

ASSESSOR GUIDANCE FOR LOGBOOK STATION

Guidance to candidates and assessors for quality assessment of log-books:

We expect cases included in your log-book to represent good/excellent examples of your daily work. We would not expect you to include reports that do not reflect this: for example, difficult imaging subjects without accurate measurements.

We expect reports included in your log-book to reflect the published BSE minimum dataset, however we acknowledge that not every echo in your log-book will meet this bar completely.

When considering whether to include a particular report in your log-book please refer to the following as an absolute minimum bar.

Remember that your log-book should contain mainly reports which MEET the BSE minimum dataset.

Clinical question: must be stated.

BSA: should be given unless it is not possible to weigh the patient: this should be stated (eg. patient in bed)

BP: measurement only where appropriate eg. Aortic stenosis.

LV: LVIDD and LV wall thicknesses, visual assessment of overall function and comment on the regions.

NB: the standard 17-segment model must be used and described in words not just on a diagram.

NB: more than half of your reports in the LV function assessment section should include a Simpson's Biplane measurement, not just a visual assessment.

MV: Describe the observed structure and use CFD to comment on observed MR.

E/A, Dec T, at least one TDi must be measured and documented with a comment of diastolic function.

LA: Monoplane volume and diameter is an absolute minimum.

Please use BSA indexed biplane area measurements in all cases where this is possible unless the patient cannot be weighed, in which case use biplane volume measurements where you are able.

AV: Describe the observed structure and use CFD to comment on AR.

AV VTi and LVOT VTi are essential measurements and should be included in all cases.

Aorta: The root must be at least visually assessed in all cases where a measurement is not possible.

RV: Visual assessment of structure and function represents a minimum standard for each included case. TAPSE should be given.

RA: Visual assessment of size represents a minimum standard.

TV: Describe the observed structure and use CFD to comment on TR.

TR VMax should be given where there is a TR jet demonstrated.

PV: 'Unable to visualise' is a minimum comment.

Pericardium: A comment of fluid volume is an absolute minimum.

Conc: Must relate to the clinical question and should not re-iterate data given in the body of the report.

Six reports should be reviewed at random.

If all six reports meet the above minimum guidelines the log-book is satisfactory for BSE accreditation.

If there are two minor discrepancies or less per report a further two cases should be reviewed and assessed.

If there are more than two discrepancies from the above minimum standard per report further cases are required as shown in the outcome criteria below.

Options for log-book assessment outcomes are:

Satisfactory log-book for BSE accreditation.

OR

Unsatisfactory at present.

Please provide:

5 /10/20 further specified cases to be submitted: for example to address persistent inaccuracies in certain measurements or observations.

25-50 further consecutive reports: where reports are seen to show repeated minor inaccuracies, lack of conclusion or lack of sequential systematic comments on all parts of the heart.

OR

50-75 further consecutive reports: where reports are seen to show repeated significant inaccuracies, lack of correct conclusions or lack of sequential systematic comments on all parts of the heart.

If the station lead feels that a log-book falls so far short of the minimum bar in all domains that a full log-book needs to be repeated this **MUST** be verified with the Chief examiner.

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