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| Standard Operating Procedure for BSE Adult TTE Video case / Viva Station | |
| Prepared by | Steven Hodgson |
| Date | February 2019 |
| Review Date | February 2019 |

Purpose of this document:

To produce a coordinated approach to running this station, considering the well-being of the candidate, safe-guarding the facilities of the host department and ensuring a robust and accountable assessment process.

Scope of this SOP:

Applies to all BSE assessors examining on this station.

This station is designed to assess the candidate’s ability to produce an adequate set of images and report for up to 3 of 5 cases pre-determined by the BSE – **NB: the candidate is not expected to produce the “perfect” study but should be adequate to assess the chosen pathology – please allow for nerves when questioning.**

Assessor information

The cases to be assessed will be discussed with the group and decided by the station lead on the day of the assessment. 1 or 2 case re-submissions should attend with specific cases from the previous assessment.

A minimum of 2 cases and a maximum of 3 cases should be assessed.

- If 2 cases are satisfactory the candidate passes
- If any cases are significantly unsatisfactory the candidate fails (Station lead must review and have final decision).
- If any cases are borderline, a 3rd case should be assessed.
- If the candidate is unprepared for the assessment (images don't play appropriately to be assessed), discuss with station lead.

- Please endeavour to assess within the allocated time for each cohort of candidates.

- The cases should be marked against the criteria in the marking sheet. Please note that the marking criteria is different for each pathology.

- The candidate must pass all 10 competencies in order to gain an overall pass for each case.
- It is permissible to pass the competencies if the candidate can convince the assessor they understand and generally perform appropriate images, measurements and report.
- Complete the paperwork as per the mark scheme for successful candidates, giving constructive feedback.
- Unsuccessful candidates should be informed by the assessor after a discussion with the station lead. Constructive feedback should be given both verbally and in writing on the feedback sheet in the candidate pack.

Station Lead Duties:

- Ensure that all rooms are set up appropriately. Each room should have an assessors pack and pen.
- Welcome and thank assessors.
- Ensure assessors are wearing a BSE identification badge (provided on day) and the register is signed.
- Discuss which cases are to be assessed (2 main cases and 3rd case if required)
- Allocate each assessor to a room after checking the candidate list for any potential conflict of interest.
- Allocate experienced assessors to rooms where re-submissions are expected.
- Pair experienced assessors with new assessors where possible until the new assessor feels comfortable to assess solo.
- Ensure a smooth flow of candidates through the station. Remind assessors of allocated time where appropriate.
- Greet the candidates as they arrive at station. Allow for nerves. Explain what is expected of the candidate and invite them to prepare electronic devices if possible.
- Be available to sign off successful candidates or discuss potential unsuccessful candidates with the assessor and assist with the delivery of feedback if necessary.
- Ensure that unsuccessful candidates are dealt with in a considerate and supportive manner.

- Involve the Chief Examiner if appropriate.
- Ensure the welfare of the assessors, appropriate comfort breaks and opportunity for refreshments.
- Ensure all signage is removed and all rooms returned to the state in which they were found.
- Thank the assessors again.

ASSESSOR ID :

CANDIDATE ID:

DATE:

| Adult Transthoracic Accreditation. Case 1 – No significant pathology. Practice must be satisfactory in all areas to pass | | |
|--|------|--|
| Evidence of satisfactory practice | Tick | Evidence of unsatisfactory practice |
| | | Tick |
| ECG: Largely present throughout without 2D image interference | | ECG: Unstable or frequently absent making timings inaccurate |
| Optimisation: Infrequent, non-repetitive optimisation errors which do not detract from the case conclusion | | Optimisation: Frequent, repetitive optimisation errors which detract from the case conclusion |
| Complete study: Images are complete enough to allow full assessment of the selected pathology, including Doppler study and measurements. | | Incomplete study: Images are missing which are relevant to the accurate assessment of the selected pathology, including inadequate Doppler study or relevant measurements quoted in report but not demonstrated. |
| 2D measurements/M-mode: Accurate throughout with minor errors only | | 2D measurements/M-mode: Frequent inaccuracies or isolated inaccuracies that change the categorisation of the chosen pathology |
| Colour Doppler: Accurate box size, gain, scale and baseline settings demonstrating anatomy clearly | | Colour Doppler: Frequent inaccuracies of box size, gain, scale and baseline settings which prevent clear demonstration of the anatomy |
| Spectral Doppler: Accurate use with good cursor alignment and optimised waveforms | | Spectral Doppler: Inaccurate use with poor cursor alignment or waveform optimisation altering pathology assessment |
| Pathology assessment Good quality M-mode of the LV and Ao/LA No images missing which are key to pathology assessment No measurements significantly inaccurate that are key to pathology assessment | | Pathology assessment Poor quality or missing M-mode of the LV and Ao/LA Images missing which are key to pathology assessment Measurements key to pathology assessment significantly inaccurate and change the categorisation of the pathology |
| Report is complete and accurate 1. Comprehensive and accurate description of all parts of the heart 2. Correct categorisation of chosen pathology (NB trivial abnormalities may be included in this case) 3. Correct interpretation of findings in the clinical context | | Report is incomplete or inaccurate 1. Partial and inaccurate description of parts of the heart 2. Incorrect categorisation of chosen pathology 3. Incorrect interpretation of findings in the clinical context |

