

Certificate in Clinician Performed Ultrasound (CCPU) Syllabus

Proximal Deep Vein Thrombosis (DVT)

Disclaimer and Copyright: Content within this curriculum was accurate at the time of publication. This curriculum is subject to Australian copyright law. Apart from any use as permitted by law, no part of this curriculum may be copied, adapted, reproduced or distributed without written permission from The Australasian Society for Ultrasound in Medicine (ASUM). All enquires to be directed to education@asum.com.au.

Page 1 of 6 03/20

Deep Vein Thrombosis (DVT) Syllabus

Purpose

This unit is designed to cover the theoretical and practical curriculum for Proximal Deep Vein Thrombosis (DVT) ultrasound.

Prerequisites

Learners should have completed the Applied Physics in Ultrasound unit.

Course Objectives

On completing this course learners should be able to:

- Demonstrate detailed understanding of the relevant anatomy
- Demonstrate knowledge of ultrasound techniques associated with DVT
- Attain proficiency in ultrasound image optimisation in order to enable appropriate diagnosis
- Understand the limitations of proximal DVT ultrasound

Course Content

The course will present learners with the following material:

Anatomy and anatomical relationships to adjacent structures and surface anatomy:

- IVC
- External iliac vein
- Greater saphenous vein
- Common femoral vein
- Femoral vein (and understand the importance of NOT using the incorrect term "superficial femoral vein")
- Deep femoral vein
- Popliteal vein

<u>Techniques</u>, physical principles and safety:

Patient positioning:

- Supine with leg externally rotated & abducted
- Decubitus or prone for popliteal fossa
- Seated or standing if difficult to see veins

Techniques to improve visualisation:

- Valsalva manoeuvre
- Flow augmentation
- Reverse Trendelenburg positioning
- Curved probe in the obese patient

Imaging:

The above veins in transverse and longitudinal planes using:

B-mode compression ultrasound

Page 2 of 6 03/20

- Pulsed wave Doppler ultrasound
- Colour Doppler ultrasound

Diagnostic Criteria:

Recognise normal anatomy and the sonographic appearance of DVT, including:

- Echogenic material within vein lumen
- Incompressible vein
- Absence of blood flow

Measurements and Artefacts

Limitations and Pitfalls:

- Patient body habitus
- Variable anatomy e.g. duplex veins
- Chronic DVT
- Partially occluding thrombus
- More distal or isolated pelvic vein thrombus

Training

- Recognised through attendance at an ASUM accredited Proximal DVT course. (Please see the website for accredited providers)
- Evidence of the satisfactory completion of training course is required for unit award.

Teaching Methodologies for the Proximal DVT courses

All courses accredited toward the CCPU will be conducted in the following manner:

- A pre-test shall be conducted at the commencement of the course which focuses learners on the main learning points
- Each course shall comprise at least two (2) hours of teaching time of which at least one (1) hour shall be practical teaching. Stated times do not include the physics, artefacts and basic image optimization which should be provided if delegates are new to ultrasound.
- Clinical algorithms for low, intermediate and high risk patients should be discussed.
- Learners will receive reference material covering the course curriculum.
- The lectures presented should cover substantially the same material as the ones printed in this curriculum document.
- An appropriately qualified clinician will be involved the development and delivery of the course (they do not need to be present for the full duration of the course).
- The live scanning sessions for this unit shall include sufficient live patient models to ensure that
 each candidate has the opportunity to scan. Models will include normal subjects and patients with
 appropriate pathologies. Given that it may be difficult to find subjects with sufficient pathology, it
 is appropriate to include a practical 'image interpretation' session in which candidates must
 interpret images of the relevant pathology.
- A post-test will be conducted at the end of the course to ensure the required learning objectives are met.

Page 3 of 6 03/20

Assessments

- Two (2) formative assessments of clincial skills, specificially related to the assessment of proximal DVT
- One (1) summative assessment of clincial skills, specificially related to the assessment of proximal DVT

All assessments are to be performed under the supervision of the Primary Clinical Supervisor using the competence assessment form supplied at the end of this document.

