National School of Healthcare Science

NHS England

# IACC 2023 Case-based discussion (CBD) scenario

| Specialty: | Ophthalmic and Vision Science |
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## CBD Scenario

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| **CBD Scenario Title** | Optical Coherence Tomography (OCT) Retinal Nerve Fibre Layer (RNFL) images<br>(this is a commonly used imaging technique, known by its acronym, OCT and RNFL, nationally and internationally). | | | | | | | | | |
| **CBD Scenario Aim** | To determine if the trainee is able to assess the quality of an RNFL image and artefacts before interpreting the imaging report. | | | | | | | | | |
| **CBD Focus**<br>(please provide the codes of the module(s) this scenario addresses) | Core module (professional practice) S-C1 | | Essential module (ophthalmic imaging)<br>S-OV-S4 | | | | Essential module | | | |
| **GSP Domains covered**<br>(enter X to indicate all that apply) | **GSP 1** | X | **GSP 2** | X | **GSP 3** | | **GSP 4** | | **GSP 5** | X |
| **CBD Scenario description** | You are given an OCT RNFL image to interpret. What would you want to know about the patient and what quality checks would you look for on the imaging report before interpreting the image clinically. | | | | | | | | | |
| **CBD Scenario model answer/ assessor guidance**<br>Detailed guidance that will be available for the assessors. Include guidance on what kinds of behaviours, actions, comments should secure a pass. What should the assessor expect to see? Assessors will be asked to plan questions in advance including links to trainee's IACC submission. | Pass Indicators -The trainee should mention some or all of the following:<br>Check patient details match those on the image.<br>Discuss whether the patient has a high spectacle prescription, nystagmus or opacity that will affect the quality of the image.<br>The dependence on accurate segmentation<br>Foveal alignment with respect to position of sectors measured<br>Quality measures of the image with averaging / focus.<br>Knowledge of the database of reference data to which it is compared.<br>Centring the imaging ring around the optic disc<br>The influence of large and small discs with respect to distance of the scan circumference to the disc margin.<br>Demonstrate an awareness of the values that provide the red, amber and green maps, denoting abnormal, borderline and normal sectors respectively. Recognise that there is only one micron difference between the colours.<br>The trainee will demonstrate excellent understanding if they additionally add that a change of ~ 5-8 microns in serial scans may be considered significant. | | | | | | | | | |

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| | **Fail Indicators:**<br>Fail to check patient details.<br>Failure to check segmentation and foveal alignment.<br>Failure to discuss common factors that affect the quality of the image e.g., eye movement, eye closure, refractive error |
| **Trainee instructions**<br>Please include any specific information to be provided to the trainee as part of the CBD scenario | |

# Criteria being assessed by this CBD scenario

| Aspect | Please indicate if this criterion is being assessed |
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| 1. Understands the clinical context of the scenario, including priority setting and testing strategies | |
| 2. Understands scientific principles of scenario | 2 |
| 3. Can discuss the relevant procedures involved in the scenario and associated health and safety issues | 3 |
| 4. Understands and applies the appropriate test validation, IQC, EQA, relevant professional/clinical guidelines | 4 |
| 5. Understands and applies associated IT/bioinformatics and other appropriate resources | |
| 6. Is able to interpret and report patient results and provide appropriate clinical advice | 3 |
| 7. Can discuss the significance of patient results within the clinical context of the referral | |
| 8. Understands the ethical, legal and social implications of the scenario | |
| 9. Is aware of the importance of audit and can use this tool effectively | |
| 10. Output meets accepted laboratory/professional standards | 4 |
| 11. Demonstrates awareness of the limits of responsibility and when to seek advice | |
| 12. Consideration of patient/professionalism | |
| 13. Overall ability to perform | |