ASSOCIATION OF
EARLY PREGNANCY UNITS
Education • Training • Excellence in Early Pregnancy Care

AEPU
ULTRASOUND
SCANNING LOGBOOK

Name: _____

Role / Grade: _____

Logbook Start Date: / /

Logbook End Date: / /

EDUCATION • TRAINING • EXCELLENCE IN EARLY PREGNANCY CARE

AEPU SCANNING LOGBOOK

Contents

Page 2	Final sign off and anonymisation of scan images
Page 3	Ultrasound numbers logbook
Page 4	Scanning and case log template
Page 5	Scanning curriculum summary
Page 6	Basic curriculum
Page 8	Intermediate curriculum
Page 9	Advanced curriculum
Page 10+	Scanning and case log

AEPU SCANNING LOGBOOK FINAL SIGN OFF

AEPU Trainee competencies in scanning in early pregnancy final sign off (to be signed by trainee and two assessors involved throughout logbook completion)

Name: _____ Signature: _____ Completion Date: _____

Assessor one: _____ Signature: _____ Completion Date: _____

Assessor two: _____ Signature: _____ Completion Date: _____

Log of anonymised scan images (signed by trainee):

I confirm that the images contained are my own, directly or indirectly supervised, and discussed with my assessors. I confirm there is no evidence of patient name, hospital number, date of birth, site or date of scan on the included images.

Name: _____ Signature: _____ GMC: _____ Date: _____

ULTRASOUND NUMBERS LOGBOOK

We strongly recommend using a spreadsheet to anonymously log each individual ultrasound scan, with date, type of scan, and diagnosis to achieve the appropriate level of scanning as defined by the European Federation of Societies for Ultrasound in Medicine and Biology (EFSUMB) regarding Minimum Training Requirements for the Practice of Medical Ultrasound in Europe: http://s834315022.websitehome.co.uk/wp-content/uploads/2020/12/2009-04-14apx3.pdf

Please use the above as a guide. The aim is to achieve the following competencies with a minimum of 300 gynaecological scans and an illustrated logbook of 20 documented cases:

- EFSUMB Level one competence for gynaecological conditions and pathology
- EFSUMB Level two competence for early pregnancy conditions and pathology

An example spreadsheet can be obtained here:

Ultrasound log book

SCANNING AND CASE LOG TEMPLATE

Scanning and case log template (copy and paste example on final page to create image logbook):

-Images (maximum of five per case)

-Anonymised history (e.g., 'person in their 30's', not specific age): gestation, parity, pregnancy history, symptom profile, scan indication

-Course of care, management and critical evaluation of case

Each to be signed by trainee and one assessor

Name: _____ Signature: _____ Date: _____

Assessor: _____ Signature: _____ Date: _____

SCANNING CURRICULUM - minimum of three directly observed cases, each signed off by one assessor as summative competent OSATs unless otherwise stated:

Demonstrate TV and TA systematic survey and measurements of pelvic organs; uterus, cervix, endometrium, ovaries/adnexa and pouch of Douglas

Recognise normal cycle-related changes in endometrium and ovaries, including dominant follicle and corpus luteum

Diagnose live normally-sited pregnancy with TAUSS: *8-12/40*

Diagnose live normally-sited pregnancy with TVUSS: *6-8/40*

Classify normally-sited pregnancy of uncertain viability with TVUSS: *GS +/- YS. MSD measured correctly*

Classify normally-sited pregnancy of uncertain viability with TVUSS: *CRL. CRL measured correctly*

Diagnose miscarriage/early pregnancy demise with TVUSS: *include CRL>7mm AND empty MSD >25mm*

Classify pregnancy of unknown location with TVUSS

Diagnose tubal ectopic pregnancy with TVUSS: *adnexal mass (inhomogenous/gestational sac/live)*

Diagnose non-tubal ectopic pregnancy with TVUSS: *OSATs/MiniCex/CBD*

Diagnose molar pregnancy with TVUSS/TAUSS: *OSATs/MiniCEX/CBD*

Diagnose retained pregnancy tissue with TVUSS

Identify free fluid and hemoperitoneum with TVUSS/TAUSS

Identify physiological ovarian corpus luteal cysts with TVUSS

Identify non ectopic pregnancy adnexal masses with TVUSS: *OSATs/MiniCex/CBD - including haemorrhagic cysts, simple cysts, endometrioma, dermoid, hydro/hemato/pyosalpinx, TOA*

Diagnose and map fibroids with TVUSS

Use colour doppler when appropriate in TVUSS/TAUSS: *OSATs/MiniCex/CBD - adnexal masses, retained pregnancy tissue, molar, fibroids, ectopic pregnancies*

Cervical length assessment using TVUSS

Identify intrauterine contraceptive device and describe position within the cavity; recognise malposition with TVUSS

