



**STUDENT CLINICAL SKILLS POCKET BOOK**  
**(NOVICE)**  
**MIDS 151 – 2022**

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Name

Diagnostic Medical Sonography Program

If found, please call: 250-370-3161



# CLINICAL SCANNING SKILLS

***DEVELOPING  
COMPETENCE***

**Term 1**

MIDS 121

**Term 2**

MIDS 151

***NOVICE***

**Term 3**

MIDS 181

**Term 4**

MIDS 231

***ADVANCED BEGINNER***

**Term 5**

MIDS 281

**Term 6**

PRAC 290 +

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## Use of Pocket Book

This pocket book should be used on a daily basis to keep track of clinical experiences, including participation in ultrasound examinations and personal notes for self-reflection.

This book is an intermediary between work that is completed in the department and evidence that is transferred to the Portfolio of Clinical Experience. The portfolio should remain outside of patient care areas and updated by the student in conjunction with the Clinical Liaison

Technologists must initial for an unassisted procedure on the same day the examination was performed. Otherwise, the case **cannot** be recorded as an Unassisted Case.

## Supervision

Students must complete all orientation requirements before being permitted to interact with patients independently while on a clinical site.

Students must work and perform imaging under **direct supervision** in the **MIDS 151, MIDS 181, MIDS 231 and MIDS 281** Clinical Skills courses.

Once portfolio requirements have been completed in these areas, the student will be permitted to work under indirect supervision during their clinical practicum (**PRAC 290 + PRAC 295/296/299**) provided all prerequisite assessments are complete.

The student level of competence is based on the ability to demonstrate all skills as listed on the unassisted validation forms, as well as consistently demonstrating the criteria that were practiced and assessed in the ultrasound labs on campus.

Where patient complexity/acuity is deemed too high, assistance from a technologist is required to ensure high-quality, safe patient care.

## Levels of Participation (O, A, U)

### Observed (O)

- **Must** be observant of all steps of the procedure; likely minimal patient interaction; assist with simple tasks (e.g. room clean up)

*(Most likely when a new examination type is encountered or when the patient complexity and/or acuity are too high.)*

### Assisted (A)

- Demonstrate **some** criteria on “unassisted case validation” form and **must** observe or assist technologist with steps of the procedure not performed independently

*(Most likely when experience with the examination type is limited or there is a sudden change in patient status or an unexpected complication.)*

### Unassisted (U)

- Demonstrate **all** criteria on unassisted observation form with minimal guidance or completely independently

*(Most likely when a similar examination type has already been observed or assisted with or the patient complexity/acuity is low.)*

## Guidelines for Logging Unassisted Ultrasound Procedures in the Portfolio

It is up to the student to ensure that ultrasound examinations meet the criteria before presenting them to the technologist for feedback.

In order to be considered for the portfolio, unassisted examinations must meet the following criteria:

- At least one attempt for the anatomical part has been documented in the Log of Daily Work
- Technologist completed validation form for unassisted case on the same day the examination was performed
- Student initials are visible on the ultrasound images
- Optimal/diagnostic imaging
- Optimal/diagnostic depth, landmarks, focus, gain, frequency and measurements
- Images are obtained per the imaging site's protocol and displayed in PACS appropriately
- Examination write-up (tech report) is completed correctly and counter-signed by the supervising technologist

## Patient Care Validation

Patient Care Skill: **Introduction**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Confirmed patient identity using at least two identifiers
- Introduced self to patient using SNOD approach (student, name, occupation/role, and duty)
- Explained procedure to patient and introduced the supervising technologist
- Verified nature of exam with patient and obtained any additional history

Comments:

Technologist name and initials:

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**PATIENT CARE VALIDATION**



Patient Care Skill: **During Exam**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Explained procedure to patient; obtained informed consent (permission to touch, answered questions, etc.)
- Ensured patient cooperation by carefully instructing the patient (body movements, breathing instructions, etc.)
- Explained reasoning behind touching, used appropriate palpation technique, and touched only as necessary

Comments:

Technologist name and initials:

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## PATIENT CARE VALIDATION

Patient Care Skill: **End of Exam, Dismissal**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Verified acceptability of all images with the technologist before dismissing patient
- Described the post-procedural instructions to the patient
- Cleaned and adequately restored the procedure room in preparation for the next patient

