*This document has been provided by the ACEM and EMUGs Collaboration Working Group to assist Clinical Leads in Ultrasound in developing ED ultrasound training programs. The suggestions outlined are not required for accreditation for the FACEM Training Program. Due to the variation in size and resources available at sites throughout Australia and Aotearoa New Zealand, the guidance provided in this document may or may not be appropriate for your site.*

# US QUALITY / REVIEW TEMPLATE

form no: xys zzz approved: xyz

last revised date; xyz

version: v1

This form can be used to record 1) AUDIT 2) DEPARTMENTAL ULTRASOUND CASE REVIEW MEETING 3) INTERESTING CASES 4) INCIDENT REVIEW

Date of meeting:………………………………………………………………………………………………………………………………………………………………………………………………………...

Attendees……………………………………………………….…………………………………………………………….…………………………………………………………….…...………………………...………………………………….………

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| Pt details (eg age, sex, patient ID)\* Please ensure that you comply with relevant privacy requiremen ts | Date | Type of scan | Indication | Clinician identifier | Supervised? (Credentiale d, Training Supervised , Training Unsupervise d) | Findings | Image quality / acquisition | Suggested imaging improvements | Correlation w/imaging or operative findings. | Clinically appropriate integration? | Key learning points |
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