

**MIDWIFE SONOGRAPHY PRACTICAL EXAMINATION**  
**GYN: INTRAUTERINE DEVICE (IUD) PLACEMENT**  
 TRANSVAGINAL/ENDO VAGINAL



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.**

GYN: Intrauterine Device (IUD) Placement Transvaginal/Endovaginal	Check the box per completion
1. Verify patient with 2 identifiers (For example: full name, DOB). Place last menstrual period (LMP) in calculation package, if available.	<input type="checkbox"/>
2. Describe procedure and provide explanation for exam.	<input type="checkbox"/>
3. Exam preparation:	<input type="checkbox"/>
a. Ask patient to void before procedure.	<input type="checkbox"/>
b. Wear gloves throughout entire exam.	<input type="checkbox"/>
4. Select appropriate transducer and presets (to include mechanical index (MI)/ thermal index (TI) for the gestation.	<input type="checkbox"/>
5. Probe preparation:	<input type="checkbox"/>
a. If using latex covers, verify that the patient is not allergic to latex.	<input type="checkbox"/>
b. Place gel between the probe and cover.	<input type="checkbox"/>
c. Place gel on the tip of the probe.	<input type="checkbox"/>
d. Insert probe into the vagina until the cervix is visualized.	<input type="checkbox"/>
6. 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 image optimization including depth, gain, and focus.	<input type="checkbox"/>
7. In the longitudinal plane, rotate transducer to visualize the elongated endometrial canal from the cervix. Sweep right to left in the longitudinal plane.	<input type="checkbox"/>
8. Angle anteriorly. If the fundus is visualized the uterus is anteverted/anteflexed. Angle posteriorly. If the fundus is visualized, the uterus is retroverted/retroflexed.	<input type="checkbox"/>
9. Rotate into the transverse plane. Sweep through the uterus from cervix to fundus.	<input type="checkbox"/>
10. Return to the longitudinal plane. Slightly rotate transducer to visualize elongated endometrial cavity from the cervix to the fundus.	<input type="checkbox"/>
11. Identify position of the IUD in the endometrial cavity:	<input type="checkbox"/>
a. Discriminate between the IUD and strings.	<input type="checkbox"/>
b. Verify the IUD extends to the most superior portion of the endometrial cavity.	<input type="checkbox"/>
12. Rotate into the transverse plane and angle to the fundus of the uterus	<input type="checkbox"/>
a. Verify both arms of the "T" of the IUD area visualized at the fundus.	<input type="checkbox"/>
b. Verify the arms extend laterally.	<input type="checkbox"/>
13. Probe Removal and Cleaning	<input type="checkbox"/>
a. Remove probe.	<input type="checkbox"/>
b. Remove probe cover in the exam room and dispose.	<input type="checkbox"/>
c. Wipe the probe with a clean towel in the exam room to remove any excess gel.	<input type="checkbox"/>
d. The endovaginal probe should be taken to a dirty utility room for high level disinfection, according to your facility guidelines.	<input type="checkbox"/>
e. Once clean, the probe can be stored in the clean utility room or on the ultrasound machine. The probe should be draped with a clean approved cover.	<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: \_\_\_\_\_

(Please print)

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**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. The Candidate may begin acquiring this practical experience before passing the computer-based examination. This experience can be completed up to 2 years before passing the written examination and/or up to 2 years after passing the examination. All fields on each form must be completed to be accepted. The required cases and forms can be found at [ARDMS.org/MW](http://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.

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.

**Note:** Any incomplete Practical examination submissions will not be accepted and candidates will be charged a processing fee (\$25) for re-submitting the required eight forms, if the initial submission was incomplete.