CED POCUS Competence Assessment Form

Lung 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

	Competent	Prompted	Fail
Prepare patient			
Position			
Informed			
Prepare Environment			
Lights dimmed if possible			
Probe & Preset Selection			
Can change transducer			
Understands roles of the different transducers			
Selects appropriate preset			
Discusses & justifies choice of probe orientation			
Understands effect of filters (eg THI & multibeam / crossbeam) on lung imaging			
Data Entry			
Enter patient details			
Image Acquisition			
Optimisation (depth, freq, focus, gain)			
Images & explains normal structures			
Chest wall			
Ribs / costal cartilages			
Pleural space			
Pleural sliding			
Able to differentiate lung sliding & cardiac motion on left chest			
Able to use M mode & explain its role & limitations			
Lung			
Diaphragm			
Liver and spleen			

Heart			

Images & explains normal artefacts	**Competent**	**Prompted**	**Fail**
Lung (pleural) sliding			
Scatter			
Lung curtain			
A lines			
B lines			
Lung pulse			

Interprets images of pathology (using library images if necessary)

Pleural thickening			
Pleural fluid			
B-pattern (including differential)			
Consolidated lung (incl differential)			
Absent lung sliding			
Presence of lung point			

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:_____