



Limited Use of Bedside Ultrasound by Midwives Skills Assessment Checklist

| | | | |
|--------------------------|------|---|-----------|
| Candidate Name | | Pre-requisite sighted. Tick when complete | |
| Employee ID No. | CHHS | Theory assessment sighted. Tick when Complete | |
| Work site | | Program Code | LBSWA 003 |
| Assessor Name & CHHS No. | | Data Entry into LMS. Tick when complete | |

Candidate's Declaration

- I have read and understood the details of the assessment
- I have been informed of the condition of the assessment and the appeal process
- I agree to participate in this assessment and declare the evidence provided is my own work
- I agree that details of this assessment will be forwarded to my line manager and L&D
- I am capable of performing the physical requirements within this assessment today.
- I request reasonable adjustment to undertake assessment today

Candidate Signature

Method: O= Observed, V= Verbal

| During the workplace observation, did the employee demonstrate the following criteria? Key: Observed (O) or Verbalised (V) | Method (O,V) | Self-Check <input type="checkbox"/> | Observer <input checked="" type="checkbox"/> or <input type="checkbox"/> | | |
|--|--------------|-------------------------------------|--|--------------------------|--------------------------|
| | | | 1 | 2 | 3 |
| Professional Responsibilities | | | | | |
| • Liaised with the appropriate personnel regarding the patient's condition and rationale for ultrasonography | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Imparted knowledge of relevant WACHS policy and procedure | V | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Described confidentiality requirements and verbalised roles and responsibilities | V | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Underpinning Knowledge | | | | | |
| • Identified and managed risk to self, patient and the environment | V | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Verbalised the indications for performing bedside ultrasound scanning in accordance with WACHS policy | V | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Verbalised appropriate understanding of ultrasound physiology | V | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preparation of Patient, Equipment and Environment | | | | | |
| • Prepared personnel, patient, equipment and environment in accordance with infection control guidelines | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrated correct patient identification process | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Positioned the patient correctly | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Provided explanation about the procedure and the rationale for the ultrasound to the patient and significant other person(s) | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Gathered all the necessary equipment | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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WACHS Limited Use of Bedside Ultrasound by Midwives Skills Assessment Checklist

| Skills Application Checklist | | | | | |
|--|-------------------------|--|---|--------------------------|--------------------------|
| Limited Use of Bedside Ultrasound by Midwives in Third Trimester Pregnancy | | | | | |
| During the workplace observation, did the employee demonstrate the following criteria? Key: Observed (O) or Verbalised (V) | Method (O,V) | Self- Check <input checked="" type="checkbox"/> | Observer <input checked="" type="checkbox"/> or <input type="checkbox"/> | | |
| | | | 1 | 2 | 3 |
| Application of Skills | | | | | |
| • Demonstrated appropriate technique of bedside ultrasound scanning | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Identified and visualised accurate images | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Determined the position of the fetal head | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrate identification of the fetal head on the screen. | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Accurately assess the fetal presenting part and fetal lie | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Post Procedure Skills | | | | | |
| • Completed and documented maternal vital signs and obstetric observations appropriately | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Record and report findings to appropriate personnel | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Discard equipment appropriately | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Complete the necessary documentation | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ensure reports / images were correctly labelled | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrated correct technique for cleaning of the ultrasound probe and machine | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medico Legal Issues | | | | | |
| • Maintain documentation accurately and contemporaneously | O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstrate a clear understanding of 'duty of care' and the clinical management of obstetric patients when acting upon findings from the performance of the bedside ultrasound scanning. | V | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Observation Statement:

To be completed by three obstetric medical practitioners credentialed in ultrasound, **or** a sonographer.
 "I hereby state that I have observed the above-mentioned employee successfully demonstrate and verbalise the required performance criteria."

| Observer name (please print), signature and designation | Date | Achieved All Criteria | Not Yet Achieved |
|--|-------------|------------------------------|--------------------------|
| 1. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | <input type="checkbox"/> | <input type="checkbox"/> |

Recommendations for further development

Observer(s), please include the date and your signature at the time of your recommendation.

Signature: _____

Date: _____

Midwife's Statement

Midwife to sign and date.

- I have read and understood the AHPRA Midwifery Practice Decision Making Framework and will act accordingly.
- I have read and understood the WACHS policy 'Limited Use of Bedside Ultrasound by Midwives in Third trimester pregnancy'.

Signature: _____

Date: _____

| | | | |
|---------------------|--|------------------------|----------------|
| Contact: | A/Coordinator of Midwifery (L. Midgelow) | | |
| Directorate: | Nursing and Midwifery Services | EDRMS Record # | ED-CO-14-29086 |
| Version: | 3.00 | Date Published: | 24 June 2019 |

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