Hints and Tips to Stay Safe

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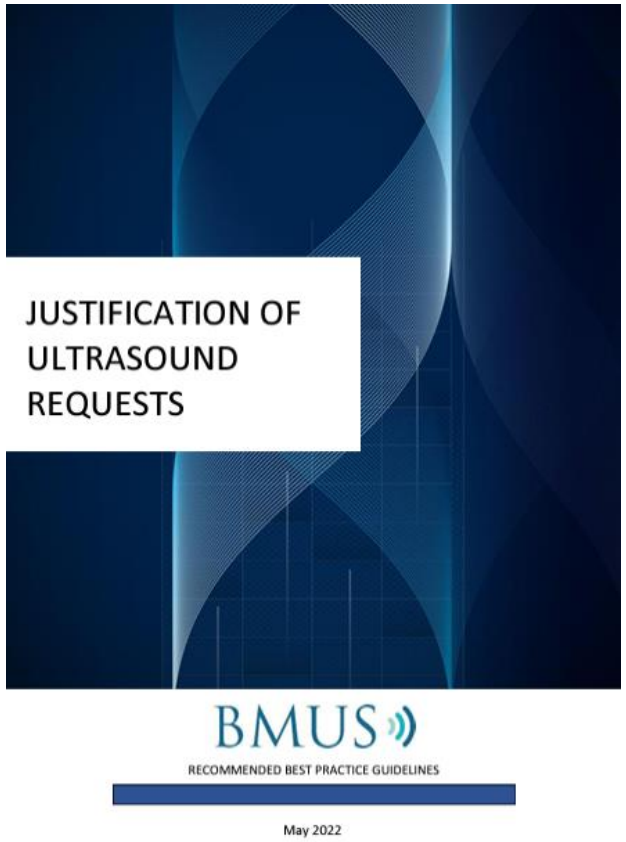
The challenge……

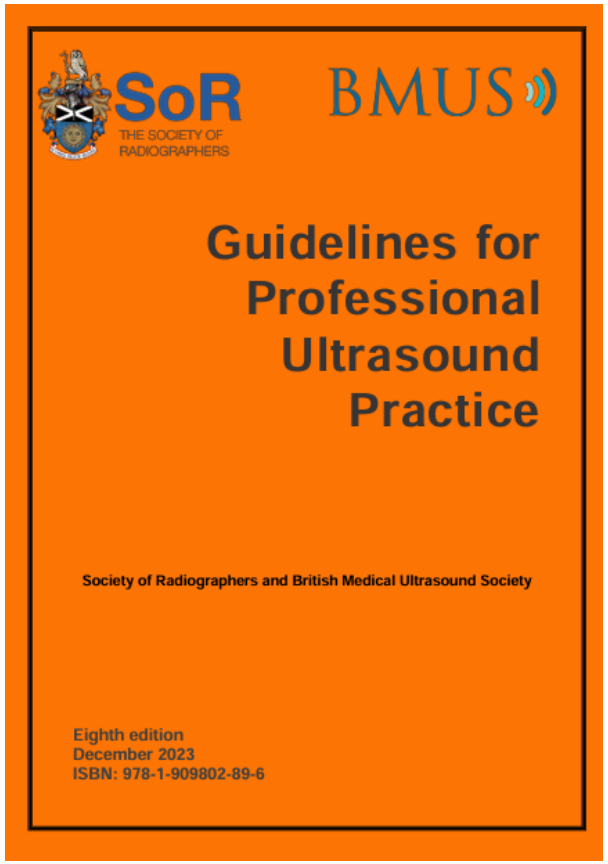
- Increasing use of US in clinical practice
- Increasing demand/expectations
- Lack of capacity
- Reduction in supervision/preceptorship?
- Pressure to ‘sort it’
- Litigation

Ten top tips to help you stay safe

Tip 1- Accept referrals wisely



https://www.bmus.org/policies-statements-guidelines/professional-guidance/guidance-pages/justification-of-referrals-in-primary-care/

