

REFLECTIVE CPD ACTIVITY FORM

Name: *Nuala McEnamara*



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Job Role: *Chief IT Vascular Physiologist*

Description: (e.g. SVT course, presentation, meeting)	<i>Mastering of a new domain for Temporal arteritis.</i>
Date(s):	<i>1/1/15 (to 1/1/15) Total Days/Hours</i> <i>Jan 2015 to date</i>
Type of activity:	☒ Educational ☐ Professional ☒ Work-based ☐ Self Directed ☐ Other _____
Benefits to your practice:	<i>I can now offer this as a routine scan and a clear result can be obtained much more efficiently.</i>
Benefits to service user:	<i>Consultants can now order this non-invasive scan instead of sending patients for temporal biopsies</i>
Supporting evidence: (e.g. medical certificate, notes, presentation, sign, training sheet)	<i>Printout of meditech ordering system in the Beacon hospital.</i>
Additional notes:	

Please complete reflection form for each activity submitted

Enter Orders

User WAJ0252
 Technologist WAJ0252
 Order Status Logged

NUALA MCMAHON
 NUALA MCMAHON

A/S 44 F
 Loc PT

Admit 03/08/17
 Status REG RCR
 Unit # M000094791
 Dep #

Patient U0000088
 Attend Dr ACBOAND
 Order Dr MURPHM

Category * Pr

→ 1 VASC
 2
 3
 4
 5
 6

Procedures

1 Checked

Order Selected Items

Mnemonic Name

↑
 LLARTB BOTH LOW LIMB ARTERIAL DUPLEX
 LLDVT LOWER LIMB VENOUS DVT SCAN
 LLDVTB BOTH LOW LIMB VENOUS DVT SCAN
 LLVASS LOWER LIMB VENOUS ASSESSMENT
 LLVASSB BOTH LOWER LIMB VENOUS ASSESS
 ✓ RAD TEMPORAL ARTERY DUPLEX
 TCD TRANSCRANIAL DUPLEX
 ULART UPPER LIMB ARTERIAL DUPLEX
 ULARTB BOTH UPP LIMB ARTERIAL DUPLEX
 ULDDVT UPPER LIMB VENOUS DVT SCAN
 ULDDVTB BOTH UPP LIMB VENOUS DVT SCAN
 ULPRES UPPER LIMB SEGMENTAL PRESSURES
 ↓

Double Click or <Right Ctrl> to check/uncheck

Time

Date

Time