Diagnose congenital uterine malformations using 3D TVUSS

BASIC CURRICULUM

Practical assessment	**OSAT 1**	**OSAT 2**	**OSAT 3**
Demonstrate TV and TA systematic survey and measurements of pelvic organs; uterus, cervix, endometrium, ovaries/adnexa and pouch of Douglas	Date: Assessor:	Date: Assessor:	Date: Assessor:
Recognise normal cycle-related changes in endometrium and ovaries, including dominant follicle and corpus luteum	Date: Assessor:	Date: Assessor:	Date: Assessor:
Diagnose live normally-sited pregnancy with TAUSS: *8-12/40*	Date: Assessor:	Date: Assessor:	Date: Assessor:
Diagnose live normally-sited pregnancy with TVUSS: *6-8/40*	Date: Assessor:	Date: Assessor:	Date: Assessor:
Classify normally-sited pregnancy of uncertain viability with TVUSS: *GS +/- YS. MSD measured correctly*	Date: Assessor:	Date: Assessor:	Date: Assessor:
Classify normally-sited pregnancy of uncertain viability with TVUSS: *CRL. CRL measured correctly*	Date: Assessor:	Date: Assessor:	Date: Assessor:
Diagnose miscarriage/early pregnancy demise with TVUSS: *include CRL>7mm AND empty MSD >25mm*	Date: Assessor:	Date: Assessor:	Date: Assessor:

Classify pregnancy of unknown location with TVUSS	Date: Assessor:	Date: Assessor:	Date: Assessor:
Diagnose tubal ectopic pregnancy with TVUSS: *adnexal mass (inhomogenous/gestational sac/live)*	Date: Assessor:	Date: Assessor:	Date: Assessor:
Identify intrauterine contraceptive device and describe position within the cavity; recognise malposition with TVUSS	Date: Assessor:	Date: Assessor:	Date: Assessor:

Communication skills	**CBD/CEX/Reflection 1**	**CBD/CEX/Reflection 2**	**CBD/CEX/Reflection 3**
Able to take history relevant to early pregnancy complications	Date: Assessor:	Date: Assessor:	Date: Assessor:
Able to communicate diagnosis and discuss appropriate management plan for women diagnosed with miscarriage (early fetal demise).	Date: Assessor:	Date: Assessor:	Date: Assessor:
Able to communicate diagnosis and discuss appropriate management plan for women diagnosed with pregnancy of unknown location or ectopic pregnancy	Date: Assessor:	Date: Assessor:	Date: Assessor:
Able to communicate diagnosis and discuss appropriate management for women diagnosed with normally sited uncertain viability pregnancy	Date: Assessor:	Date: Assessor:	Date: Assessor:

INTERMEDIATE CURRICULUM

Practical assessment	**OSAT 1**	**OSAT 2**	**OSAT 3**
Cervical length assessment using TVUSS	Date: Assessor:	Date: Assessor:	Date: Assessor:
Diagnose retained pregnancy tissue with TVUSS	Date: Assessor:	Date: Assessor:	Date: Assessor:
Diagnose molar pregnancy with TVUSS/TAUSS: *OSATs/MiniCEX/CBD*	Date: Assessor:	Date: Assessor:	Date: Assessor:
Identify free fluid and hemoperitoneum with TVUSS/TAUSS	Date: Assessor:	Date: Assessor:	Date: Assessor:
Identify physiological ovarian corpus luteal cysts with TVUSS	Date: Assessor:	Date: Assessor:	Date: Assessor:
Identify non ectopic pregnancy adnexal masses with TVUSS *including haemorrhagic cysts, simple cysts, endometrioma, dermoid, hydro/hemato/ pyosalpinx, TOA*	Date: Assessor:	Date: Assessor:	Date: Assessor:

Communication skills	**CBD/CEX/Reflection 1**	**CBD/CEX/Reflection 2**	**CBD/CEX/Reflection 3**
History taking and management of recurrent miscarriage	Date: Assessor:	Date: Assessor:	Date: Assessor:
Able to communicate the diagnosis and implications of a molar pregnancy	Date: Assessor:	Date: Assessor:	Date: Assessor:

ADVANCED CURRICULUM

Practical assessment	**OSAT 1**	**OSAT 2**	**OSAT 3**
Diagnose non-tubal ectopic pregnancy with TVUSS	Date: Assessor:	Date: Assessor:	Date: Assessor:
Diagnose and map fibroids with TVUSS	Date: Assessor:	Date: Assessor:	Date: Assessor:
Use colour doppler when appropriate in TVUSS *including adnexal masses, retained pregnancy tissue, molar, fibroids, ectopic pregnancies*	Date: Assessor:	Date: Assessor:	Date: Assessor:
Diagnose congenital uterine malformations using 3D TVUSS	Date: Assessor:	Date: Assessor:	Date: Assessor:

Communication skills	**CBD/CEX/Reflection 1**	**CBD/CEX/Reflection 2**	**CBD/CEX/Reflection 3**
Lead an early pregnancy multidisciplinary team meeting	Date: Assessor:	Date: Assessor:	Date: Assessor:
Show skills required to run an early pregnancy unit	Date: Assessor:	Date: Assessor:	Date: Assessor:
Communicate with intra and inter specialty colleagues regarding complex cases	Date: Assessor:	Date: Assessor:	Date: Assessor:

SCANNING AND CASE LOG (EACH TO BE SIGNED BY TRAINEE AND ONE ASSESSOR):

Images:

Anonymised history, including gestation, parity, pregnancy history, symptom profile, scan indication:

Course of care, management and critical evaluation of case:

Name: _____ Signature: _____ Date: _____

Assessor: _____ Signature: _____ Date: _____