Comments:

Technologist name and initials:

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## General Ultrasound Unassisted Case Validation

Anatomical Part: **Liver (Lt)**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **Liver (Rt)**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **Pancreas**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **GB + CBD**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **Lt Kidney**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **Rt Kidney**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **Spleen**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **Aorta and Proximal Iliac Arts.**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **IVC**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **Bladder**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **Prostate w/ Volume**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

## US UNASSISTED CASE VALIDATION

Anatomical Part: **TA Uterus, Endo., Cervix**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

## US UNASSISTED CASE VALIDATION

Anatomical Part: **TA Ovaries + Adnexa**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

## US UNASSISTED CASE VALIDATION

Anatomical Part: **EV Uterus, Endo., Cervix**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **EV Ovaries + Adnexa**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

## US UNASSISTED CASE VALIDATION

Anatomical Part: **Lt Testicle & Epididymis**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **Rt Testicle & Epididymis**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **OB1: M-Mode FHR**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

## US UNASSISTED CASE VALIDATION

Anatomical Part: **OB1: TA MSD + YS**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **OB1: TA CRL (Fetal Pole)**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **OB1: TA Uterus + Cervix**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

## US UNASSISTED CASE VALIDATION

Anatomical Part: **OB1: TA Ovaries + Adnexa**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:



## US UNASSISTED CASE VALIDATION

Anatomical Part: **OB1: Limb Development**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

## US UNASSISTED CASE VALIDATION

Anatomical Part: **OB1: EV MSD + YS**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

## US UNASSISTED CASE VALIDATION

Anatomical Part: **OB1: EV CRL (Fetal Pole)**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: **OB1: EV Uterus + Cervix**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

## US UNASSISTED CASE VALIDATION

Anatomical Part: **OB1: EV Ovaries + Adnexa**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: \_\_\_\_\_

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: \_\_\_\_\_

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

  

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## US UNASSISTED CASE VALIDATION

Anatomical Part: \_\_\_\_\_

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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# Technologist Feedback Form

Week 2

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# TECHNOLOGIST FEEDBACK FORM

Week 4

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# TECHNOLOGIST FEEDBACK FORM

Week 6

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# TECHNOLOGIST FEEDBACK FORM

Week 8

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# TECHNOLOGIST FEEDBACK FORM

Week 10

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# TECHNOLOGIST FEEDBACK FORM

Week 12

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# TECHNOLOGIST FEEDBACK FORM

Week 14

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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## TECHNOLOGIST FEEDBACK FORM

Week 15 or 16 (as required)

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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## TECHNOLOGIST FEEDBACK FORM

Week: \_\_\_

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# Daily Log and Self-Reflection Notes

Use this section to track your clinical experience during each rotation, including your ongoing **level of participation** (O, A, or U) and case difficulty and details (easy, moderate, hard), (IV, Bed, Catheter).

Be honest about the workload you participated in and only include cases in which you were present from start to finish. You are not required to log cases in excess of the number of spaces provided.

In your reflection notes, consider:

- What were technologists most likely to assist me with?
- How busy was my rotation?
- What were the patients mostly like (e.g. routine, trauma, adaptive, etc.)?
- What was most challenging part of this rotation and why?
- What was my greatest accomplishment this rotation?'

## Weeks 1-2

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>6</b>				
<b>Difficulty Level/Notes:</b>				
<b>7</b>				
<b>Difficulty Level/Notes:</b>				
<b>8</b>				
<b>Difficulty Level/Notes:</b>				
<b>9</b>				
<b>Difficulty Level/Notes:</b>				
<b>10</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				

## Self-Reflection Notes Weeks 1-2

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## Weeks 3-4

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
<b>Difficulty Level/Notes:</b>				
2				
<b>Difficulty Level/Notes:</b>				
3				
<b>Difficulty Level/Notes:</b>				
4				
<b>Difficulty Level/Notes:</b>				
5				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>6</b>				
<b>Difficulty Level/Notes:</b>				
<b>7</b>				
<b>Difficulty Level/Notes:</b>				
<b>8</b>				
<b>Difficulty Level/Notes:</b>				
<b>9</b>				
<b>Difficulty Level/Notes:</b>				
<b>10</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				