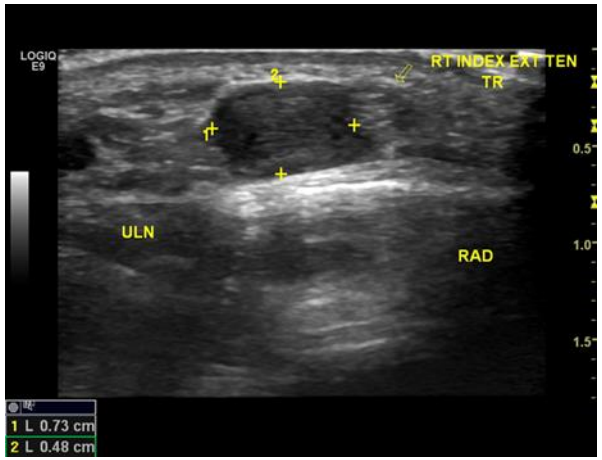


https://www.bmus.org/mediacentre/news/now-available-8th-edition-of-the-sor-bmus-guidelines-for-professional-ultrasound-practice/

Tip 2 – be competent

- Is this scan within your scope of practice?
  - Are you trained/experienced and can prove it?
  - When did you last scan this area?
  - Can you fully utilise the equipment?

- Can you interpret and report the images
  - Experience – are you sure of your diagnosis?
  - If not, do you know someone who could help?
  - Is ultrasound enough?



Tip 3 – be properly employed and insured

- Be clear about your competencies when applying for posts
- Ensure you have the relevant qualifications and competencies
- Know your local governance
- Ensure you are properly insured for your work

Tip 4 - Follow protocols and guidelines

Local

- Local governance
- Departmental guidelines
- Company guidelines

National

- NICE
- Area specific – British Sarcoma Group, RCOG

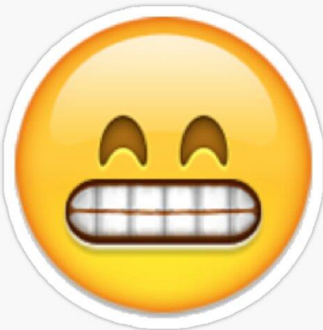
bsg British Sarcoma Group

Royal College of Obstetricians & Gynaecologists

NHS National Institute for Health and Clinical Excellence

For example - BSG Guidelines 2019

‘A clinical history should be taken, including details of size, duration, precipitants, growth, and associated symptoms, particularly pain
A clinical examination of the mass for position and local changes should be performed.
Scans should be performed or supervised by a clinician with FRCR or RCR accreditation to perform and report ultrasound (preferably musculoskeletal ultrasound).
Ultrasound examination should evaluate mass size, mass location (rel to fascia), echotexture, whether cystic, solid or mixed, and Doppler characteristics (at low flow settings).’



Tip 5 – Talk to your patient

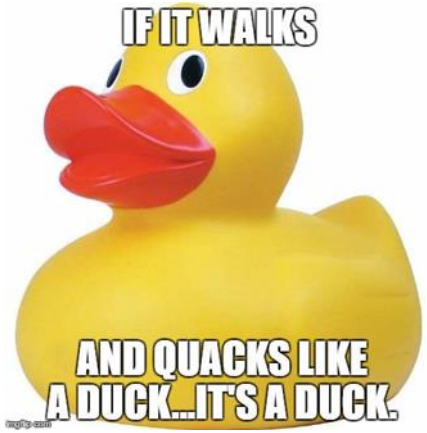
- Glean extra information
- Explain procedure
- Clinically examine if appropriate
- Take consent
- Cover the entire area of concern
- Address any current issues
- Be clear about results

Tip 6 – Take representative images

- Do they show normal anatomy and fulfil protocols?
- Do they show pathology?
- Have you used Colour/Power Doppler appropriately to support your findings?
- Have you accurately measured lesions in 3 planes?
- Are they correctly annotated?
- Are only the appropriate images stored?

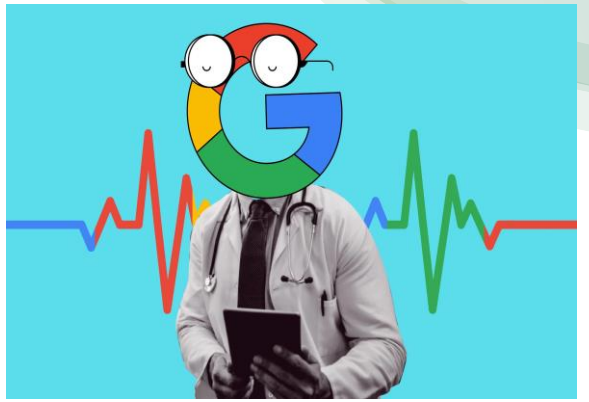
Tip 7 - Write a good report

- Clinical history – Is it clear? Have there been any changes since referral?
- Make it clear, concise, fulfilling specific criteria - is it easy to read?
- Say what you see, then say what that means – avoid ‘radiology’ terms
- Give reasons for doubt or onward referral
- Make recommendations if you can
- Does your report reflect the images saved?



