

focused Transoesophageal Echocardiography accreditation (**f**TOE)

Assessment Pack

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Summary of Requirements

Each fTOE module assessment comprises of four components:

1. Competency sign-off
2. Logbook reporting forms
3. Logbook summary (case list)
4. Final practical assessment (undertaken only after the above components have been submitted and approved)

All components except the final practical exam must be signed by an approved supervisor. The final practical assessment is conducted by a panel of examiners.

To be eligible for the **final practical assessment**, please ensure the **following documents** are submitted via the [FUSIC® portal](#) for review and next steps. Detailed guidance on this process is available in the **fTOE Training Pack**:

- Signed Competency Assessment
- 50 Reporting Forms (all scans must be fully anonymised)
- Completed and signed Training Logbook Summary / Case List
- Confirmation of exemption eligibility (if submitting 30 reporting forms instead of 50)



Competency Assessment fTOE

	Name	GMC No	Job Title
Candidate			
Supervisor			

Competency Assessment	Supervisor signature
Checking patient's details/entry into machine as appropriate	
Confirmation of indication and check any supportive imaging	
Safe probe insertion and handling	
Optimisation of machine settings at each examination point	
Acquires the 8 basic views by probe manipulation and altering the scanning plane.	
Identifies anatomy in each window (chambers, walls, valves, great vessels, pericardium, lung)	
Identification of dilated LV (LVEDD > 6CM)	
Identification of LV dysfunction – reduced wall thickening and motion (global & regional)	
Identification of RV dysfunction (visual impression and FAC)	
Identification of dilated RV	
Identification of D shaped septum and paradoxical septal motion	
Identification of hyperdynamic heart	
Identifies a small LV cavity	
Identifies, or able to describe, appearances of aortic dissection	



Identification of pericardial effusion	
Candidate aware of when to seek expert assistance in a timely manner	
Interprets findings with respect to cardiorespiratory support	
Correlates echo findings with clinical picture and takes appropriate action/inaction	
Attention to infection control with respect to procedure, patient, probe and machine	
Adequate documentation (including insertion and potential complications) and storage of images and scans as appropriate	
Informing patient (if awake/once awake/or a relative) and reporting findings to clinical team as appropriate	
Identification of whether a further scan or alternative image is indicated	
Cleaning of probe/machine and storage to minimise damage	

fTOE logbook reporting form

Patient details:		Indications:			Insertion: easy/difficult
		Vasoactive or mechanical support:			Complications: Y/N (Specify e.g. blood on probe)
Date:		BP:	HR:		
Left ventricular cavity size	Normal	Reduced	Dilated	LVIDD (cm) or LVEDA (cm ²)	Comments
Left ventricular function	Normal	Severely impaired	Severe RWMA	FAC (%) or EF (%)	Comments
Right ventricular size	Normal	Dilated	RVIDD (cm)	Comments	
Right ventricular function	Normal	Severely impaired	Comments		
Mitral Valve structure	Normal	Abnormal	Comments		
Mitral valve function	Normal	Significant stenosis	Significant regurgitation	Comments e.g., VC	
Aortic Valve structure	Normal	Abnormal	Comments		
Aortic valve function	Normal	Significant stenosis	Significant regurgitation	Comments	
Aorta	Normal	Possible dissection	Comments		
Tricuspid Valve structure	Normal	Abnormal	Comments		
Tricuspid valve function	Normal	Significant stenosis	Significant regurgitation	Comments	
Pericardial effusion	No or small	Large	Chamber collapse	Comments	
Pleural effusion	No or small	Large	Comments		
Any changes in management?	Comment if yes				
Performed by:				Supervised by:	



fTOE Training Logbook

At least 50 fTOE examinations with 20 directly observed. At least 30 fTOE examinations, if the candidate can demonstrate a completion of certification in the following: FUSIC Heart, FUSIC HD, BSE Level 1, BSE Level 2 (TTE or ACCE), ECVI or EDEC

(Print additional copies of this form as required)



Case no.	Date	Indications	Summary of fTOE findings	Supervisor signature
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