

CED POCUS Competence Assessment Form



E-Fast Ultrasound

Candidate: _____

Assessor: _____

Date: _____

Assessment type: Formative (feedback & teaching given during assessment for education) ☐

Summative (prompting allowed but teaching not given during assessment) ☐

To pass the summative assessment, the candidate must pass all components listed

Prepare patient

Position
Informed

Competent **Prompted** **Fail**

Prepare Environment

Lights dimmed if possible

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Probe & Preset Selection

Can change transducer
Selects appropriate transducer
Selects appropriate preset

Data Entry

Enter patient details

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Image Acquisition

Optimisation (depth, freq, focus, gain)

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RUQ

Identifies Liver
Rt Kidney
Morrison's pouch
Diaphragm
Lung
Bowel

LUQ

Identifies Spleen
Lt Kidney
Splenorenal recess
Diaphragm
Lung

PELVIS

Identifies Bladder
Iliac vessels
Prostate / Uterus
Rectum
Scans TS & LS

Describes Where abdominal free fluid collects
Where pleural fluid collects
Appearance of fresh and clotted blood

PERICARDIUM / SUBCOSTAL

- Identifies* Liver
 Right Ventricle
 Left Ventricle
 Septum
 Pericardium
- Describes* Where pericardial fluid collects
 Appearance of fresh and clotted blood

Competent	Prompted	Fail

LUNG

- Identifies* Rib
 Pleura
 Comet tail artefact & b lines (if present)
 Sliding sign
 Able to differentiate lung sliding & cardiac motion on left chest
 Able to use M mode & explain its role & limitations
- Describes* Appearance of PTx
 Assessment of PTx size
 Where pleural fluid collects, and appearance of fresh and clotted blood

Artefacts

- Identifies & explains the basis of common artefacts

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Record Keeping

- Labels & stores appropriate images
 Documents any pathology identified
 Completes report
Each view adequate / inadequate
Documents focussed scan only
Describe findings briefly
Integrates ultrasound findings with clinical assessment and explains how the findings might change management

Machine Maintenance

- Cleans / disinfects ultrasound probe
 Stores machine and probes safely and correctly

For Formative Assessment Only:

Feedback of particularly good areas: _____

Agreed actions for development _____

Examiner Signature: _____ Candidate Signature: _____

Examiner Name: _____ Candidate Name: _____

Date: _____