

# Portfolio Building and Layout

## NCS/EP

## IRCP

- 2 loose leaf files/section
- Trainee's name and hospital at the beginning
- IRCP will have been submitted 2 weeks prior to the examination



# Layout

**2 Folders/main sections**

**Should contain 3 clearly marked sub -sections**

- Folder 1
  - Section 1
- Folder 2
  - Section 1 & 2



# Folder 1: Section One

Should contain:

- All of the required formal assessments which have been carried out by the WBA signed and include Q&A for Both NCS and VEP's - this will be 3 CTS assessments, 1 PRVEP and 1 flash. This must also include the abnormal evidence as part of the assessments.
- Final Assessment Summary Sheet, for both NCS and VEP's
- Frequency Response, CMRR and noise using external calibration. All signed off as trainee own work. For both VEP's and NCS machine





## ASSESSMENT SUMMARY SHEET – Evoked Potentials

<b>Assessment No.</b>	<b>Date</b>	<b>Type (VEP):- (flash / pattern reversal)</b>	<b>Range covered</b>	<b>Achieved</b>
1	1-2-07	Flash	1.1,1.2,5.1 etc	yes
2	1-2-07	PVEP	1.2,2.1 5.1 etc	Yes
3	4-7-07	Flash Abnormal report only	5.2	yes
4	6-7-07	PVEP Abnormal report only	5.2	Yes

# Folder 2: Section One

## **Should contain:**

- **List of Criteria Table** (criteria not covered in assessments and must include investigation number and date) For both VEP and NCS
- **Copy of Range Statement**
  - › Witness statements or numbered evidence by each piece of the Range for both VEP and NCS



## **Range Of Experience: VEP and NCS**

The range of conditions and circumstances the TP must experience during their training for VEPs and NCS are shown in full in the Evoked Potential and Nerve Conduction Studies Units, c. Range Of Experience sections. The TP must include a 'Range Of Experience' table which displays the evidence for attaining each range.

The table must state how the TP attained experience of each range, for example, attained experience during their training (i.e. witness statement) or during an assessment. All ranges and evidence of experience must be clearly referenced.

n.b. A single witness statement can cover more than one range. Each assessment will cover more than one range.

### **Completion of all performance criteria during the training period**

In the eventuality of one of the performance criteria not being met over the assessments carried out by the Work based Assessor, keep a record of when the TP had demonstrated competence in that particular aspect of the procedure over the training period. Enter the details in the reference table below.

(Evidence of this will need to be in the TP's portfolio and cross-referenced).

<b>Assessment Criteria not applicable to this assessment</b>	<b>Test No. Type &amp; Date When AC covered</b>	<b>Assessor Comments</b>



## Completion of all performance criteria during the training period

In the eventuality of one of the performance criteria not being met over the assessments carried out by the Wc of when the TP had demonstrated competence in that particular aspect of the procedure over the training period table below.

(Evidence of this will need to be in the TP's portfolio and cross-referenced).

<b>Assessment Criteria not applicable to this assessment</b>	<b>Test No. Type &amp; Date When AC covered</b>	<b>Assessor Comments</b>
2.3 advice is sort	111 – 1-2-07	Ask advise re- performing PERG also on a patient. Witness statement 3

**PERIPHERAL NEUROPHYSIOLOGY UNIT:** The range of conditions and circumstances under which the TP must be able to competently prepare equipment and the environment for Peripheral Nervous system investigation perform and report on nerve conduction studies in Carpal Tunnel Syndrome (CTS) and assist with Peripheral Nervous System investigations (PNS) are:

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	<b><i>Ranges</i></b>	<b><i>Applicable to sections:</i></b>
<b>1.0</b> 1.1 1.2 1.3 1.4	<b>Equipment</b> Conventional EMG/NCS system Invasive and non invasive electrodes Skin thermometers Stimulators	
<b>2.0</b> 2.1 2.2	<b>Investigations</b> Electromyography Nerve Conduction Studies	
<b>3.0</b> 3.1 3.2 3.3	<b>Patients Condition</b> Patient who requires mobility aids Patient with communication difficulty Patient with any condition requiring nerve conduction screening	
<b>4.0</b> 4.1 4.2	<b>Results</b> Normal Abnormal	



Range	1	2	3	4	5	Additional Evidence
<b>i) Equipment</b>						
a) Conventional EMG system						
b) Invasive and non-invasive electrodes						
c) Skin thermometers						
d) Stimulators						
e) Signal generators						
<b>ii) Investigations</b>						
a) Electromyography						
b) Nerve Conduction Studies						
<b>iii) Patients Condition</b>						
a) Patient who requires mobility aids.						
b) Patient with communication difficulties						
<b>iv) Results</b>						

# Folder 2 : Section Two

## Should contain:

- Additional Evidence Requirements
- Summary List of NCS and VEP's
- Evidence of observation of SSEP and BSEP - with own interpretation of results found and waveforms

**Part II NCS/EMG/EP Reports** for at least 5 of the ones listed. 3 **NCS/EMG** and 2 **VEP** All signed by the WBA. These should also be assessed via questioning and documented



The number of EPs and NCS the TP has performed independently during their training must be recorded in a table for ease of reference. No mandatory number of tests is required. An example for VEPs is shown in Table 2.2.5.

Type of Investigation	Number performed independently
Visual Evoked Potential	
a) Pattern	
b) Flash	

## **Brainstem auditory and somatosensory evoked potentials**

The TP is expected to provide evidence of performing (under supervision) each of the following: brainstem auditory evoked potentials and median and tibial somatosensory evoked potentials. Each investigation performed must include:

- Witness statement from the person performing the test, verifying that the TP performed and understood the purpose, procedures undertaken and results of the investigations.
- Printed samples of waveforms obtained from the investigation, including numerical data.
- The TP must include their interpretative comments. Relate waveforms and results obtained to normative data and pathophysiology.
- Consultant's conclusion.
- Include written evidence of questions and answers set by the WBA to demonstrate the TP understands the work.

# Additional Evidence NCS

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**Disorder**

**Case Study Number**

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**NCS/EMG**

Motor neurone disease

Cervical or lumbar radiculopathy

Brachial plexus lesions (e.g. trauma or brachial neuritis)

Peripheral neuropathy for example:

- demyelinating, such as Guillain Barre Syndrome
- axonal, such as diabetes or mononeuritis multiplex

Entrapment neuropathies, e.g. ulnar nerve or peroneal nerve lesion (not to include CTS)

Myaesthesia gravis

Myopathies, e.g. polymyositis or muscular dystrophy

Myotonic conditions, e.g. dystrophia myotonica

**VEP**

Hereditary disorders

- disorders of retina
- disorders of optic tract

Traumatic injuries

- birth injury
- penetrating injury

Demyelination

Vascular

- AION – acute ischaemic optic neuropathy
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# Requirements of Case studies

- 3 NCS/EMG – 2 VEP - detailed within the standards
- Contain results and waveforms obtained during an investigation attended by the TP.
- Contain background information relating to the condition and its pathophysiology.
- Include comments by the TP relating the waveforms and results obtained to the condition being investigated.
- Be supported by a WBA statement that the work is that of the TP, and should include written evidence of questions/answers (to demonstrate the TP understands the work).



# Final Assessment

## **At the Final Assessment**

- The portfolio's/IRCP will have been marked and feedback will be given at final assessment.

