**Basic Ultrasound Skills Evaluation**

Trainee: Evaluator:

Date: Number of Sonograms Performed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SKILLS** | **Beginner** | **Developing Competence** | **Competent** | **Not Observed** |
| **INTERPERSONAL SKILLS** |
| Introduces self to patient and establishes rapport |  |  |  |  |
| Explains ultrasound procedure to client, and routinely asks about LMP, latex allergy, etc. |  |  |  |  |
| Asks patient whether or not they want to see sonogram or to discuss information found on sonogram |  |  |  |  |
| Pays attention to patient comfort |  |  |  |  |
| Uses appropriate language to discuss sonogram findings in presence of patient |  |  |  |  |
| Solicits and answers patient questions appropriately |  |  |  |  |
| **CLINICAL SKILLS** |
| Selects and prepares ultrasound probe properly for use |  |  |  |  |
| Uses keyboard and screen functions properly |  |  |  |  |
| Keeps uterus in center of screen, zooming as needed |  |  |  |  |
| Systematically identifies uterus in longitudinal and transverse views, taking appropriate images |  |  |  |  |
| Systematically scans across pelvis (to help rule out anomalies, masses, twins), requesting help as needed. |  |  |  |  |
| Measures gestational sac in at least 2 planes |  |  |  |  |
| Finds and identifies yolk sac |  |  |  |  |
| Identifies fetal pole and cardiac activity |  |  |  |  |
| Measures CRL in longest view (without limbs or yolk sac) |  |  |  |  |
| Assures location of pregnancy is intrauterine |  |  |  |  |
| Perform post procedural or post medical abortion US to establish no evidence of IUP |  |  |  |  |
| Ensures transducer(s) cleaned between exams |  |  |  |  |
| **MEDICAL KNOWLEDGE** |
| Knows discriminatory beta-HCG levels |  |  |  |  |
| Able to name key US characteristics of pseudo vs. true gestational sac (identify if possible) |  |  |  |  |
| Accurately calculates GA when only sac seen |  |  |  |  |
| Accurately calculates GA by CRL |  |  |  |  |
| Knows when to switch to BPD measurement, and elements of an optimal BPD measurement |  |  |  |  |

**Specific Comments:**

**Evaluation by Trainer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved

 Further orientation and observation suggested / required

**Trainer Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_