ASSESSOR ID

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| <p>Adult Transthoracic Accreditation. Case 2 – Aortic Stenosis. Practice must be satisfactory in all areas to pass</p> | | | |
| Evidence of satisfactory practice | Tick | Evidence of unsatisfactory practice | Tick |
| ECG: Largely present throughout without 2D image interference | | ECG: Unstable or frequently absent making timings inaccurate | |
| Optimisation: Infrequent, non-repetitive optimisation errors which do not detract from the case conclusion | | Optimisation: Frequent, repetitive optimisation errors which detract from the case conclusion | |
| Complete study: Images are complete enough to allow full assessment of the selected pathology, including Doppler study and measurements. | | Incomplete study: Images are missing which are relevant to the accurate assessment of the selected pathology, including inadequate Doppler study or relevant measurements quoted in report but not demonstrated. | |
| 2D measurements/M-mode: Accurate throughout with minor errors only | | 2D measurements/M-mode: Frequent inaccuracies or isolated inaccuracies that change the categorisation of the chosen pathology | |
| Colour Doppler: Accurate box size, gain, scale and baseline settings demonstrating anatomy clearly | | Colour Doppler: Frequent inaccuracies of box size, gain, scale and baseline settings which prevent clear demonstration of the anatomy | |
| Spectral Doppler: Accurate use with good cursor alignment and optimised waveforms | | Spectral Doppler: Inaccurate use with poor cursor alignment or waveform optimisation altering pathology assessment | |
| <p>Pathology assessment:</p> <p>Good quality CW from the apex and stand alone CW from at least one other window. Peak velocity from second window either higher than from apex or no more than 10% lower</p> <p>No images missing which are key to pathology assessment</p> <p>No measurements significantly inaccurate that are key to pathology assessment (LVOT diameter, LVOT VTi and aortic VTi)</p> | | <p>Pathology assessment:</p> <p>Missing, poor quality or significantly lower stand alone CW signal.</p> <p>Images missing which are key to pathology assessment</p> <p>Measurements key to pathology assessment significantly inaccurate and change the categorisation of the pathology (LVOT diameter, LVOT VTi and aortic VTi)</p> | |

ASSESSOR ID :

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| <p>Adult Transthoracic Accreditation. Case 3 – Regurgitation. Practice must be satisfactory in all areas to pass</p> | | |
| <p>Evidence of satisfactory practice</p> | Tick | <p>Evidence of unsatisfactory practice</p> |
| <p>ECG: Largely present throughout without 2D image interference</p> | | <p>ECG: Unstable or frequently absent making timings inaccurate</p> |
| <p>Optimisation: Infrequent, non-repetitive optimisation errors which do not detract from the case conclusion</p> | | <p>Optimisation: Frequent, repetitive optimisation errors which detract from the case conclusion</p> |
| <p>Complete study: Images are complete enough to allow full assessment of the selected pathology, including Doppler study and measurements.</p> | | <p>Incomplete study: Images are missing which are relevant to the accurate assessment of the selected pathology, including inadequate Doppler study or relevant measurements quoted in report but not demonstrated.</p> |
| <p>2D measurements/M-mode: Accurate throughout with minor errors only</p> | | <p>2D measurements/M-mode: Frequent inaccuracies or isolated inaccuracies that change the categorisation of the chosen pathology</p> |
| <p>Colour Doppler: Accurate box size, gain, scale and baseline settings demonstrating anatomy clearly</p> | | <p>Colour Doppler: Frequent inaccuracies of box size, gain, scale and baseline settings which prevent clear demonstration of the anatomy</p> |
| <p>Spectral Doppler: Accurate use with good cursor alignment and optimised waveforms</p> | | <p>Spectral Doppler: Inaccurate use with poor cursor alignment or waveform optimisation altering pathology assessment</p> |
| <p>Pathology assessment Good assessment of regurgitation. Understanding of the methods available to assess severity and accurate demonstration if appropriate (eg PISA/Vena contracta/PV flow) No images missing which are key to pathology assessment No measurements significantly inaccurate that are key to pathology assessment.</p> | | <p>Pathology assessment Poor or inadequate assessment of severity. Failure to return Doppler baseline to normal after PISA assessment. Images missing which are key to pathology assessment Measurements key to pathology assessment significantly inaccurate and change the categorisation of the pathology.</p> |
| <p>Report is complete and accurate</p> <ol style="list-style-type: none"> 1. Comprehensive and accurate description of all parts of the heart 2. Correct categorisation of chosen pathology 3. Correct interpretation of findings in the clinical context | | <p>Report is incomplete or inaccurate</p> <ol style="list-style-type: none"> 1. Partial and inaccurate description of parts of the heart 2. Incorrect categorisation of chosen pathology 3. Incorrect interpretation of findings in the clinical context |

