

MIDWIFE SONOGRAPHY PRACTICAL EXAMINATION
FIRST TRIMESTER: 6 Weeks 0 Days – 9 Weeks 6 Days
TRANSABDOMINAL



All fields below are required to be completed in order for the form to be accepted.

Candidate First and Last Name: _____
 ARDMS Number (if applicable): _____
 Date of Examination: _____
 Location of Examination: _____
 Evaluator First and Last Name: _____
 Evaluator ARDMS or APCA Number (if applicable): _____
 Medical License Number (if applicable): _____

IMPORTANT: Please review all the instructions on **Page 2** prior to submitting this form. Please note that once signed and submitted, this form will be used toward your Midwife Sonography Practical Examination requirement. **The information below must be completed by the Evaluating Sonographer/Reporting Physician.**

First Trimester: 6 Weeks 0 Days - 9 Weeks 6 Days Transabdominal	Check the box per completion
1. Verify patient with two identifiers (For example: full name, DOB). Place dating last menstrual period (LMP) or estimated date of confinement (EDC) in calculation package, if available, to obtain percentile measurements.	<input type="checkbox"/>
2. Describe procedure and provide explanation for exam.	<input type="checkbox"/>
3. Select appropriate transducer and presets (to include mechanical index (MI)/thermal index (TI)) for the exam.	<input type="checkbox"/>
4. Scanning:	<input type="checkbox"/>
a. Demonstrate how to obtain longitudinal and transverse planes.	<input type="checkbox"/>
b. Demonstrate how to correctly orient the probe, by locating indicator on the probe and demonstrating proper rotation of the probe.	<input type="checkbox"/>
c. Demonstrate correct use of image optimization including depth, gain, and focus.	<input type="checkbox"/>
5. Through a full bladder, scan the uterus:	<input type="checkbox"/>
a. In the longitudinal planes, elongate the uterus to visualize the cervix to the fundus.	<input type="checkbox"/>
b. Sweep right the left in the longitudinal plane.	<input type="checkbox"/>
c. Rotate into the transverse plane.	<input type="checkbox"/>
d. Sweep from the cervix to the fundus to evaluate for multiple gestation.	<input type="checkbox"/>
6. Evaluate the position of the gestational sac:	<input type="checkbox"/>
a. Identify location of the gestational sac (mid to upper uterus).	<input type="checkbox"/>
b. Identify the yolk sac.	<input type="checkbox"/>
c. Measure the crown rump length of embryo.	<input type="checkbox"/>
d. In addition, measure gestational sac in 3 dimensions.	<input type="checkbox"/>
e. Obtain a heartrate with M-Mode (pulsed Doppler should NOT be used).	<input type="checkbox"/>
7. Evaluate the anterior and posterior cul-de-sac for fluid:	<input type="checkbox"/>
a. Between the uterus and the bladder.	<input type="checkbox"/>
b. Between the uterus and the rectum.	<input type="checkbox"/>
8. Right adnexal evaluation:	<input type="checkbox"/>
a. In the transverse plane, scan towards the fundus of the uterus.	<input type="checkbox"/>
b. Locate the right broad ligament.	<input type="checkbox"/>
c. Move the probe slightly to the left then angle through the bladder to visualize the right ovary.	<input type="checkbox"/>
d. Scan through the right ovary in the transverse plane (anterior to posterior).	<input type="checkbox"/>
e. Turn the probe longitudinally.	<input type="checkbox"/>
f. Scan through the right ovary in the longitudinal plane (lateral to medial).	<input type="checkbox"/>
g. Turn the probe transverse.	<input type="checkbox"/>

Evaluating Sonographer/Reporting Physician Verification Statement:

My signature verifies that I am an Evaluating Sonographer, and currently certified by ARDMS in the OB/GYN Specialty or that I am a licensed Reporting Physician practicing in the field of Obstetrics and Gynecology or Maternal Fetal Medicine. I, (insert name of evaluator) _____ certify that I have directly observed (insert name of candidate) _____ successfully demonstrate the minimum core clinical skills as listed on this Form.

I understand that submitting false documentation to ARDMS is a violation of ARDMS rules and may result in sanctions including but not limited to revocation of my certification and eligibility for registration in all categories, including those already held. My signature below verifies that I have read this form in its entirety and completed it truthfully.

Signature of Evaluating Sonographer/Reporting Physician: _____

Full Name of Evaluating Sonographer/Reporting Physician: _____

Phone number: _____ Email Address: _____ (Please print)

INSTRUCTIONS FOR COMPLETING THE FIRST PAGE OF THE PRACTICAL EXAMINATION FORM:

Prior to submitting this form, the Candidate is required to have passed the Midwife Sonography Written Examination within the preceding two years. To complete the Practical Examination, the Candidate must upload all required, completed assessment forms (8) for review within two-years of passing the written examination. All fields on each form must be completed to be accepted. The required cases and forms can be found at ARDMS.org/MW under the “Apply” tab. All eight forms should be uploaded as completed to the applicant’s MY ARDMS account in order to complete the Practical Examination. **Note:** Forms do not need to be uploaded at the same time.

A report displaying biometry measurements, average ultrasound age and percentile will need to be submitted along with this form. The candidate can obtain the report from the ultrasound machine the candidate is scanning on.

Demonstration of minimum core clinical skills means that the evaluator directly observed the Candidate perform the minimum core clinical skills independently and effectively that are listed on page one of this form. For purposes of satisfying the Practical Examination requirements, three of the eight required forms can verify scanning using a simulator, while the other five are required to verify scanning on live patients under direct supervision of the Evaluating Sonographer* or Reporting Physician**.

ARDMS conducts random audits of submitted information. Individuals who are audited may be required to submit additional documentation to further substantiate the original submission.

*Evaluating Sonographer must be:

- An Active status with ARDMS
- Certified RDMS (OB/GYN)

**Reporting Physician must be:

- A licensed physician
- Trained to interpret Obstetrics and Gynecology or Maternal Fetal Medicine ultrasound studies
- A physician who has directly observed the Candidate demonstrate the minimum core clinical skills listed on this form

Note: This form cannot be signed by a relative of the Candidate.