

Appendix 3 Example of a Competency Assessment Form

PLEASE NOTE – these are simply to show examples from various services using ultrasound guided injections and opinion will vary between services

Assessment of ultrasound guided competency/on-going training

NAME OF PRACTITIONER:

DATE:

Anatomical areas in which competency has been assessed:

Part a: Prior to the scan:

	Pt 1 y/n	Pt 2 y/n	Pt 3 y/n	Pt 4 y/n
Can the sonographer discuss the clinical implications and objectives of the examination?				
Is the equipment correctly prepared? Ultrasound system, injection trolley, couch - Cleanliness/hygiene				
Has the sonographer explained the procedure correctly to the patient, giving time for questions or discussion?				
Has the sonographer gained verbal/written consent from the patient?				

Part b: During the scan:

	Pt 1 y/n	Pt 2 y/n	Pt 3 y/n	Pt 4 y/n
Was the patient correctly identified and details transferred to the machine?				
Was the scan field adequately prepared and an appropriate patient position suggested?				
Was a suitable probe/preset selected?				
Were the machine controls used appropriately during the scan?				
Was a logical and sequential scanning technique used?				
Were the relevant structures clearly identified during the scan?				
Did the sonographer alter the position of the patient or machine sufficiently in order to visualise all relevant areas?				
Was an appropriate site for injection identified?				

Was the injectate delivered safely in the appropriate place?				
If not, did the sonographer recognise that it was not?				
Was a suitable image taken, annotated and correctly stored?				
Was aseptic/clean procedure followed correctly?				
Was care taken of the equipment during and after the procedure?				
Were any issues dealt with correctly?				

Part c: Post procedure

	Pt 1 y/n	Pt 2 y/n	Pt 3 y/n	Pt 4 y/n
Was the patient adequately cared for during and after the procedure?				
Was appropriate information about after care and follow up appointments given to the patient?				
Was the ultrasound machine adequately cleaned following the procedure?				
Did the sonographer take sufficient images?				
Were administration procedures correctly followed after the procedure?				

Comments:

Conclusions:

Are there any actions from this assessment (with timescales)?

Next assessment due:

Peer review is essential to assure ongoing accurate scanning and image interpretation. If operators are working in isolation, without regular contact with other sonographers, regular peer review is suggested. There are no official time scales for this, but an annual review would seem a reasonable strategy.

Sonographer name:

Sonographer comments:

Signature:

Date:

Assessor name:

Signature:

Date:

This is an accurate assessment of the sonographer and equipment on the examinations and date assessed only.

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