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Record of Ultrasound Clinical Experience

UCD School of Medicine

Pre-course requirement for UCD MSc Ultrasound Programme

(Deadline for submission is Thursday, 31st July 2025)

|  |  |
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| **Applicant Name** |  |
| **Contact email** |  |

In order to fulfill the pre-course requirements for the MSc Ultrasound Programme in UCD, students are required to have completed a minimum of three months (60 days) supervised experience in the Ultrasound Department. The time can be accrued in a variety of ways: a continuous three-month placement, two days per week over 30 weeks, one week per month etc. The total amount of time spent in the department must accrue to 60 days in total. Exceptions to this are made on a case-by-case basis upon review by the programme team.

The clinical experience must be completed and returned to the course administrator by Thursday, 31st July 2025, in order for applications to be considered.

**Course Administrator:**

Health Sciences Centre,

School of Medicine,

Room A222

University College Dublin,

Belfield,

Dublin 4.

**Email:**  [graduate.imaging@ucd.ie](mailto:graduate.imaging@ucd.ie)

ALL SECTIONS OF THIS DOCUMENT MUST BE TYPED APART FROM THE FINAL PAGE WHICH REQUIRES SIGNATURES. PLEASE ENSURE YOUR **CLINICAL SUPERVISOR** AND **LINE MANAGER** HAVE READ OVER THIS DOCUMENT AND AGREE TO ALL TERMS BEFORE SIGNING THE NEXT PAGE.

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| **Students should tick the context which they wish to study below** | | |  |
| 1 | Technology, Gynaecology, Abdominal and Vascular\* | A department which receives a large number and variety of referrals for abdominal, gynaecological, and vascular ultrasound |  |
| 2 | Technology, Gynaecology, Abdominal and Superficial Structures\* | A department which receives a large number and variety of referrals for abdominal, gynaecological, and superficial structures ultrasound. |  |
| 3 | Technology, Gynaecology and Obstetrics\* | A department which receives a large number and variety of referrals for obstetric and gynaecological ultrasound. |  |

\*all students will also undertake a module in the fundamentals of ultrasound management

I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) is a suitable candidate for the MSc Ultrasound Programme and the Ultrasound Department in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of hospital/clinic) will support and facilitate the student in attaining 1000 clinical hours over the course programme.

**Transvaginal Ultrasound**

Please note that **transvaginal (TV) ultrasound is a core part of gynaecological ultrasound,** and students must have access to regular TV ultrasound in order to complete the gynaecology modules. All students must complete at least one TV examination as part of their final clinical assessment and while ideally this will be performed in the student’s own clinical site, this will be arranged at another clinical site if completion at the student’s own site is not possible.

If students are unable to acquire sufficient experience in certain aspects of ultrasound, we encourage them to liaise with their classmates to arrange alternative placements. UCD staff are always on hand to support student learning and clinical sites. Your signature below supports the above statement re your clinical supervisor conducting your final clinical assessment, TV scanning and placement and ensures this will be honored over the course duration.

**Final Clinical Assessment**

Please note that the summative assessment will be conducted by the student’s clinical supervisor. UCD will not be conducting the final summative assessment at the student’s clinical site. A clinical supervisor induction training day will be held on Thursday September 11th, 2025 (online). Information and training on how to conduct a clinical assessment will be provided at this clinical supervisor induction training.

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| Applicant name |  |
| Signature |  |
| Date |  |
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| Clinical Supervisor name |  |
| Signature |  |
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| Line manager (RSM, CNM, DN/ADN) |  |
| Signature |  |
| Date |  |

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| **Hospital Name** |  |
| **Hospital Address** |  |
| **Name of clinical supervisor** |  |
| **Email address of clinical supervisor** |  |
| **Clinical supervisor – current post** |  |
| **Clinical supervisor – academic qualifications** |  |
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| **Name of line manager** |  |
| **Email address of line manager** |  |
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| **Duration of pre-course clinical experience** |  |

Please confirm the information provided is an accurate and honest representation of your clinical experience in the Ultrasound Department by entering your name and date in the box below.

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| **Name** |  |
| **Date** |  |

**MSc Ultrasound Student from a Paediatric Clinical Site**

Please note that **transvaginal (TV) ultrasound is a core part of gynaecological ultrasound,** and students must have access to regular TV ultrasound in order to complete the gynaecology modules. All students must complete at least one TV examination as part of their final clinical assessment and while ideally this will be performed in the student’s own clinical site, this will be arranged at another clinical site if completion at the student’s own site is not possible.

Students from **paediatric clinical sites** must confirm placement of a minimum of 130 hours from an adult clinical site where they will gain the required clinical experience in TV ultrasound. Students will undertake their transvaginal ultrasound clinical assessment at this adult clinical site. Your signature below supports the above statement re TV scanning and placement and ensures this will be honoured over the course duration.

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| Applicant Name |  |
| Signature |  |
| Date |  |
| Clinical Supervisor name |  |
| Signature |  |
| Date |  |
| Line manager (paediatric site) (RSM, CNM, DN/ADN) |  |
| Signature |  |
| Date |  |
| Line manager (adult site) (RSM, CNM, DN/ADN) |  |
| Signature |  |
| Date |  |

If you are an employee of the Ultrasound Department (i.e. work full-time/part-time solely in the Ultrasound Department) and you have been employed there for 12 months or more, please skip to page 10 of this booklet. Please note this experience must be within the last year.

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|  | **Date of Ultrasound Placement** | **Duration of Placement**  **(full/half day, etc.)** | **Range of examinations experienced** |
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| **End of page 1** | | | |
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| **End of page 2** | | | |
|  | **Date of Ultrasound Placement** | **Duration of Placement**  **(full/half day, etc.)** | **Range of examinations experienced** |
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|  | **Date of Ultrasound Placement** | **Duration of Placement**  **(full/half day, etc.)** | **Range of examinations experienced** |
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| **End of page 4** | | | |

Please use the space below to reflect on your experience in the Ultrasound Department. You should provide a brief summary of why you wish to study Ultrasound to MSc level, what you hope to achieve by completing the course and any problems/difficulties you may encounter during your studies.

Please use the space below to provide a brief overview of a case you found interesting over the course of your ultrasound placement. You should discuss interpersonal skills, scanning technique, ultrasound appearances etc. Please remember not to identify the patient or hospital.

If you have worked in the Ultrasound Department solely for a duration of 12 months or longer, please use the following space to discuss how you envisage the course will impact on the care you currently provide to your patients and any challenges you may encounter while pursuing your studies.

**To be completed if the applicant is an employee of the Ultrasound Department for 12 months or longer.**

**Please confirm that (*insert student name*) is an employee of the Ultrasound Department on a full/part time basis since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

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| **Name of CSR or CNM** |  |
| **Date** |  |