

Haemodynamics (FUSIC HD)

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Summary of requirements

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

Pre-exam assessments:

- Competencies
- Logbook cases
- Summary training record

Each need the relevant signatures from your supervisor

Only the summary training record should be sent to the ICS

Competency Assessment FUSIC HD



	Name	GMC no	Job Title
Trainee			
Mentor 1			
Mentor 2			

Competence	Mentor signature
Selection of appropriate probe and optimisation of machine settings at each examination point	
Obtains optimised images for the complete FUSIC HD full data set	
Performs all measurements and calculations in FUSIC HD full data set	
Identifies anatomy in each window	
Assesses if SV / VTI is responsive to fluid, vasopressors or inotropes	
Assesses the aorta	
Can identify, and can describe the difference between, normal and severely abnormal valves	
Can evaluate dimensionless index through the AV	
Can assess for, and describe, the features of SAM and LVOT obstruction	
Can describe the management of SAM / LVOT obstruction	
Can assess for and identify RWMAs	
Can describe the differences between ischaemic and stress cardiomyopathies and the differences in management	
Can assess for raised left atrial pressure using the FUSIC HD algorithm	
Can assess the RV for impairment, pressure and volume overload, and raised pulmonary artery pressure	
Can describe the differences between RV pressure and volume overload	
Can assess for, and describe features of, tamponade	
Can perform a full VExUS assessment to assess for venous congestion	
Can describe features of venous congestion	
Can measure RRI	
Has knowledge of normal and significantly abnormal values	
Interprets findings with respect to cardiorespiratory support, loading conditions, HR	
Correlates findings with clinical picture and takes appropriate action / inaction	
Identification of whether a further scan or alternative imaging is indicated	
Cleaning of equipment and storage to minimise damage	

FUSIC HD Training Logbook

At least 50 scans with 20 directly observed. Max 5 healthy volunteers (*print additional copies of this form as required*)

Study no.	Date	Diagnosis	Summary of US findings	Mentor (signature)
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Study no.	Date	Diagnosis	Summary of US findings	Mentor (signature)
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Study no.	Date	Diagnosis	Summary of US findings	Mentor (signature)
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Summary Training Record FUSIC HD



*Only this should be submitted to the ICS for exam applications
Mentors and Supervisors must be FUSIC HD approved*

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

Training component	Date completed	Mentor signature
E-learning		
Approved course		
Course location:		
Competencies signed off		
Logbook & supervised cases		

Final sign off for examination eligibility			
Mentor name		Mentor signature	
Supervisor name		Supervisor signature	
Date of completion			