

Can a sonographer be trained to be proficient in head and neck ultrasound with FNAC?

The implementation of a head and neck sonographer and the impact on the service

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Introduction:

- Ultrasound-guided fine-needle aspiration cytology (FNAC) is a commonly performed procedure and often the first line of diagnostic testing for patients presenting with a head and neck swelling. This technique yields a high accuracy rate and is recommended by NICE.¹
- The aim of training a sonographer was to reduce the ultrasound waiting list and allow radiologists more time in other areas.
- Clinical role extension for sonographers has great potential to enhance services and improve the efficiency of patient pathways, allowing patients a wider access to specialist scans. When properly executed this also benefits sonographer job satisfaction and encourages role development within the MDT.
- This poster documents how training was undertaken and the governance in place to ensure high standards are maintained when undertaking specialist training roles.

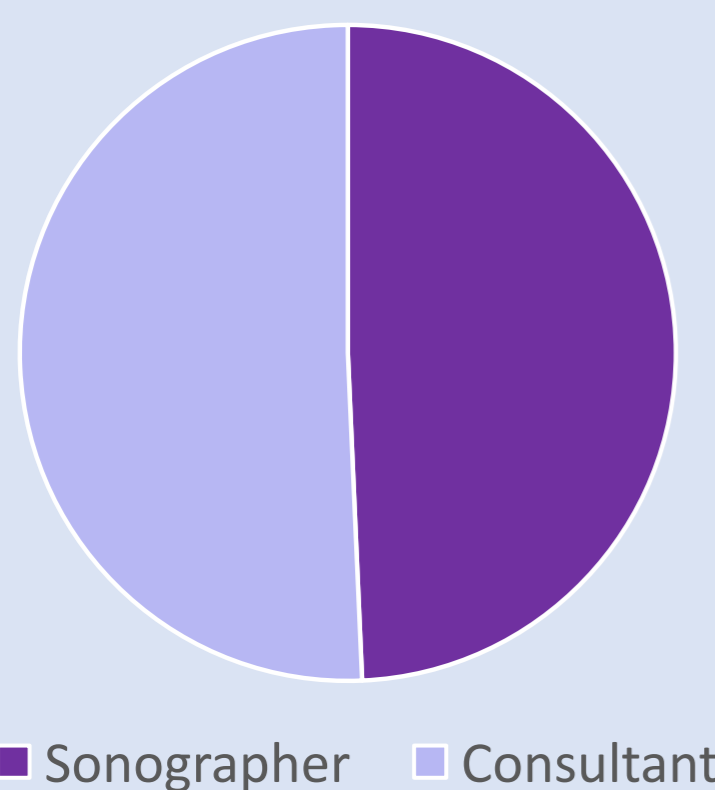
Method:

- In-house training was undertaken over a 12-month period supervised by three consultant radiologists, in an acute and outpatient setting, extending to the one stop lump clinic.
- 500 supervised ultrasounds and 250 FNAC's were performed by the sonographer.
- Summative assessments based on DOPs used for radiology registrars were performed.³
- Attendance at a two-day practical head and neck course: The Swansea Head and Neck Ultrasound Workshop.
- Regular attendance to the thyroid MDT, self study, as well as self audit of FNAC results was required.
- Additionally, the sonographer shadowed the histopathologist and surgeons.
- A retrospective audit was performed comparing sonographer and radiologist diagnostic rates over 18-months.

