

# Appendix 1 Questionnaire

## Section 1: Obstetric Scanning Policy in your Trust

1 Is a four chamber heart view a mandatory part of the 18-20 week fetal anomaly scan in your Trust?

Yes  No

2 If a four chamber heart view is **not seen** what is the usual management?

**a If you suspected an anomaly:**

2ai) Is a second opinion usually obtained on the same day of the scan in your unit?

Yes  No

2aii) Is the woman usually recalled for another scan on another date in your unit?

Yes  No

2aiii) **If Yes** who performs the scan? \_\_\_\_\_

2aiv) Is the woman referred to another unit

Yes  No

**b If the Fetal lie is making the view difficult:**

2bi) Is a second opinion usually obtained on the same day of the scan?

Yes  No

2bii) Is the woman usually recalled for another scan on another date?

Yes  No

2biii) **If Yes** who performs the scan? \_\_\_\_\_

**c If the view is difficult because of a High BMI:**

2ci) Is a second opinion usually obtained on the same day of the scan?

Yes  No

2cii) Is the woman usually recalled for another scan on another date in your unit?

Yes  No

2ciii) **If Yes** who gives the second opinion? \_\_\_\_\_

**d** If a **four chamber view is not seen** on the **second scan** what is usually the further management? (Please describe) e.g. *women informed and no further scans offered or rescanned multiple times until a four chamber view is obtained.*

**3** Are cardiac outflow tracts i.e. **Aorta and Pulmonary Arteries** a mandatory part of the 18-20 week fetal anomaly scan in your Trust?

Yes  No

**4** **If cardiac outflow tracts are not seen:**

4ai) Is a second opinion usually obtained on the same day of the scan?

Yes  No

4aii) Is the woman usually recalled for another scan on another date?

Yes  No

4aiii) **If Yes** who gives the second opinion? \_\_\_\_\_

**4b** If **cardiac outflow tracts are not seen** on the **second scan** what is the further management? (Please describe) e.g. *woman informed and no further scans offered or rescanned multiple times until cardiac outflow tracts are seen.*

**5** Do you **personally** look for other heart views on the fetal anomaly scan?

Yes  No

**If Yes** please give details

## Section 2 Your Current Competence

### Four Chamber View

6 How competent do you feel to visualise a four chamber view of the fetal heart?

(Please tick)

1.	<b>Very competent.</b> No theory or practice update required	
2.	<b>Fairly competent,</b> but would appreciate practice update only	
3.	<b>Fairly competent,</b> but would appreciate theory update only	
4.	<b>Fairly competent,</b> but would benefit from theory and practice update	
5.	<b>Not competent</b> and would benefit from theory and practice short course update	

7 If applicable, how long did it take you to incorporate the four chamber view into the routine scan?

Please state approximate length of time \_\_\_\_\_ months

Approximate number scans \_\_\_\_\_

Comments welcome!

8 In approximately what percentage of scans do you visualise a four chamber view?  
\_\_\_\_\_ %

### Aortic Arch

9 How competent do you feel to visualise the aortic arch of the fetal heart?

(Please tick)

1.	<b>Very competent.</b> No theory or practice update required	
2.	<b>Fairly competent,</b> but would appreciate practice update only	
3.	<b>Fairly competent,</b> but would appreciate theory update only	
4.	<b>Fairly competent,</b> but would benefit from theory and practice update	
5.	<b>Not competent</b> and would benefit from theory and practice short course update	

10 If applicable, how long did it take you to incorporate the aortic arch view into the routine scan?

Please state approximate length of time \_\_\_\_\_ months

Approximate number scans \_\_\_\_\_

Comments welcome!

11 In approximately what percentage of scans do you visualise the aortic arch?  
\_\_\_\_\_ %

### Cardiac Outflow Tracts

12 How competent do you feel to visualise the aorta and pulmonary arteries (cardiac outflow tracts)?

(Please tick)

1.	<b>Very competent.</b> No theory or practice update required	
2.	<b>Fairly competent,</b> but would appreciate practice update only	
3.	<b>Fairly competent,</b> but would appreciate theory update only	
4.	<b>Fairly competent,</b> but would benefit from theory and practice update	
5.	<b>Not competent and</b> would benefit from theory and practice short course update	

13 If applicable, how long did it take you to incorporate the aortic and pulmonary arteries (cardiac outflow tracts) into the routine scan?

Please state approximate length of time \_\_\_\_\_ months

Approximate number scans \_\_\_\_\_

Comments welcome!

14 Approximately on what percentage of scans do you visualise the cardiac outflow tracts? \_\_\_\_\_%

### Section 3 Your Workload

15 Do you undertake the full range of obstetric scans i.e. Early pregnancy dating scans, fetal anomaly scans and growth scans?

Yes  No

16 About how many sessions of obstetric clinical scanning do you practice per week?

17 About many Early Pregnancy Dating Scans do you perform per week?

18 About how many Fetal Anomaly Scans do you do per week?

19 How much time is allocated for an Early Pregnancy Dating Scan?

20 How much time is allocated for Fetal Anomaly Scans?

21 What are you expected to do if the scan is not complete by the time allocation is reached?

**Section 4 Continuous Professional Development**

22 Have you attended any training courses on fetal cardiac scanning in the last 3 years?

Yes  No

If Yes please give us as much detail as possible;

**Course 1**

22a) **Course length and content**

22b) **Style of teaching:**

What was most helpful?

What was least helpful?

**Course 2**

22c) **Course length and content**

22d) **Style of teaching:**

What was most helpful?

What was least helpful?

22e) **Overall how effective was each course in enabling you to visualise outflow tracts?**

23 Do you have any suggestions on how you would like training to visualise cardiac outflow tracts to be organised in Wales?

24 Would you consider using an E learning package as part of a training package ?

Yes  No  Not sure

**Section 5 Please tell us about yourself:**

**Name:**

(this is optional and will not be used in any report, but including your name would mean we can contact you directly if you have any further questions)

**NHS Trust:**

**Work address:**

**Email address:**

**Job Title:**

**Qualifications**

**25** Do you hold the PG Cert or DMU qualification in Obstetric Ultrasound?

Yes  No

**26** Do you hold any other qualification in Obstetric Ultrasound?

Yes  No

**If Yes please give details**

**27** How long have you been trained as a sonographer?

**We would welcome your comments on this questionnaire**

**Please post the completed questionnaire to ASW in the prepaid envelope provided.**

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