FUSIC assessment



Vascular Access

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Summary of requirements

Please also refer to the syllabus in the 'Training details' document

Assessments for each module consist of 4 parts:

- Competencies
- Logbook cases
- Triggered Assessment
- Summary training record

Each need the relevant signatures from mentors / supervisor

Only the summary training record should be sent to the ICS

Competency Assessment Vascular Access



	Name	GMC no	Job Title
Trainee			
Mentor 1			
Mentor 2			

Wientor 2				
	Mentor signature			
Demonstration of	of appropriate attitude and professio	nal manner		
Explanation of pr	rocedure, risks and complications to	patient as appropriate		
Selection of app	propriate probe and optimisation of r	machine settings		
Appropriate ase	ptic technique including preparation	n of probe		
Identification of	the internal jugular vein and carotid	artery in transverse & lo	ongitudinal scan	
Identification of	peripheral veins appropriate for PIC	C or midline insertion		
Identification of	radial, brachial and femoral arteries			
Identification of	femoral vein			
Confirmation of	patency and absence of thrombus ir	n veins by compression		
Demonstrate use	e of colour doppler to confirm direct	ion of flow		
Demonstrate ab	ility to distinguish between veins and	d arteries with doppler	and compression	
Perform US guid through subcuta				
Perform ultrasou	und guided cannulation in real time i	nto peripheral vein		
Perform ultrasou	tery			
Identification of	sel)			
Identification of	needle tip using out-of-plane techni	que (any vessel)		
Identification of				
Insertion of appr				
Insertion of appropriate cannula into vessel to correct length and secure (PICC or mid)				
Performance of t				
Cleaning of equi				



Vascular Access Ultrasound Logbook Reporting Form

Patient details				Operator		
Indication						
Image quality		Good		Acceptable		Poor
			•		·	
	Proce	edure			Circle o	or enter text
Site of insertio	n					
Type of line						
Artery and vei	n distinguis	hed / confirmed		yes		no
Transverse			yes		no	
Longitudinal			yes		no	
Needle tip kept in view			yes no		no	
Sterility maintained			yes		no	
Comments						



Vascular Access Ultrasound Training Logbook

Requirements in table and in training document (print additional copies of this form as required)

Study no.	Date	Proceedure	Assessor (signature)
1		CVC (supervised)	
2		CVC (supervised)	
3		CVC (supervised)	
4		CVC	
5		CVC	
6		PICC/mid (supervised)	
7		PICC/mid	
8		PICC/mid	
9		peripheral vessel (artery or vein) (supervised)	
10		peripheral vessel (artery or vein)	
11			
12			
13			
14			
15			



Triggered Assessment in Vascular Access (Supervisor)

la code data dell'accione 2 codicana de la companya de l'accione	C	Comp	etent?
In each of the following 3 sections the learner must achieve	Supervisor's comments	Yes	No
1. Preparation		Tick	Tick
Demonstration of appropriate attitude and professional manner		1101	
Explanation of procedure, risks and complications to patient as appropriate		Tick	Tick
Checking patient's details/entry into machine as appropriate		Tick	Tick
Confirmation of indication and check of relevant additional information (eg coagulation)		Tick	Tick
Positioning of patient and machine ergonomically		Tick	Tick
2. The Scan		T'-1-	T' -
Selection of appropriate probe(s) and optimisation of settings		Tick	Tick
Places probe to visualise internal jugular vein and carotid artery at suitable insertion level		Tick	Tick
Demonstrates ability to follow vein and artery from angle of jaw to clavicle		Tick	Tick
Demonstrates ability to differentiate vein from artery		Tick	Tick
Confirms absence of thrombus in vein		Tick	Tick
Demonstrates real time needle insertion visualising needle tip throughout procedure and needle tip in centre of vein		Tick	Tick
Identifies guide wire within vein		Tick	Tick
Insertion of line into vessel to correct length and secure		Tick	Tick
Demonstrates safety and sterility through proceedure		Tick	Tick
3. Post scan		·	1
Adequate documentation and storage of images as appropriate		Tick	Tick
Cleaning of equipment and storage to minimise damage		Tick	Tick
Check CXR reviewed		Tick	Tick
Overall performance, recording and interpretation of scan		Tick	Tick

Summary Training Record Vascular Access



Only this should be submitted to the ICS for accreditation Mentors and supervisors must be FUSIC vascular access approved

	Name	Hospital	GMC no	Job Title
Trainee				
Mentor 1				
Mentor 2				
Mentor 3				
Supervisor				

Training component	Date completed	Mentor signature
E-learning		
Competencies signed off		
Logbook & supervised cases		
Triggered assessment		

Final sign off				
Mentor name		Mentor signature		
Supervisor name		Supervisor signature		
Date of completion				