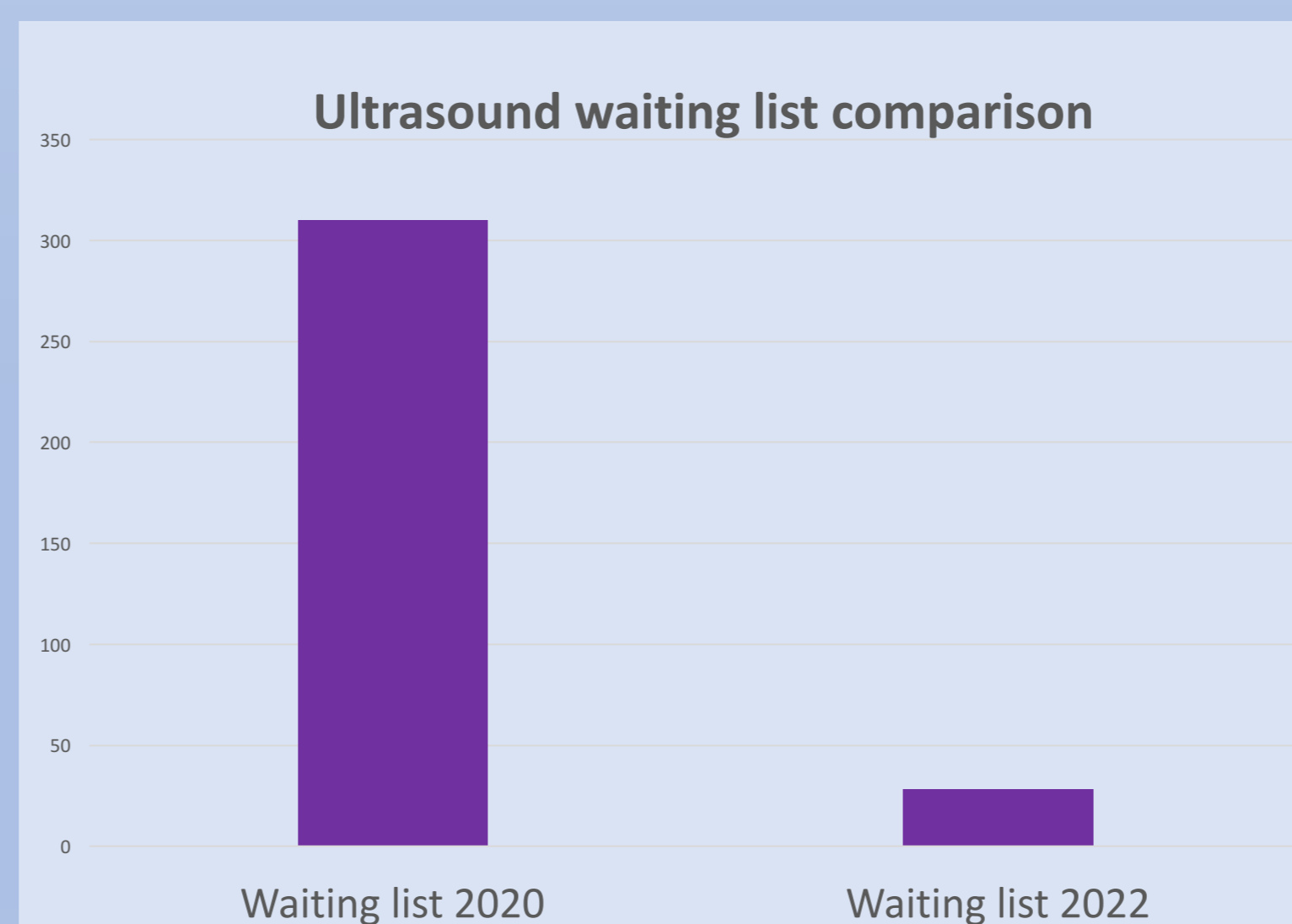
Findings:

- 250 FNA's performed by sonographer were analysed. Results showed a 71 % diagnostic rate. This was compared to a previous 4-year audit undertaken by radiologists within the department.
- The comparison study analysed 1222 FNAC samples and demonstrated a diagnostic sample of 73 %. These both adhere to standards set by the RCR live audit, which expect a 70% diagnostic rate for FNAC samples of the thyroid.²

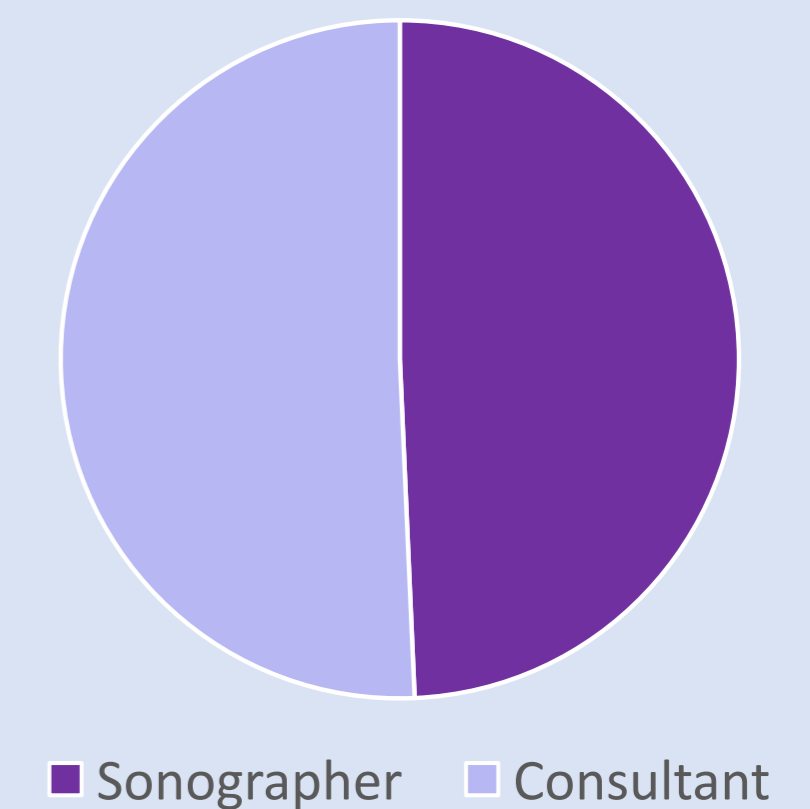
Conclusive FNAC samples



Statistics of the head and neck ultrasound waiting list were analysed, following the implementation of a sonographer.



Inconclusive FNAC samples



The waiting list reduced from 310 patients waiting to be scanned in 2020 to 28 waiting for scans to date (September 2022).

The audit demonstrated comparable FNAC results between a sonographer and consultant radiologist.

Conclusion:

It is possible to train a sonographer to become proficient in head and neck scanning with FNAC and for cytology rates to be comparable to a consultant radiologist. Statistics showed a drastic improvement to the waiting list without a compromise to diagnostic accuracy.³

Through specialist training for allied-health-professionals, the service can be more efficient and cost effective as well as liberating specialist consultants for other duties.

References: