

THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

NEWSLETTER

Issue 109

Summer 2020



### In this Issue:

1. Vascular Societies ASM 2020 Survey \*urgent response needed\*
2. SVT Register of Accreditation
3. PSC Advert
4. Becoming a Mental Health Champion
5. CPD During a Global Pandemic
6. Fundamentals of Vascular Ultrasound Course
7. Crossword

## Vascular Societies ASM 2020 Survey \*urgent response needed\*

The Vascular Society Council has been considering the options for the November 2020 ASM very carefully. We have a venue booked in Brighton and there is an exciting programme that is almost complete. However, the spectre of Covid 19 continues to loom large.

The options we considered include: a) postponing b) cancelling c) arranging a virtual meeting d) continuing with current plans in the hope that meetings of the ASM size will be acceptable (with social distancing) by November.

As we stand, we are committed to Manchester for November 2021 and there may be an option to postpone our current Brighton booking to November 2022. Not having any form of meeting does not sit well with us, and there is a lot of topical information that we think that you, as members, are hungry for and need, to practice safely in these challenging times. We are sure that it is important to come together, most likely virtually, to share experiences. We feel that there will be much to discuss by November, not least the impact the pandemic has had on vascular services and patients with increasing knowledge about thrombotic complications both venous and arterial. The VS the abstract submission portal is open with the deadline date of Sunday 5th July 2020. We would like to encourage members to continue submitting abstracts [https://www.vascularsociety.org.uk/asm/vsasm\\_2020.aspx](https://www.vascularsociety.org.uk/asm/vsasm_2020.aspx)

On balance, we feel a live virtual meeting is the best option. The format is being explored, and include a meeting over 2 days, or 5 half day sessions due to the fatigue suffered sitting in front of screens. Whilst we accept that this will obviously not include all the traditional face-to-face networking opportunities and socialising normally enjoyed, we have to be realistic. Our partners, EBS have access to a very exciting web-based interactive platform and we are looking into that at the moment.

No firm decisions have yet been made, but we wanted all members to understand what is being considered. We aim to make a final decision within the next 8 weeks in order that planning can then proceed to ensure we end up with the very best conference experience we can get under the current circumstances.

In the mean time could all SVT member please complete the survey below as soon as possible so that we are able to gather the societies consensus regarding the plans for this years ASM.

Survey - [https://www.surveymonkey.co.uk/r/SVT\\_virtual\\_survey](https://www.surveymonkey.co.uk/r/SVT_virtual_survey)

## SVT Register of Accreditation

In 2017 the SVT introduced a voluntary register of accreditation where members could choose to be included in an online register of accredited scientists. This register enabled anyone who visits the SVT website to type a name into a field and search to see if the individual entered is an SVT accredited vascular scientist.

The SVT executive committee has made the decision to change this register from voluntary to compulsory. This means all members who have gained accreditation with the SVT will automatically be included on the register.

The decision to make the register compulsory was made by the executive committee on the basis that the information is in the legitimate interest of the members or a third party. In accordance with GDPR regulations the SVT privacy policy has been updated to include this information and is available to view on the SVT website.

The compulsory register will go live in July 2020.

## PSC Advert

One of our members has moved onto pastures new and we are looking for enthusiastic replacement/s. The work involves reviewing, updating, re-writing professional performance guidelines already on the system as well as producing new guidelines as deemed necessary by the team. The whole process is shared by the group. We generally hold quarterly meetings so you will need to allocate some time off accordingly.

Please email us on [svt.professionalstandards@gmail.com](mailto:svt.professionalstandards@gmail.com) for further information or with an expression of interest.

## Becoming a Mental Health Champion

Mental health issues affect everybody. Sadly one in four people will experience at least one diagnosable mental health issue every year. The World Health Organisation forecasts that by 2030 depression will be the single leading cause of the global burden of disease, a shocking statistic. Historically stigma surrounding mental health has meant that many people suffer in silence and as a population we have a narrow field of understanding and empathy towards those experiencing mental health related issues.

Recently it has been recognised that we need to promote understanding and education surrounding mental health for all. From focusing on how to keep ourselves mentally healthy to being able to recognise when we, and those around us, are not coping and what we can do to help. Never has our mental health been so tested as with the current pandemic crisis,

making awareness and the importance of talking about how we are feeling mentally, so vital on our ability to function on a daily basis.

I attended a half day Mental Health First Aid (MHFA) course offered by our trust, Royal Cornwall Hospital Trust at the start of December. This course defined Mental Health as the 'emotional and spiritual resilience allowing us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of well-being and a belief in our own and others dignity and worth' (Health Education Authority, 1997). It is recognised that health is a state of complete physical, mental and social well-being and how important our mental health is to our overall state of health. The course went on to cover a spectrum of mental health conditions from very common feelings of anxiety and depression through to suicidal crisis and severe psychosis. As with physical first aid there is a mnemonic to help remind us how to help someone who may need mental health first aid, ALGEE. Assess: for risk of suicide or harm. Listen: non judgmentally. Give: reassurance and information. Encourage: appropriate professional help. Encourage: self help and other support strategies. The 2 day MHFA course vastly expanded on what had been covered within the half day module, leaving me feeling more able to offer support and simple suggestions of help to those who may need it, without fear of saying the 'wrong thing' which many of us have concerns about.