Please refer to section 8 of the <u>CCPU Regulations</u> for information regarding timing and exclusion of these assessments in the logbook.

Logbook Requirements

- Fifteen (15) Proximal DVT scans, including two (2) positives (demonstrating the above pathology)
- A maximum of 50% paediatric cases (14 years and under) may be included in the logbook.
 Record in the column provided.
- All scans must be clinically indicated
- All cases must be compared with gold standard findings (such as comprehensive imaging, pathological findings or if these are unavailable then clinical course)
- All logbook cases must be signed off by a suitably qualified supervisor (see section 6 of the <u>CCPU</u>
 <u>Regulations</u>)
- At the discretion of the ASUM CCPU Certification Board candidates may be allowed an alternative mechanism to meet this practical requirement

Please note: All assessments and logbooks are required to be completed by the Primary Clinical supervisor as outlined in the CCPU regulations.

Minimal Imaging Sets

The following are proposed as minimal imaging sets for focused ultrasound examinations for the CCPU units. It is understood that in many cases more images should be recorded to fully demonstrate the abnormality. In some cases the patient's condition will not allow the full set to be obtained (e.g. in an unstable patient), in which case the clinician should record whatever images are obtainable during the time available to adequately answer the clinical question without allowing the ultrasound examination to interfere with ongoing medical treatment. If local protocols recommend more images for a particular examination then these should be adhered to.

- External iliac vein colour Doppler
- External iliac Vein pulsed Doppler demonstrating respiratory variation and augmentation (abnormality of spectral Doppler should prompt examination of iliac veins and IVC).
- Grey scale images or loops demonstrating compression of
 - o common femoral vein
 - o saphenofemoral junction
 - o proximal femoral and deep femoral vein
 - o mid and distal femoral vein
 - proximal and distal popliteal vein

Page 4 of 6 03/20



ASUM CCPU Competence Assessment Form Proximal DVT Ultrasound

Candidate:							
Assessor:							
Date:							
Assessment type:	Formative (feedback & teaching given duri Summative (prompting allowed but teaching	_	ŕ	□ nt) □			
To pass the summative assessment, the candidate must pass all components listed							
Prepare patient	Position Informed	Competent	Prompted	Fail			
Prepare Environment							
	Prepares equipment						
Probe & Preset S	election Can change transducer Selects appropriate transducer Selects appropriate preset						
Data Entry	Enter patient details						
Image Acquisition							
Identifies	Optimisation (depth, freq, focus, gain) Deep veins from external Iliacs to popliteal veins Venous anatomy Other relevant anatomy						
Grey Scale Image	es or Loops						
Demonstrates	Compression of common femoral vein Saphenofermoral junction Proximal femoral Deep femoral vein Mid & distal femoral vein Proximal & distal popliteal vein						
Performs dynamic testing							
·	Uses B Mode compression appropriately Uses Colour Doppler appropriately Uses pulsed wave Doppler appropriately						
Knowledge and U	Inderstanding Understands sonographic appearance of DVT						
	Explains limitations and role of Proximal US in DVT assessment						

Page 5 of 6 03/20

Artifacts			Competent	Prompted	Fail
	Identifies & explains the basis of commo artefacts	n			
Record Keeping					
	Labels & stores appropriate images				
	Documents any pathology identified				
	Completes report Describe findings briefly Integrates ultrasound findings with clinical assessment and explains how the findings might change management	briefly			
Machine Maintenance					
	Cleans / disinfects probe				
	Stores machine and probes safely and correctly				
For Formative As Feedback of partic	ssessment Only: cularly good areas:				
Agreed actions for	development				
,					
Examiner Signatur	re:Cand	didate Signature:			
Examiner Name:_	Cand	Candidate Name:			
Data:					

Page 6 of 6 03/20