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| Adult Transthoracic Accreditation. Case 4 – RWMA | | |
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| Practice must be satisfactory in all areas to pass | | |
| Evidence of satisfactory practice | Tick | Evidence of unsatisfactory practice |
| | | Tick |
| ECG: Largely present throughout without 2D image interference | | ECG: Unstable or frequently absent making timings inaccurate |
| Optimisation: Infrequent, non-repetitive optimisation errors which do not detract from the case conclusion | | Optimisation: Frequent, repetitive optimisation errors which detract from the case conclusion |
| Complete study: Images are complete enough to allow full assessment of the selected pathology, including Doppler study and measurements. | | Incomplete study: Images are missing which are relevant to the accurate assessment of the selected pathology, including inadequate Doppler study or relevant measurements quoted in report but not demonstrated. |
| 2D measurements/M-mode: Accurate throughout with minor errors only | | 2D measurements/M-mod: Frequent inaccuracies or isolated inaccuracies that change the categorisation of the chosen pathology |
| Colour Doppler: Accurate box size, gain, scale and baseline settings demonstrating anatomy clearly | | Colour Doppler: Frequent inaccuracies of box size, gain, scale and baseline settings which prevent clear demonstration of the anatomy |
| Spectral Doppler: Accurate use with good cursor alignment and optimised waveforms | | Spectral Doppler: Inaccurate use with poor cursor alignment or waveform optimisation altering pathology assessment |
| Pathology assessment Appropriate measurement of Simpson's biplane MOD showing systolic and diastolic measurements in both apical 4 chamber and apical 2 chamber And Correlates with visual impression and other methods. No images missing which are key to pathology assessment No measurements significantly inaccurate that are key to pathology assessment. | | Pathology assessment Incomplete assessment of Simpson's or measured inaccurately and changes the categorisation of the reported EF. Images missing which are key to pathology assessment Measurements key to pathology assessment significantly inaccurate and change the categorisation of the pathology. |
| Report is complete and accurate Comprehensive and accurate description of all parts of the heart including RWMAs Correct categorisation of chosen pathology Correct interpretation of findings in the clinical context | | Report is incomplete or inaccurate Partial and inaccurate description of parts of the heart including RWMAs Incorrect categorisation of chosen pathology Incorrect interpretation of findings in the clinical context |

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| Adult Transthoracic Accreditation. Case 5 – Other pathology. Practice must be satisfactory in all areas to pass | | |
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| Evidence of satisfactory practice | Tick | Evidence of unsatisfactory practice |
| | Tick | |
| ECG Largely present throughout without 2D image interference | | ECG Unstable or frequently absent making timings inaccurate |
| Optimisation Infrequent, non-repetitive optimisation errors which do not detract from the case conclusion | | Optimisation Frequent, repetitive optimisation errors which detract from the case conclusion |
| Complete study Images are complete enough to allow full assessment of the selected pathology, including Doppler study and measurements. | | Incomplete study Images are missing which are relevant to the accurate assessment of the selected pathology, including inadequate Doppler study or relevant measurements quoted in report but not demonstrated. |
| 2D measurements/M-mode Accurate throughout with minor errors only | | 2D measurements/M-mode Frequent inaccuracies or isolated inaccuracies that change the categorisation of the chosen pathology |
| Colour Doppler Accurate box size, gain, scale and baseline settings demonstrating anatomy clearly | | Colour Doppler Frequent inaccuracies of box size, gain, scale and baseline settings which prevent clear demonstration of the anatomy |
| Spectral Doppler Accurate use with good cursor alignment and optimised waveforms | | Spectral Doppler Inaccurate use with poor cursor alignment or waveform optimisation altering pathology assessment |
| Pathology assessment No images missing which are key to pathology assessment No measurements significantly inaccurate that are key to pathology assessment. | | Pathology assessment Images missing which are key to pathology assessment Measurements key to pathology assessment significantly inaccurate and change the categorisation of the pathology. |
| Report is complete and accurate Comprehensive and accurate description of all parts of the heart Correct categorisation of chosen pathology Correct interpretation of findings in the clinical context | | Report is incomplete or inaccurate Partial and inaccurate description of parts of the heart Incorrect categorisation of chosen pathology Incorrect interpretation of findings in the clinical context |