑ No ❑**
2. The scan Sets up the equipment acceptably		**Yes ❑ Prompted ❑ No ❑**
Probe selection, handling and scanning technique		**Yes ❑ Prompted ❑ No ❑**
Identifies IVC in LS and/or TS Assesses intrahepatic IVC diameter and respiratory phase collapsibility	**KEY STEP**	**Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑**
Thoroughness (complete interface) Efficiency / Speed of scan	**KEY STEP**	**Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑**
Saves/prints/documents *(As per local policy)*		**Yes ❑ Prompted ❑ No ❑**
3. Post scan Appropriate interpretation of the findings		**Yes ❑ Prompted ❑ No ❑**
Result correctly integrated into clinical scenario		**Yes ❑ Prompted ❑ No ❑**

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**	

Competency F – Thoracic (eFAST)
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. any trauma patient, especially blunt chest or abdomen. 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. **"This patient presents with blunt chest trauma and dyspnoea"**

5. **"Please show me the views would you use to look for hemothorax and then show me the views you would use to look for pneumothorax"**

6. **Demonstrates a knowledge of the thoracic views and confidence in obtaining them** -Right and left lateral chest coronal diaphragm and lung base, right and left longitudinal anterior chest

7. **For each view "Please point out the structures that you can identify and show me where you are looking for hemothorax and then show me the signs are consistent with a pneumothorax "**
   -Lateral Chest Coronal Views - Must be able to correctly identify diaphragm, potential sites of fluid collection within pleural space. Should describe the significance of the Vertebral Line. May describe the Quad Sign.
   -Anterior Chest - Must be able to correctly identify ribs, intercostal muscle, pleural line, pleural sliding. Should identify comet-tails. May demonstrate M-Mode signs.

8. **If they fail to mention any one of the above structures then ask them to identify it.**

9. **"What are the potential pitfalls in PoCUS assessment for pneumothorax?"**
   Small pneumothoraces can be missed especially if the probe is positioned too medially on the anterior chest wall. False positives can also occur.

10. **"What are the implications of a negative or indeterminate eFAST scan?"**
    Does not rule out thoracic injury

11. **"Please save an image or clip"**

Competency F – Thoracic (eFAST)

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 *Greet the patient appropriately and identify the patient. Demonstrate appropriate attitude and professional manner*		**Yes ❑ Prompted ❑ No ❑**
Knowledge of core indications		**Yes ❑ Prompted ❑ No ❑**
Positions the patient correctly and ensures an appropriate environment		**Yes ❑ Prompted ❑ No ❑**
2. The scan Sets up the equipment acceptably		**Yes ❑ Prompted ❑ No ❑**
Probe selection, handling and scanning technique		**Yes ❑ Prompted ❑ No ❑**
Demonstrates the diaphragm and pleural space Demonstrates the vertebral line Identifies / describes appearance of pleural fluid	**KEY STEP** **KEY STEP**	**Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑**
Demonstrates pleural line and pleural sliding Assesses all antero-lateral rib spaces Demonstrates comet tails / B-lines Demonstrates M-mode signs Identifies / describes appearance of pneumothorax	**KEY STEP** **KEY STEP** **KEY STEP**	**Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑**
Thoroughness (sweeps diaphragm, >2 rib spaces) Efficiency / Speed of scan	**KEY STEP**	**Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑**
Saves/prints/documents *(As per local policy)*		**Yes ❑ Prompted ❑ No ❑**
3. Post scan Appropriate interpretation of the findings		**Yes ❑ Prompted ❑ No ❑**
Result correctly integrated into clinical scenario		**Yes ❑ Prompted ❑ No ❑**

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**	

Competency G – Ultrasound Guided Vascular Access
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. any patient requiring central vascular access. 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. **"This patient requires central venous access"**

5. **On a patient or volunteer model: "Please show me the views would you use for the internal jugular vein, common femoral vein and a peripheral vein in the arm"**

6. **For each view "Please point out the structures that you can identify and show me where you would insert the needle"**
   -Must be able to identify the internal jugular vein, common carotid artery, common femoral vein, femoral artery and at least one peripheral vein
   -Must have a recognized method for distinguishing vein from artery e.g. compressibility, etc
   -Must choose an appropriate safe needle entry site

7. **If they fail to mention any one of the above structures then ask them to identify it.**

8. **"Please talk me through the equipment that you will need, the preparation required and position the machine and patient appropriately"**
   -Describes the equipment required for central venous access, including the seldinger kit, local anesthetic, suture material, etc
   -Demonstrates or talks through the process of asepsis, including the use of sterile probe cover and sterile gel
   -Positions the machine appropriately to allow visualisation during the procedure

9. **On the vascular access mannequin: "Please demonstrate the ultrasound guided vascular access technique"**
   -Must demonstrate clear visualization of the needle on ultrasound
   -Must be able to identify the needle tip at all times
   -Should not mistake needle shaft for needle tip while advancing
   -Must successfully advance needle tip into vein and aspirate 'blood'
   -Must be able to describe the Seldinger technique

Competency G – Ultrasound Guided Vascular Access

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	Competent?
1. Preparation for the scan *Greet the patient appropriately and identify the patient.* *Demonstrate appropriate attitude and professional manner*		
Knowledge of core indications		**Yes ❑ Prompted ❑ No ❑**
Positions the patient correctly etc		**Yes ❑ Prompted ❑ No ❑**
2. The scan Sets up the equipment acceptably Describes/demonstrates aseptic technique		**Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑**
Probe selection, handling and scanning technique (Centres Vein accurately under probe)		**Yes ❑ Prompted ❑ No ❑**
Patient/Volunteer: Demonstrates the Internal Jugular Vein, Common Carotid Artery Identifies safe position for catheter insertion Demonstrates a peripheral veins in the arm Identifies safe position for catheter insertion Demonstrates the Common Femoral Vein and Femoral Artery Identifies safe position for catheter insertion Venous Access Mannequin: Demonstrates guidance of needle in TS (+/- LS) Ensures needle tip is visualized at all times Successfully cannulates vessel	**KEY STEP** **KEY STEP** **KEY STEP** **KEY STEP** **KEY STEP**	**Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑** **Yes ❑ Prompted ❑ No ❑**
Efficiency / Speed of scan and cannulation		**Yes ❑ Prompted ❑ No ❑**
Saves/prints/documents *(As per local policy)*		**Yes ❑ Prompted ❑ No ❑**
3. Post scan Appropriate interpretation of the findings		**Yes ❑ Prompted ❑ No ❑**
Result correctly integrated into clinical scenario		**Yes ❑ Prompted ❑ No ❑**

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**	