Partly in response to the COVID crisis but something that our trust wanted to do as a matter of course was to create a Psychological response unit (PRU). Staff who were interested in being involved, for example those who had taken part in the MHFA courses, were invited to complete the free online Psychological first aid course offered by the Johns Hopkins University, which I highly recommend. This was followed by an hour of contextual training on site. The PRU consists of groups of staff, led by our clinical psychologists, who have completed the aforesaid training and are available to their colleagues allowing them to talk about any feelings of stress and anxiety often found in those who work within a care setting. It has been surprising to me that the act of talking about any issues causing anxiety and stress helps to mitigate these feelings. Studies have demonstrated that these discussions early on may prevent a whole range of problems later. As always our diet and consumption of alcohol, drugs, caffeine have vast impact on our mental health. Physical exercise is known to combat mental health issues and focused task based activities along with those things that we know alleviate our stress are all important coping mechanisms.

I think other than talking about how we feel to someone who is engaged in actively listening to what we have to say, the most important message is that we are never alone in how we feel. There are many others who feel as we do and there are many places that we can turn to for help. Our G.P's, 111 or A&E can help in a crisis as can The Samaritans (Tel: 116 123, email: [jo@samaritans.org](mailto:jo@samaritans.org)), Mind ([www.mind.org.uk](http://www.mind.org.uk), Tel: 0300 123 3393, Text: 86463, [info@mind.org.uk](mailto:info@mind.org.uk)) or SANEline, Helpline for people under 35 (Tel: 0300 3047000/07984 967708) run by Papyrus to name a few.

Rachel Deadman  
Vascular Scientist  
Vascular Studies Unit, Royal Cornwall Hospital Trust.

## CPD During a Global Pandemic

As set out in the constitution all members wishing to maintain their AVS status must accrue a total of 30 CPD points, summed from the previous 3 years, by the 31st August each year irrespective of award date. It is the member's personal responsibility to maintain their CPD activity records which may be subject to a random audit and detailed inspection carried out.

We have received numerous enquiries from concerned members regarding the accumulation of CPD points during the Covid-19 global pandemic. So far this year conferences, study days and meetings have been cancelled and future events are yet to be decided upon. Many Trusts have placed an embargo on study leave until further notice, all this will undoubtedly have consequences for our members struggling to amass sufficient CPD points to ensure they maintain their AVS status.

The Education Committee and CPD officers are presently putting together a protocol to deal with the evolving CPD situation. Once the document has been approved it will be made available to members.

In the meantime, it's worth remembering alternative ways of earning CPD points, here are a few examples:

- Writing a review of 1 journal article for the SVT newsletter – 1 CPD point
- Writing an article or case study for the SVT newsletter – 2 CPD points
- Vascular publication in a peer reviewed journal as lead author – 10 CPD points
- Vascular publication in a peer reviewed journal as non-lead author – 5 CPD points
- SVT Committee membership (half year) – 4 CPD points
- SVT Committee membership (whole year) – 8 CPD points
- Gaining STP equivalence – 15 CPD points
- Pg Cert/Pg Dip in vascular ultrasound – 10 CPD points
- <0.5day e-learning module (max 5 CPD points per year/max 2 non-vascular related topics) – 1 CPD point
- Edward Jenner Leadership award – 3 CPD points

If you have any questions regarding CPD please email [cpd.avs@svtgbi.org.uk](mailto:cpd.avs@svtgbi.org.uk)

## Fundamentals of Vascular Ultrasound Course

Having already taken up the benefit of SVT membership, and been in this newsletter whilst AAA Screening, I had jealously seen previous offerings go by without being able to take up the opportunity. Thus it was with an unreasonable level of excitement that I grabbed the chance to go on this edition a whole three weeks into my vascular training.

The vagaries of the NHS booking systems successfully negotiated, I took one last look at the sort of waves which normally interest me most and set off in the fancy car provided to the city furthest from the sea - a place I had last visited the day Mrs Thatcher resigned.

The following morning, a brief stroll from the hotel brought me to the fruit and veg stall by the entrance (surely something NHS Improvement should insist on at every hospital) and then around to the Clinical Sciences Building for the two days of fun. Registration provided an ideal opportunity to establish how smart many of the others are and I was surprised to see just how many people were present and what diverse working backgrounds comprised the rest of the cohort.

Any nerves were quickly dealt with through the joy of a physics filled first morning – fascinating it was too! The added entertainment of somebody teaching in my own manner and struggling to find sufficient writing space for the additions on the whiteboard merely enhanced the comfort of the subject matter.

