

Competency Assessment Questions – V1000 Foetal Heart Simulator

Please refer to any system resources that you have access to in order to locate the information. The training materials will be made available on the system.

If you are unable to find the information, please make notes at the end of this document detailing where you struggled.

1) What is the name of the effect utilised by foetal heart monitors whereby movement changes the frequency of sound?

Doppler effect

2) Name 2 types of foetal heart monitors.

Handheld doppler ultrasound,
Continuous " "

V1000
Technical

3) What is the name of the liquid filled bag inside the V1000?

Transducer cushion

4) What is the part number for V1000 functional check service

1480000

5) What 2 frequencies do ultrasound devices generally use?

2 MHz or 3 MHz

6) What simulated heart rates are available (BPM)?

30, 60, 90, 120, 150, 180, and 210 bpm

Notes or Comments:

Name: ROBERT CONNOR Date: 13/3/24

Training Feedback Form

Training Course Completed: V1000 Technical Training			
Date: 13/3/24	Time/Length: 30 min	Trainer: Steve Hardaker	
Content	Yes	No	Unsure
Was the course content presented in a logical manner?	✓		
Was the course content and material complete and comprehensive?	✓		
Will this information be useful to you in your job role?	✓		
Relevance	Yes	No	Unsure
Do you feel you now have a better understanding of the product/procedure/training area*?	✓		
Did the course challenge your thinking and understanding of the product/procedure/training area*?	✓		
Do you feel the training is beneficial to your team?	✓		
Trainer	Yes	No	Unsure
Did the trainer communicate and explain the material clearly?	✓		
Did you feel the instructor was knowledgeable in the area covered?	✓		
Did the trainer encourage discussions and questions?	✓		
Comments			
Do you require any further training in this area?		✓	
If so, what would you like this training to cover?			
Further comments:			
Name: ROBERT CONNOR			
Date: 13 / 3 / 24			

Please delete as applicable

Competency Assessment Questions – V1000 Foetal Heart Simulator

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If you are unable to find the information, please make notes at the end of this document detailing where you struggled.

1) What is the name of the effect utilised by foetal heart monitors whereby movement changes the frequency of sound?

Doppler effect

2) Name 2 types of foetal heart monitors.

Hand held Doppler
Continuous Doppler ultrasound

3) What is the name of the liquid filled bag inside the V1000?

Transducer cushion

4) What is the part number for V1000 functional check service?

148 000

5) What 2 frequencies do ultrasound devices generally use?

~~500kHz~~ 2MHz 3MHz

6) What simulated heart rates are available (BPM)?

30, 60, 90, 120, 180, 210

Notes or Comments:

Name: EUMA Date: _____

Training Feedback Form

Training Course Completed: V1000 Technical Training			
Date: 13/3/24	Time/Length: 30	Trainer: Steve Hardaker	
Content	Yes	No	Unsure
Was the course content presented in a logical manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the course content and material complete and comprehensive?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will this information be useful to you in your job role?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance	Yes	No	Unsure
Do you feel you now have a better understanding of the product/procedure/training area*?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the course challenge your thinking and understanding of the product/procedure/training area*?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the training is beneficial to your team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer	Yes	No	Unsure
Did the trainer communicate and explain the material clearly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel the instructor was knowledgeable in the area covered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the trainer encourage discussions and questions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Do you require any further training in this area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If so, what would you like this training to cover?			
Further comments:			
Name: EMMA			
Date:			

Please delete as applicable

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1) What is the name of the effect utilised by foetal heart monitors whereby movement changes the frequency of sound?

The Doppler effect.

2) Name 2 types of foetal heart monitors.

- Handheld Doppler Ultrasound
- Continuous Doppler Ultrasound

3) What is the name of the liquid filled bag inside the V1000?

The Transducer Cushion

4) What is the part number for V1000 functional check service?

- 1480000

5) What 2 frequencies do ultrasound devices generally use?

2 MHz or 3 MHz



6) What simulated heart rates are available (BPM)?

