



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Practical Exam Scoring Sheet

2018

Candidate Details

SVT Membership number.....

Surname..... First name.....

Location of practical Exam (department / hospital / town / city)...Vascular Assessment Unit, Royal Sussex County Hospital,
Brighton

Assessor Details Internal or External assessor (delete as appropriate)

SVT Membership number 045.....

Surname.....CLARK..... First name.....Amanda.....

Assessors department /hospital/town/city...Hope Fry Vascular Unit, Epsom General Hospital, Epsom

Last 25 scan reports for each modality reviewed?...NO.....

Date of Exam.....27th June 2018.....

Skills Section A

| | | Carotid Duplex | Lower Limb Arterial duplex | Lower Limb Venous duplex |
|---------|--|----------------|----------------------------|--------------------------|
| Skill 1 | Does the candidate positively identify the patient? | Yes or No | Yes or No | Yes or No |
| Skill 2 | Does the candidate explain the procedure to the patient and give clear instructions where appropriate? | Yes or No | Yes or No | Yes or No |
| Skill 3 | Is the candidate competent in the use of B-Mode? | Yes or No | Yes or No | Yes or No |
| Skill 4 | Is the candidate competent in the use of colour flow imaging? | Yes or No | Yes or No | Yes or No |
| Skill 5 | Is the candidate competent in the use of spectral Doppler? | Yes or No | Yes or No | Yes or No |
| Skill 6 | Does the candidate make pertinent changes to patient positioning? | Yes or No | Yes or No | Yes or No |
| Skill 7 | Does the candidate recognise any minor limitations or technical difficulties of the examination? | Yes or No | Yes or No | Yes or No |

Section A notes:

Skill 5 - The sample volume size needed to be adjusted more frequently. At times, it was too small to accurately assess the deep venous flow and too large for sampling the arterial flow.

- On the spectral doppler, the velocity scale needed to be reduced to ensure maximum use of the spectral display.
- Poor doppler angle. Less than 45 degrees on occasions and poor alignment with the vessel wall.
- Faint spectral trace when taking PSV measurements. Needed to increase the gain.
- Insufficient doppler measurements were taken during the carotid scan. The carotid arteries were not assessed along their entire length despite the presence of diffuse disease. Too much time was spent looking at the B-mode image.
- The velocities in the left ICA were assessed before the CCA and bifurcation despite the presence of diffuse and possibly haemodynamically significant disease in the CCA that could be affecting the flow more distally.

Skill 7 - Eloise detected monophasic flow in the distal ATA & PTA and a ABPI of 0.8. Eloise said this shows the patient has only mild disease. She didn't mention the possibility of an artificially high ABPI or a short tight proximal stenosis that might account for the patient's thigh & calf pain on walking.

If the candidate has received **less than 2 'No'** answers in Skills Section A over the 3 modalities then the candidate has **passed** this section.

If the candidate has received **2 or more 'No'** answers in Skills Section A over the 3 modalities then the candidate has **failed** this section (and has therefore failed the AVS practical exam)

The candidate has Passed/Failed* section A

*Please highlight appropriately

Skills Section B

| | | Carotid Duplex | Lower Limb Arterial duplex | Lower Limb Venous duplex |
|---------|---|----------------------|----------------------------|--------------------------|
| Skill 1 | Can the candidate correctly identify and discuss anatomy? | Yes or No | Yes or No | Yes or No |
| Skill 2 | Can the candidate identify and discuss any pathology/absence of pathology? | Yes or No | Yes or No | Yes or No |
| Skill 3 | Can the candidate arrive at the correct conclusion from their observations? | Yes or No | Yes or No | Yes or No |
| Skill 4 | Can the candidate clearly and accurately report findings and conclusions? | Yes or No | Yes or No | Yes or No |
| Skill 5 | Can the candidate recognise and report any <u>serious</u> limitations of the examination? | Yes or No | Yes or No | Yes or No |

Section B notes:

Skill 1 - 3 –

- The left CCA and ECA were rescanned by the internal examiner as insufficient doppler measurements had been taken. Eloise reported an approx. 50% stenosis in the left CCA whereas the internal examiner considered it to be closer to 60%.
- The distal AO was incorrectly identified as the CIA and the CIA as the IIA despite the patient being slim with normal anatomy (i.e. normal AO bifurcation level).
- Slow and poor recognition of severe disease at the CFA bifurcation/PFA origin/SFA origin.
- Too long was spent looking at the branches of the PFA (not on the protocol).

