

Certificate in Clinician Performed Ultrasound (CCPU)

Syllabus

Acute Scrotum

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Acute Scrotum Syllabus

Purpose:

This unit is designed to cover the theoretical and practical curriculum for the Acute Scrotum unit.

Prerequisites:

Learners should have completed the ASUM Physics Image Optimisation unit or accredited equivalent course.

Training:

Recognised either through attendance at an ASUM accredited Acute Scrotum course or equivalent.

Assessments:

Learners are required to provide evidence of satisfactory completion of training sessions, supervised ultrasound scans and documentation in a logbook.

Course Objectives

On completing this unit, delegates should be able to:

- Demonstrate detailed understanding of the gross anatomical structure and surface anatomy of the relevant organ systems and the anatomical relationship to surrounding organs and structures.
- Attain proficiency in image optimisation in order to enable appropriate diagnosis
- Demonstrate optimisation and limitations of colour Doppler
- Diagnose an ischaemic testis
- Diagnose epididymoorchitis

Course Content

Anatomy:

- Relational anatomy of adjacent organs and structures
- Identify mediastinum testis
- Identify epididymis head
- Blood supply capsular arteries, centripetal arteries, transmedial arteries
- Ultrasonic characteristics of a normal testis

<u>Ultrasound Imaging Protocols, Skills:</u>

- Protocols for scrotal scanning grey scale and Doppler
- Colour Doppler settings
- Patient positioning

Pathology and Sonographic appearance of:

- Torsion
- Hydroceles
- Epididymitis
- Orchitis

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Simple Cysts

Limitations and Pitfalls

- Inability of ultrasound to exclude torsion particularly intermittent torsion, partial torsion.
- Masses other than simple cysts require formal evaluation.
- Testicular abnormalities thought due to infection should be reviewed after resolution to exclude underlying pathology.

Teaching Methodologies

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 2 hours of teaching time of which at least 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.
- 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 as formative assessment.

Assessment and Logbooks

- Evidence of satisfactory completion of training sessions
- Evidence of assessment of competence (summative assessment) signed off by a suitably qualified assessor (DDU, Radiographer, DMU or AMS or be a sonographer registered by NZ MRTB in the relevant field, CCPU in the relevant field or other qualification as approved by the CCPU board). The original completed competence assessment form is to be sent to ASUM with the candidate's completed log book.
- Logbook requirements need to be completed, and logbooks need to be submitted within two
 years of completing an accredited course.

Formative Assessments

 2 formative assessments (directly supervised with suggestions and advice provided during the scan)

Summative Assessment

 Summative assessment is to be performed by a suitably qualified assessor (see above) using the competence assessment form supplied at the end of this document (or equivalent if deemed sufficient by ASUM at their discretion).

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Logbook Requirements

- Evidence of completion of logbook signed off by a suitably qualified supervisor (DDU, Radiographer, DMU or AMS or be a sonographer registered by NZ MRTB in the relevant field, CCPU in the relevant field or other qualification as approved by the CCPU board).
- All cases must be compared with gold standard findings (such as comprehensive imaging, pathological findings or if theses are unavailable then clinical course).
- 15 scans (half clinically indicated) with at least 3 positive findings.
- At the discretion of the ASUM CCPU Certification Board candidates may be allowed an alternative mechanism to meet this practical requirement.

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. basic echo during CPR or positive free fluid in an unstable trauma 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.

- Bilateral examination for comparison is essential.
- Longitudinal testes x 3 (lateral to medial)
- Transverse testes x 3 (superior to inferior)
- Colour Doppler of each side
- 'Spectacle' view of both testes grey scale
- 'Spectacle' view of both testes with Doppler box comparing flow in both sides.
- Grey scale epididymidis of each side
- Colour Doppler epididymis of each side
- Further views of scrotal thickness and hydrocele or cord abnormality may be indicated on a case by case basis.

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ASUM Competence Assessment Form Acute Scrotum Ultrasound

Candidate: _				
Assessor: _				
Date: _				
Assessment typ	pe: Formative (feedback & teaching given during	ng assessment	for education	n) 🗆
	Summative (prompting allowed but teaching	•		-
	Summative (prompting allowed but teaching	not given dunin	g assessmen	it) 🗆
To pass the sur	mmative assessment, the candidate must pass	all component	e lietad	
TO pass the sui	minative assessment, the candidate must pass	Competent		Fail
Prepare patie	ant	Competent	Frompteu	ı alı
Frepare patie	Position			
	Consent / Explanation			
D 5				
Prepare Envi				
	Lights dimmed if possible			
Prepare Macl				I
	Correct position			
			T	ı
Turn machine	e on			
Probe Selecti	ion		Γ	ı
	Can change transducer			
	Selects appropriate transducer for indication			
			.	
Pre-set selec	tion			
	Select correct pre-set			
Data entry				
-	Enter patient / study details			
	•			•
Image Optimi	isation			
Appropriately adjusts machine to optimise image:				
11 1 22229	Depth			
	Frequency			
	Focus (if required)			
	Gain / TGC			

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Image Acquisition Longitudinal View		Competent	Prompted	Fail
Technique	Aligns on long axis			
	Fans through in longitudinal plane			
Identifies				_
	Teste			
	Medistinum of teste			
	Scrotal skin			
	Epididymis head			
	Epididymis body (if seen)			
	Venous plexus			
	Hydrocoele (if present)			
Transverse V				
Technique				
•	Aligns on transverse axis			
	Fans through in transverse plane			
	Performs comparison view			
	(grey and colour)			
Identifies	,			<u>'</u>
	Teste			
	Medistinum of teste			
	Scrotal skin			
	Epididymis head			
	Epididymis body (if seen)			
	Venous plexus			
	Spermatic cord			
	Hydrocoele (if present)			
Colour Doppl Technique				
	Adjusts Doppler gain and scale			
	Compares with contralateral side			
Identifies				
	Testicular blood flow			
	Epididymal blood flow			
Image Interpr				
	Appearance of Torsion			
	Appearance of Epididymitis			
	Appearance of Orchitis			
	Appearance of Simple Cyst			
	Appearance of Hydrocoele			
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Essential Clinical Knowledge		Competent	Prompted	Fail
Understands	the aims of the Acute Scrotal Scan			
	"Rule in" for torsion			
	Does not exclude torsion			
	Changes due to infection need follow	up		
	Other abnormalities need formal scar	•		
Record Keep	oing			
•	Stores / prints appropriate images			
	Writes appropriate report			
	Documents focussed scan			
Machine Mai	ntenance			
	Cleans ultrasound probe appropriate	lv		
	Stores machine and probes safely ar correctly	•		
For formative	assessment only:			
Agreed actions	s for development			
Examiner Sign	ature:Can	didate Signature:	ate Signature:	
	miner Name:Candidate Name:			
Date:				

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