# Appendix A

# Checklist for point-of-care curricula

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| **Curriculum element** | **Completed** | **Comments** |
| **General considerations** |
| Review undertaken of your regional circumstances, with regards to:* Burden on disease,
* Equipment availability (at present and in the future),
* Potential benefits,
* Difficulties in training personnel and keeping up to date skills.
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| Regular review/update of point-of-care ultrasound curriculum by a tasked group of clinicians |  |  |
| **Applications to be included** |
| Inclusion of a mandatory application to include how to generate and optimise and image (physics and knobology):*Knowledge* * The basic components of an ultrasound system
* Types of transducer and the production of ultrasound, with an emphasis on operator controlled variables.
* Use of ultrasound controls
* Know the frequencies used in medical ultrasound and the effect on image quality and penetration
* The interaction of ultrasound with tissue including biological effects
* Safety issues in ultrasound
* The basic principles of real time and Doppler ultrasound including color flow and power Doppler
* The recognition and explanation of common artefacts
* Image recording systems

*Skills* * Can operate the key machine controls
* Transducer changing
* Image manipulation and storage

*Behaviour* * Safe practice

Limitations of own skills |  |  |
| Inclusion of a mandatory application to ensure good practice and governance in point-of-care ultrasound:*Knowledge* * Image recording, storing and filing.
* Reporting
* Medico-legal aspects – outlining the responsibility to

 practise within specific levels of competence and the requirements for training. * Consent.
* The value and role of departmental protocols
* The resource implications of ultrasound use

*Skills* * Integrate EU into departmental clinical governance / CQI system (see curriculum section 4.5 for further details)

*Behavior* * Adheres to rule-in philosophy (namely, that a focused ultrasound exam may rule in a pathology but generally will be unable to rule it out).
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| A selection of CORE (mandatory) applications which have been chosen due to the following:* Simple to learn, perform and interpret,
* Provide a solid foundation to practice,
* Have significant impact in the area/region being practiced.
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| A selection of ENHANCED (not mandatory/higher level) applications which have been chosen due to the following:* Are more difficult to learn,
* Answer more complex questions,
* Require proficiency in a related more basic CORE application,]
* May be simple to learn but have a lesser impact in the area/region being practiced.
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| Specification regarding which applications are diagnostic and which are procedural |  |  |
| Each application requires specific details regarding:* Sectional and ultrasonic anatomy
	+ Knowledge
	+ Skills
	+ Behaviour
* Pathology in relation to ultrasound
	+ Knowledge
	+ Skills
	+ Behaviour
* Clinical integration
	+ Knowledge
	+ Skills
	+ Behaviour
 |  |  |
| **Methodology of training** |
| Specification of what learning outcomes will be required for each application |  |  |
| Specification regarding what methods will be undertaken (may be more than one) for the induction step or introduction to the application. The most commonly used are: * Short lectures,
* Demonstrations,
* Hands on skills teaching,
* Simulation sessions,
* Open and closed discussions,
* Passive and interactive web based learning,
* Practical scanning on real patients.
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| Specification of what methods will be undertaken to allow experience for each application in the following areas:* Obtaining images,
* Interpreting images,
* Application of findings to patient care.
 |  |  |
| Specification of what methods will be undertaken to ensure credentialing/competency has been achieved for each application in the following areas:* Obtaining images,
* Interpreting images,
* Application of findings to patient care.

(Such assessments should be objective, achievable and fair) |  |  |
| Specification of what expectations are required to ensure that clinician-performed ultrasound practitioners keep their skills up to date:* Continuous logging of activity,
* Minimum scanning activity for a particular application,
* Regular peer quality assurance,
* Regular CME/CPD
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