



ASAR

Australian Sonographer
Accreditation Registry

Form 4-1

ASAR return to clinical practice Supervisor competency checklist sheet guidelines



Australian Sonographer Accreditation Registry Limited

PO Box 8323 Baulkham Hills BC NSW 2153

Telephone: (02) 8850 1144, Facsimile: (02) 8850 1177, Email: registry@asar.com.au, Website: www.asar.com.au



- A Competency Checklist has been included for use by the clinical supervisor.
- Copies may be made of these forms for use in assessing the clinical skills of the candidate.
- They should be used as a means of formative assessment and can be used to provide feedback to the candidate on their performance and skill level.
- These forms are most effective when used regularly (for example fortnightly), and may provide a useful tool for the candidate and supervisor to engage in dialogue.
- Completed forms may be kept as evidence in cases where the candidate is not performing satisfactorily, however,
- It is not necessary to submit these forms to ASAR.

Competency Checklist

Name

Date

(DD.MM.YY)

Examination Performed

Patient History

Level of Difficulty

Easy

Medium

Difficult

Patient size

Thin

Medium

Obese

Patient cooperation

Cooperative

Uncooperative

Patient anatomy

Normal

Some Variation

Major Anomalies

Total Scan Time



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Assessment Categories should be graded on a scale of 1-3, where 1 is considered unsatisfactory, 2 is satisfactory (Advanced Beginner Level) and 3 is considered competent.

General Category	1	2	3	Comment
1. Room prepared prior to examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Patient accurately identified and appropriate introductions made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Correct transducer selected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Patient information correctly entered before starting examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Appropriate patient history obtained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Procedure explained to patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7. Patient positioned accurately for the procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8. Correct gain and machine settings used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
9. Correct focal range(s) and fields of view selected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10. Images labelled correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
11. Correct image planes obtained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
12. Sufficient images recorded to demonstrate appropriate anatomy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
13. Correct use of pre-& post-processing controls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
14. Correct sonographic diagnosis/ differentials/ pathology proposed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
15. All measurements taken accurately and properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



Assessment continued...

General Category	1	2	3	Comment
16. Suitable images recorded and processed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
17. Patient properly released when the examination is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
18. Paper work completed according protocol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
19. Exam completed in a timely fashion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
20. Case discussed with the supervising sonographer / radiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

How to submit this form

Please follow this simple guide to submit your form

1. Save form to your local drive
2. Fill out the form on screen or print the form and fill it out by hand
3. Choose your method of submission:

→ Send via fax to: 02 8850 1177

→ Send by Post to:

The Secretariat
 Australian Sonographer Accreditation Registry Limited
 PO Box 8323
 Baulkham Hills BC
 NSW 2153, Australia