30, 60, 90, 120, 150, 180, 210 BPM

Notes or Comments:

Name: Sophie Lines Date: 13/3/2024

Training Feedback Form

Training Course Completed: V1000 Technical Training			
Date:	Time/Length:	Trainer: Steve Hardaker	
Content	Yes	No	Unsure
Was the course content presented in a logical manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the course content and material complete and comprehensive?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will this information be useful to you in your job role?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance	Yes	No	Unsure
Do you feel you now have a better understanding of the product/procedure/training area*?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the course challenge your thinking and understanding of the product/procedure/training area*?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the training is beneficial to your team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer	Yes	No	Unsure
Did the trainer communicate and explain the material clearly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel the instructor was knowledgeable in the area covered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the trainer encourage discussions and questions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Do you require any further training in this area?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If so, what would you like this training to cover?			
			
Further comments:			
			
Name: <u>Sophie Lines</u>			
Date: <u>13-3-24</u>			

Please delete as applicable

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1) What is the name of the effect utilised by foetal heart monitors whereby movement changes the frequency of sound?

Doppler effect

2) Name 2 types of foetal heart monitors.

Handheld doppler ultrasound, continuous doppler ultrasound

3) What is the name of the liquid filled bag inside the V1000?

Transducer cushion

4) What is the part number for V1000 functional check service?

1480000

5) What 2 frequencies do ultrasound devices generally use?

~~2MHz~~ *2 MHz or 3 MHz*

6) What simulated heart rates are available (BPM)?

30, 60, 90, 120, 150, 180, 210

Notes or Comments:

Name: Kate Griffiths Date: 14.3.24

Training Feedback Form

Training Course Completed: V1000 Technical Training			
Date: 13-3-24	Time/Length: 30m	Trainer: Steve Hardaker	
Content	Yes	No	Unsure
Was the course content presented in a logical manner?	✓		
Was the course content and material complete and comprehensive?	✓		
Will this information be useful to you in your job role?	✓		
Relevance	Yes	No	Unsure
Do you feel you now have a better understanding of the product/procedure/training area*?	✓		
Did the course challenge your thinking and understanding of the product/procedure/training area*?	✓		
Do you feel the training is beneficial to your team?	✓		
Trainer	Yes	No	Unsure
Did the trainer communicate and explain the material clearly?	✓		
Did you feel the instructor was knowledgeable in the area covered?	✓		
Did the trainer encourage discussions and questions?	✓		
Comments			
Do you require any further training in this area?		✓	
If so, what would you like this training to cover?			
Further comments:			
great, thank you			
Name: Kate Griffiths			
Date: 14-3-24			

Please delete as applicable

Competency Assessment Questions – V1000 Foetal Heart Simulator

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If you are unable to find the information, please make notes at the end of this document detailing where you struggled.

1) What is the name of the effect utilised by foetal heart monitors whereby movement changes the frequency of sound?

The Doppler affect.

2) Name 2 types of foetal heart monitors.

Handheld & Continuous Doppler ultrasound.

3) What is the name of the liquid filled bag inside the V1000?

Transducer Cushion .

4) What is the part number for V1000 functional check service?

1480000

5) What 2 frequencies do ultrasound devices generally use?

2 or 3MHz

6) What simulated heart rates are available (BPM)?

30 60 90 120 150 180 210 beats per minute .

Notes or Comments:

Name: Aqib Date: 13/4/24

Training Feedback Form

Training Course Completed: V1000 Technical Training			
Date: 13/3/24	Time/Length: 30 mins	Trainer: Steve Hardaker	
Content	Yes	No	Unsure
Was the course content presented in a logical manner?			
Was the course content and material complete and comprehensive?			
Will this information be useful to you in your job role?			
Relevance	Yes	No	Unsure
Do you feel you now have a better understanding of the product/procedure/training area*?			
Did the course challenge your thinking and understanding of the product/procedure/training area*?			
Do you feel the training is beneficial to your team?			
Trainer	Yes	No	Unsure
Did the trainer communicate and explain the material clearly?			
Did you feel the instructor was knowledgeable in the area covered?			
Did the trainer encourage discussions and questions?			
Comments			
Do you require any further training in this area?			
If so, what would you like this training to cover?			
Further comments:			
Name: Anib Majeed			
Date: 13/3/23			

Please delete as applicable

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1) What is the name of the effect utilised by foetal heart monitors whereby movement changes the frequency of sound?

DOPPLER EFFECT

2) Name 2 types of foetal heart monitors.

HANDHELD DOPPLER ULTRASOUND
CONTINUOUS DOPPLER ULTRASOUND

3) What is the name of the liquid filled bag inside the V1000?

UNICORN TEARS OR WATER IF NOT AVAILABLE

4) What is the part number for V1000 functional check service?