Tip 8 – be certain, or at least say that you're not

- Re-visit images
- Research
- Ask a colleague
- Rescan or further imaging?
- Suggest onward referral



Tip 9 – be careful with the use of caveats

How to avoid ‘Malignancy cannot be excluded’

‘Ultrasound cannot predict histology and if the lesion grows, becomes painful, further imaging is suggested’

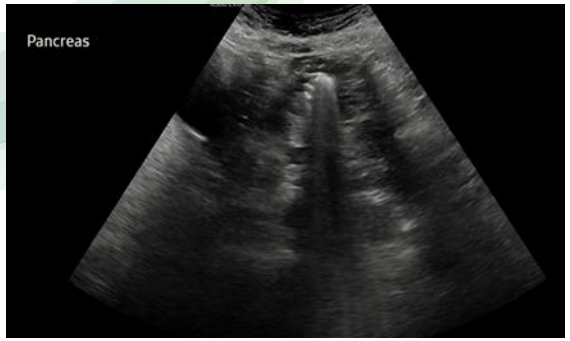
‘Appearances are consistent with your clinical diagnosis of..’

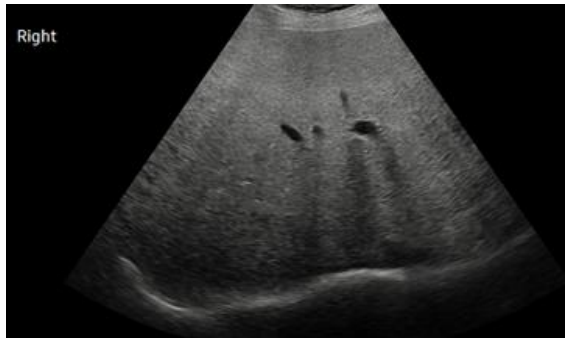
‘Appearances are most likely to represent a …. however, if there is ongoing clinical concern, further characterisation may be required.’

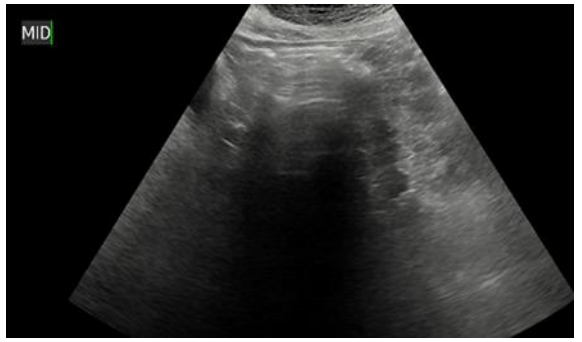
‘The degree of urgency or referral should be commensurate with the level of clinical concern’

Use wisely..

Poor views







‘The liver appears enlarged and hyperechoic suggestive of hepatic steatosis and is poorly penetrated to the posterior border of the right lobe. Focal fatty sparing noted at the porta hepatis. No obvious solid focal lesion demonstrated however the presence of subtle lesions cannot be excluded due to poor visibility. Patent portal vein noted. The pancreas is obscured. If pancreatic pathology is clinically suspected then further evaluation and alternative imaging is recommended.’

‘Generally poor views due to high BMI’ ‘- important to acknowledge when a patients BMI renders less than diagnostic images. The referrer need to understand that this is a genuine limiting factor.

Tip 10 – make sure the report reaches the referrer

- Follow the protocol for communication and timescale of reports.
- Ensure that there is a particular pathway for urgent or sinister pathology and that it is followed.

Take home messages

- Know your stuff
- Know your guidelines
- Accept referrals wisely – BMUS guidelines
- Take a good history/examination
- Take good images that reflect your ‘diagnosis’
- Write a clear report
- Ask if you’re not sure

Thank you