## Self-Reflection Notes Weeks 3-4

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## Weeks 5-6

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
<b>Difficulty Level/Notes:</b>				
2				
<b>Difficulty Level/Notes:</b>				
3				
<b>Difficulty Level/Notes:</b>				
4				
<b>Difficulty Level/Notes:</b>				
5				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>6</b>				
<b>Difficulty Level/Notes:</b>				
<b>7</b>				
<b>Difficulty Level/Notes:</b>				
<b>8</b>				
<b>Difficulty Level/Notes:</b>				
<b>9</b>				
<b>Difficulty Level/Notes:</b>				
<b>10</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				



<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				

## **Self-Reflection Notes Weeks 5-6**

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## Weeks 7-8

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
6				
<b>Difficulty Level/Notes:</b>				
7				
<b>Difficulty Level/Notes:</b>				
8				
<b>Difficulty Level/Notes:</b>				
9				
<b>Difficulty Level/Notes:</b>				
10				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				

## Self-Reflection Notes Weeks 7-8

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## Weeks 9-10

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
<b>Difficulty Level/Notes:</b>				
2				
<b>Difficulty Level/Notes:</b>				
3				
<b>Difficulty Level/Notes:</b>				
4				
<b>Difficulty Level/Notes:</b>				
5				



<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>6</b>				
<b>Difficulty Level/Notes:</b>				
<b>7</b>				
<b>Difficulty Level/Notes:</b>				
<b>8</b>				
<b>Difficulty Level/Notes:</b>				
<b>9</b>				
<b>Difficulty Level/Notes:</b>				
<b>10</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				

## Self-Reflection Notes Weeks 9-10

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## Weeks 11-12

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>6</b>				
<b>Difficulty Level/Notes:</b>				
<b>7</b>				
<b>Difficulty Level/Notes:</b>				
<b>8</b>				
<b>Difficulty Level/Notes:</b>				
<b>9</b>				
<b>Difficulty Level/Notes:</b>				
<b>10</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				



## Self-Reflection Notes Weeks 11-12

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## Weeks 13-14

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
6				
<b>Difficulty Level/Notes:</b>				
7				
<b>Difficulty Level/Notes:</b>				
8				
<b>Difficulty Level/Notes:</b>				
9				
<b>Difficulty Level/Notes:</b>				
10				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				



## Weeks 15-16 (if assigned)

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>6</b>				
<b>Difficulty Level/Notes:</b>				
<b>7</b>				
<b>Difficulty Level/Notes:</b>				
<b>8</b>				
<b>Difficulty Level/Notes:</b>				
<b>9</b>				
<b>Difficulty Level/Notes:</b>				
<b>10</b>				
<b>Difficulty Level/Notes:</b>				



<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				

# Self-Reflection Notes Weeks 15-16

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## Appendix 2 – Required Image Documentation

*First trimester (up to and including 14wks 0d) ultrasound scan (minimum requirements)*

Item	Image Documentation required	Notes
Fetal number	Yes	
Gestational sac	Yes	Intrauterine or extrauterine
Yolk sac	Yes	
Placenta	Yes	Assess
Fetal heart rate	Yes	
Cervix	Yes	
Adnexa	-	Assess
Both maternal ovaries	Yes	
<b>MEASUREMENTS</b>		
Crown rump length - CRL (three)	Yes	
<b>MULTIPLE GESTATION</b>		
Membrane	Yes	Report to include chorionicity and amnioncity
<b>If over 11wks 0d gestation, attempt to include:</b>		
Biparietal diameter - BPD (two)	Yes	
Head circumference - HC (two)	Yes	
Choroid plexus filled ventricles	Yes	
Cardiac situs	Yes	
Stomach	Yes	
Symmetrical lung fields	-	Assess
Abdominal wall showing cord insertion	Yes	
4 limbs, each with 3 segments	Yes	
Placenta	Yes	Cord insertion, size and texture

***Nuchal translucency (NT) scan to also include: (CRL must be between 45.0 – 84.0 mm)***

Nuchal translucency - NT (three)	Yes	Report to include widest of the three measurements to one decimal point
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