1480000

5) What 2 frequencies do ultrasound devices generally use?

2 MHz or 3 MHz

6) What simulated heart rates are available (BPM)?

30, 60, 90, 120, 150, 180, 210

Notes or Comments:

Name: PHIL CROSSLEY Date: 13.3.24

Training Feedback Form

Training Course Completed: V1000 Technical Training			
Date: 13.3.24	Time/Length: 30mins	Trainer: Steve Hardaker	
Content	Yes	No	Unsure
Was the course content presented in a logical manner?	/		
Was the course content and material complete and comprehensive?	/		
Will this information be useful to you in your job role?	✓		
Relevance	Yes	No	Unsure
Do you feel you now have a better understanding of the product/procedure/training area*?	/		
Did the course challenge your thinking and understanding of the product/procedure/training area*?	/		
Do you feel the training is beneficial to your team?	/		
Trainer	Yes	No	Unsure
Did the trainer communicate and explain the material clearly?	/		
Did you feel the instructor was knowledgeable in the area covered?	/		
Did the trainer encourage discussions and questions?	/		
Comments			
Do you require any further training in this area?			
If so, what would you like this training to cover?			
Further comments:			
Name: PHIL CROSSLLEY			
Date: 13.3.24			

Please delete as applicable

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1) What is the name of the effect utilised by foetal heart monitors whereby movement changes the frequency of sound?

Doppler effect

2) Name 2 types of foetal heart monitors.

handheld doppler ultrasound
continuous doppler ultrasound

3) What is the name of the liquid filled bag inside the V1000?

Transducer cushion

4) What is the part number for V1000 functional check service?

1480000

5) What 2 frequencies do ultrasound devices generally use?

2MHz - 3MHz

6) What simulated heart rates are available (BPM)?

30, 60, 90, 120, 150, 180, 210

Notes or Comments:

Name: Michael Lamb Date: 13/03/24

Training Feedback Form

Training Course Completed: V1000 Technical Training			
Date: 13/03/24	Time/Length: 70 minutes	Trainer: Steve Hardaker	
Content	Yes	No	Unsure
Was the course content presented in a logical manner?	/		
Was the course content and material complete and comprehensive?	/		
Will this information be useful to you in your job role?			/
Relevance	Yes	No	Unsure
Do you feel you now have a better understanding of the product/procedure/training area*?	/		
Did the course challenge your thinking and understanding of the product/procedure/training area*?	.		
Do you feel the training is beneficial to your team?	/		
Trainer	Yes	No	Unsure
Did the trainer communicate and explain the material clearly?	.		
Did you feel the instructor was knowledgeable in the area covered?	/		
Did the trainer encourage discussions and questions?	/		
Comments			
Do you require any further training in this area?		/	
If so, what would you like this training to cover?			
Further comments:			
Name: Michael Lamb			
Date: 13/03/24			

Please delete as applicable

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1) What is the name of the effect utilised by foetal heart monitors whereby movement changes the frequency of sound?

Doppler Effect .

2) Name 2 types of foetal heart monitors.

- Handheld Doppler ultrasound .

- Continuous Doppler Ultrasound .

3) What is the name of the liquid filled bag inside the V1000?

Transducer cushion .

4) What is the part number for V1000 functional check service?

1480000

5) What 2 frequencies do ultrasound devices generally use?

2MHz + 3MHz

6) What simulated heart rates are available (BPM)?

30, 60, 90, 120, 150, 180 and 210 BPM .

Notes or Comments:

Name: Janine Gill Date: 13-3-24

Training Feedback Form

Training Course Completed: V1000 Technical Training			
Date:	Time/Length: 30 mins	Trainer: Steve Hardaker	
Content	Yes	No	Unsure
Was the course content presented in a logical manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the course content and material complete and comprehensive?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will this information be useful to you in your job role?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance	Yes	No	Unsure
Do you feel you now have a better understanding of the product/procedure/training area*?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the course challenge your thinking and understanding of the product/procedure/training area*?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the training is beneficial to your team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer	Yes	No	Unsure
Did the trainer communicate and explain the material clearly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel the instructor was knowledgeable in the area covered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the trainer encourage discussions and questions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Do you require any further training in this area?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If so, what would you like this training to cover?			
<p style="text-align: center;">.</p>			
Further comments:			
<p>Name: JANINE GILL</p> <p>Date: 13-3-24</p>			

Please delete as applicable