Skill 4 & 5 –

- There is no mention of the difficulty in accurately assessing the severity of the plaque in the left CCA due to the artery being large with diffuse disease and a heavy plaque burden.
- The reports need to be less wordy and clearer with greater emphasis on any significant findings.
- The venous report mentions a competent LSV below the knee and then goes on to describe LSV reflux at this level.

If the candidate has received 0 'No' answers in Skills Section B over the 3 modalities then the candidate has **passed** this section.

If the candidate has received 1 or more 'No' answers in Skills Section B over the 3 modalities then the candidate has **failed** this section (and has therefore **failed the AVS practical exam**)

The candidate has Passed/Failed* section B

*Please highlight appropriately

Skills Section C

| | | Carotid Duplex | Lower Limb Arterial duplex | Lower Limb Venous duplex |
|---------|---|----------------|----------------------------|--------------------------|
| Skill 1 | Does the candidate take a relevant clinical history? | 0 1 (2) | 0 1 (2) | 0 1 (2) |
| Skill 2 | Does the candidate present a professional and considerate manner toward patients? | 0 1 (2) | 0 1 (2) | 0 1 (2) |
| Skill 3 | Has the candidate selected an appropriate transducer and preset? | 0 1 (2) | 0 1 (2) | 0 1 (2) |
| Skill 4 | Is the technique appropriate to the examination? | 0 1 (2) | 0 1 (2) | 0 1 (2) |
| Skill 5 | Does the candidate inform the patient of the result or advise them who will do so? | 0 1 (2) | 0 1 (2) | 0 1 (2) |
| Skill 6 | Does the candidate recognise the significance of their observations in terms of patient management? | 0 1 (2) | 0 1 (2) | 0 1 (2) |
| Skill 7 | Does the candidate note any relevant incidental observations? | 0 1 (2) | 0 1 (2) | 0 1 (2) |
| Skill 8 | Does the report include documentation of relevant measurements, waveforms analysis, plaque characteristics etc... | 0 1 (2) | 0 1 (2) | 0 1 (2) |
| | Subtotal score (max score of 16 per modality) | 16 | 16 | 16 |

Candidates Total score for Section C (max 48) 48

Section C notes:

If the candidate has scored **36 or more** in Skills Section C over the 3 modalities then the candidate has **passed** this section.

If the candidate has scored **35 or less** in Skills Section C over the 3 modalities then the candidate has **failed** this section (and has therefore **failed the AVS practical exam**).

The candidate has Passed/Failed* section C

*Please highlight appropriately

Skills Section D

| | | Score |
|---------|---|-------------|
| Skill 1 | Can the candidate describe 5 machine controls and explain how to use them? (1 point per control) | 0 1 2 3 4 5 |
| Skill 2 | Can the candidate discuss 5 actions they could take to minimise the risk of cross-infection in the vascular lab? (1 point per correct answer) | 0 1 2 3 4 5 |
| Skill 3 | Can the candidate discuss the advantages and safety aspects of ultrasound? | 0 1 2 |
| Skill 4 | Can the candidate discuss alternative imaging modalities for the scans they have just performed? | 0 1 2 |
| Skill 5 | Can the candidate discuss work related injuries associated with ultrasound and how to reduce the risk of them? | 0 1 2 |
| Skill 6 | Can the candidate discuss what the physical risks are for patients undergoing vascular ultrasound examinations? | 0 1 2 |
| Skill 7 | Can the candidate describe how they would set up a scanning modality which their department does not currently practice? | 0 1 2 |

Section D notes:

After discussion with the internal examiner, it was decided not to complete this section as the examination time had already exceeded 5 hours.

Candidates Total score for Section D (max 20) Not completed _____

If the candidate has scored **13 or more** in Skills Section D over the 3 modalities then the candidate has **passed** this section.

If the candidate has scored **12 or less** in Skills Section D over the 3 modalities then the candidate has **failed** this section (and has therefore **failed the AVS practical exam**)

The candidate has Passed/Failed* section D

*Please highlight appropriately

Summary

Skills Section A: ~~Passed~~ / Failed*

Skills Section B: ~~Passed~~ / Failed*

Skills Section C: Passed / ~~Failed~~*

Skills Section D: Passed / Failed* NOT COMPLETED

*Please highlight appropriately

Additional notes on ANY section of the practical exam:

The candidate has **passed** all 4 sections of the AVS practical exam and has therefore **PASSED** the AVS practical exam.

Please Tick One box

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The candidate has **failed** one or more sections of the AVS practical exam and has therefore **FAILED** the AVS practical exam.

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Assessors Signature... Amanda Charles ... Date... 27th June 2018...