

**MIDWIFE SONOGRAPHY PRACTICAL EXAMINATION
SECOND/THIRD TRIMESTER: BIOPHYSICAL PROFILE/AMNIOTIC FLUID
(SIMULATION NOT ACCEPTED)
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. ***Please note simulation is not accepted for the Second/Third Trimester - Biophysical/Amniotic Fluid case. The information below must be completed by the Evaluating Sonographer/Reporting Physician.**

Second/Third Trimester: Biophysical/Amniotic Fluid (Simulation Not Accepted) Transabdominal	Check the box per completion
1. Verify patient with 2 identifiers (For example: full name, DOB). Place last menstrual period (LMP) or estimated date of confinement (EDC) in calculation package, if available, to obtain percentile measurement and/or dating.	<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 gestation.	<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. Scan all 4 quadrants or maximum vertical pocket (MVP) in either the longitudinal or transverse plane.	<input type="checkbox"/>
a. Right lower quadrant	<input type="checkbox"/>
b. Right upper quadrant	<input type="checkbox"/>
c. Left upper quadrant	<input type="checkbox"/>
d. Left lower quadrant	<input type="checkbox"/>
6. Measurements:	<input type="checkbox"/>
a. Measure anterior-posterior (AP) dimension of the largest pocket of fluid in each quadrant for amniotic fluid (AFI) or measure largest vertical pocket for vertical pocket (MVP).	<input type="checkbox"/>
b. Calipers are placed in a vertical plane.	<input type="checkbox"/>
c. Measurement is free of fetal parts or cord.	<input type="checkbox"/>
d. Measurement does not include uterine wall or placenta.	<input type="checkbox"/>
e. Measurements can be placed in a calculation package on the machine or manually added and evaluated.	<input type="checkbox"/>
7. Biophysical Profile:	<input type="checkbox"/>
a. Identify 2 fetal trunk movements.	<input type="checkbox"/>
b. Identify 2 limb movements.	<input type="checkbox"/>
c. Identify 30 seconds of fetal breathing.	<input type="checkbox"/>
d. Document fetal heart rate with m-mode (Do not use color or pulsed Doppler).	<input type="checkbox"/>
8. Determine score (8 point max, no NST).	<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.

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.