

dopplex DMX/DMXR

Competency Assessment Form

HUNTLEIGH

Name: _____ Ward: _____ Date: _____

Hospital/Department: _____

Having completed this assessment, users will be able to demonstrate competency with the equipment to ensure correct application.

Performance Criteria	Attained	Deferred	Date	Signature of Assessor
Describe clinical application for the equipment				
Identify key components:				
ON/OFF switch				
Volume Control				
Headphone Socket				
Battery Low Indicator				
Doppler Probe				
Battery Compartment				
Speaker				
Setup Button				
Memory Card				
USB Socket				
LCD Display				
Demonstrate and perform:				
Removal of Doppler Probe				
Disconnect and reconnect Doppler probe from cable				
Fitting and charging batteries (DMXR) or fitting and removal of Alkaline batteries (DMX)				
Demonstrate how to apply gel to the patient/probe				
Demonstrate how to hold the Doppler probe on the skin and at the correct angle				
Indicate when the unit may switch off automatically				
When used continuously				
When left on and not used				

Performance Criteria	Attained	Deferred	Date	Signature of Assessor
Show how the unit and Doppler probe should be cleaned and stored after use				
Indicate the most fragile part of the Doppler probe and why it should not be dropped				
Demonstrate the change in waveform height by changing Doppler probe angle				
Demonstrate how to change the timebase				
Demonstrate how to invert the waveform				
Demonstrate how to stop and scroll a waveform				
Demonstrate how to save and recall a waveform				
Demonstrate how to recall a demo waveform and describe its meaning				
Demonstrate how to switch between venous and arterial mode				
Demonstrate how to record a waveform using Dopplex Reporter software package (if applicable)				

Signature of Assessor: _____

Date: _____

Re-assessment Date: _____

Signature of Participant: _____

Date: _____