University of South Australia

FINAL CLINICAL AUDIT and REPORT SUBMISSION RADY 5026

This submission confirms that the student named is identified by the supervisor as a *Competent Entry Level Sonographer.*

This report must be received via email from the supervisors work email to the course coordinator.

STUDENT DETAILS

Study Period and year _____

Student ID Number _____

Student Family Name _____

Student Given Name _____

Student Signature _____

SUPERVISOR DETAILS

Supervisor Name _____

Supervisory ASAR Number _____

Clinical Site name and location _____

Supervisor Work Phone _____

Supervisor Work Email _____

University of South Australia

Overall Logbook Review

Type of Scan		Total Cases	
Abdominal	Upper abdomen (incl:organs, glands, major vessles, retroperitoneium and upper GIT)		
	Urinary tract		
	Paediatrics		
	Male pelvis		
	GI Tract (including Paed)		
Obstetrics	First Trimester		
	Second Trimester		
	Third Trimester		
Gynaecological	Pelvic • TA • TV		
Breast	Female Male		
Superficial Parts	Scrotum		
	Thryoid		
	Neck		
	Paediatric (cranial, hips, other)		
MSK	Shoulder		
	Other		
Vascular	DVT		
	Carotid		
	Other		
Inverventions	Drainage/injections/biopsy etc		
Other			
TOTAL LOGBOOK HOURS			

I confirm that the student has completed the equivalent of three days a week across two years (or 2200 hours) of supervised ultrasound clinical training as evidenced by their logbook.

Supervisor Signature _____

Student Signature _____

University of South Australia

I confirm that the student has the knowledge and skills to competently perform the following ultrasound examinations as an entry Level Student Sonographer

Examination	Supervisor Initials
Abdominal organs and glands	
Male Pelvis	
Female Pelvis	
Shoulder	
Breast	
Scrotum	
Thryoid and anterior neck	
Male Breast	
Female Breast	
1st trimester obstetric scans	
2nd trimester obstetric scans	
3rd trimester obstetric scans	
Deep Vein Thrombosis DVT	
Carotid	

(Supervisor to complete) I confirm that

- **The student has demonstrated safe practice and suitable duty of care to the patient, fellow staff and themselves in the clinical setting**
  - **Yes / No**
- **The student has behaved in a professional and ethical manner according to the ASA Codes of Conduct and Code of Ethics and the Professional Competency standards for entry levlel sonographers.**
  - **Yes / No**
- **That the student satistifes the relevant competencies as outlined by the professional competency framework for sonographers.**
  - **Yes / No**

I confirm the above is true and correct – and has been discussed with the student named

- **Supervisor Signature** _____
- **Student Signature** _____