NUS National University of Singapore

**M.MED (O&G)**

**IN-HOSPITAL CLINICAL TRAINING MODULE RATING FORM**

**MODULE 2: DIAGNOSTIC ULTRASOUND**

**Name of Trainee:** ______________________

**Current Training Hospital:** ______________________

**Name of Training Supervisor:** ______________________

**Signature of Training Supervisor:** ______________________

**IMPORTANT: It is stressed that this Module should focus on attaining basic competence, and corrective measures, feedback and relevant advice may be given to the candidate on the spot. Therefore, the Assessor may interact with the candidate at an appropriate time.**

After observing the candidate with at least 3 patients (at least one in the first trimester of pregnancy, one in the second trimester and one in the third trimester), please indicate your rating of each of the following skills by placing a tick in the small box at the bottom right of the appropriate response. Allocation of ratings B & D indicate a performance somewhere between the descriptive ratings of A, C & E. Note that the allocation of C, D or E indicates 'unsatisfactory' for that section.

**1 Assessment of fetal number**

| A | B | C | D | E |
|---|---|---|---|---|
| Assessment was accurate for all patients | | Assessment was unacceptably inaccurate for one or two patients | | Assessment was unacceptably inaccurate for all patients |

**2 Assessment of fetal heart motion**

| A | B | C | D | E |
|---|---|---|---|---|
| Assessment was accurate for all fetuses of greater than 8 weeks' gestation | | Assessment was unacceptably inaccurate for one or two fetuses of greater than 8 weeks' gestation | | Assessment was unacceptably inaccurate for all fetuses of greater than 8 weeks' gestation |

**3 Assessment of duration of pregnancy or size of fetus**

| A | B | C | D | E |
|---|---|---|---|---|
| Assessment was acceptably accurate for all patients | | Assessment was unacceptably inaccurate for one or two patients | | Assessment was unacceptably inaccurate for all patients |

**4 Assessment of presentation**

| A | B | C | D | E |
|---|---|---|---|---|
| Assessment was accurate for all patients in the second or third trimester | | Assessment was unacceptably inaccurate in one or two patients in the second or third trimester | | Assessment was unacceptably inaccurate in all patients in the second or third trimester |

**5 Assessment of site of placentation**

| A | B | C | D | E |
|---|---|---|---|---|
| Assessment was accurate for all patients in the second or third trimester | | Assessment was unacceptably inaccurate in one or two patients in the second or third trimester | | Assessment was unacceptably inaccurate in all patients in the second or third trimester |

**6 Assessment of amniotic fluid volume**

| A | B | C | D | E |
|---|---|---|---|---|
| Assessment was accurate for all patients in the second or third trimester | | Assessment was unacceptably inaccurate in one or two patients in the second or third trimester | | Assessment was unacceptably inaccurate in all patients in the second or third trimester |

**7 Communication with patients**

| A | B | C | D | E |
|---|---|---|---|---|
| Listened attentively and explained findings sensitively and effectively | | Usually listened attentively and explained findings sensitively and effectively | | Little evidence of effective listening and/or failed to explain findings sensitively and/or effectively |

This assessment is based on observation of the candidate with ____ (number) patients over a period of ____ hours.

A rating of '**C**' is the basic competence level for EACH skill.

**RESULTS (** **** Please TICK in either ONE of the boxes below)***

ACHIEVED BASIC COMPETENCE ☐

NOT ACHIEVED BASIC COMPETENCE ☐

**Name of Assessor:** ______________________________

**Signature of Assessor:** ______________________________

**Date of Assessment:** ______________________________

**The original of this form must be returned to DGMS immediately following the assessment:**

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