Reacting as all outdoor enthusiasts do to confinement, lunchtime necessitated a stroll around the nearest available body of water and it was an absolute pleasure to discover the small nature reserve behind the hospital, it seemed a world away from the hustle and bustle at the front. The lunch provided was just the job to set up for more physics in the fabulous form of haemodynamics; as a fan of fluid dynamics in all its many guises, I don't think there is any academic adventure more enthralling.

The afternoon proved to be every bit as enjoyable as I had hoped and the lecturer clearly engaged the whole class even before he started giving exam style questions for our delectation and delight causing the session to overrun such was the level of engagement.

The afternoon was rounded off with some practical applications and the opportunity to chat with the scientists demonstrating them; this in itself was of great benefit as it further exemplified the many paths which can lead to this wonderful work and the opportunities which develop from it. Personally I found the coronal stuff went over my head but, the other scans were good to see demonstrated on a different machine to those I am learning on and nicely backed up the information we had received throughout the day.

Avoiding the opportunities offered by an evening away from home, day two dawned unusually clear headed for the strange study of the medical aspects of the science.

The Vascular Surgeon was absolutely great - it's no mean feat to deliver complicated material to such a diverse group and make it feel both relevant and appropriate to all. I would happily have listened to her for twice the allocated time as I am sure it would have been equally fascinating and it overran due to the class being reluctant to release her.

The majority of the remainder of the day was the really scary stuff for the more inexperienced among us as it comprised a series of lectures covering the actual scanning of patients and the seemingly vast quantities of knowledge we will need to acquire in order to reach that far off goal known as accreditation.

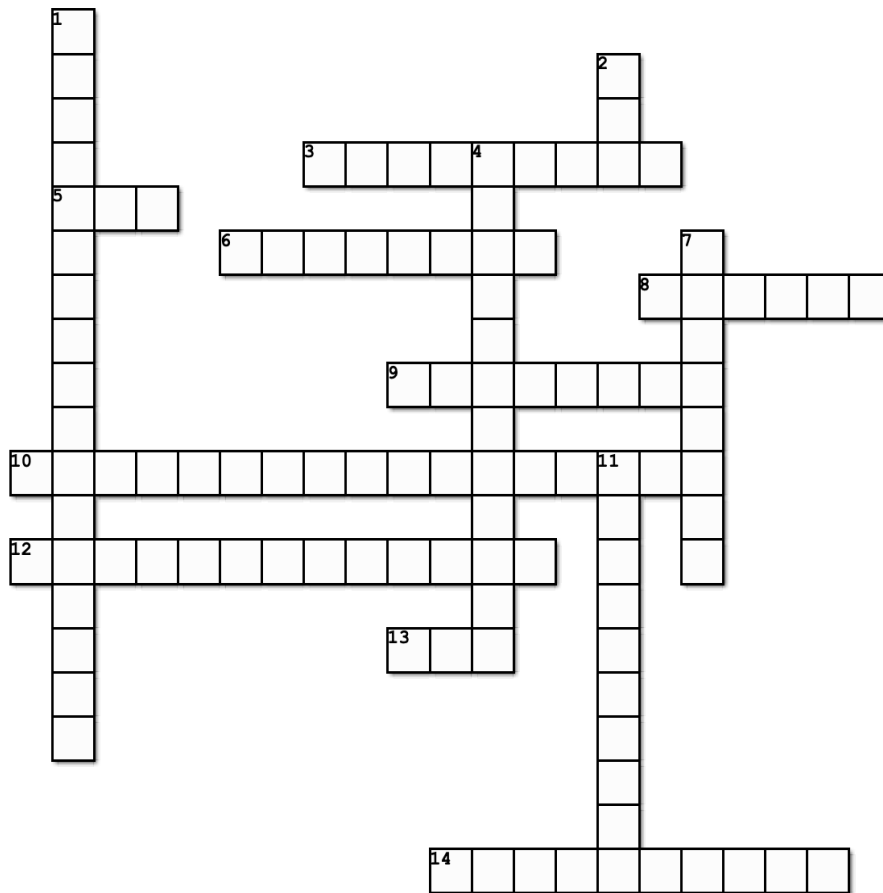
In order to give us time to recover from the shock, the course finished with some further practical demonstrations from head to toe before we dispersed on our several paths.

As a course I would have loved it to have been three days as I felt that most of the lecturers could have taken us a lot further on our journey of understanding than time permitted. I would thoroughly recommend it to anyone training in Vascular (doctors and nurses as well as scientists) as a way of getting a sure grasp on the fundamentals of what a Clinical Vascular Scientist is all about and the services they can provide. I gained so much that it would be great to do it again once I have more experience and am better able to take advantage of the bits I didn't fully understand this time.

Many thanks to Asif Dilshad and all his co-conspirators for putting on such an excellent course – the only thing I couldn't understand is how anyone can bear to live so far from the sea.

Robert Bodé  
Trainee Scientist  
Royal Cornwall Hospital

Complete the crossword puzzle below on Vascular diseases, conditions & syndromes



Created using the Crossword Maker on TheTeachersCorner.net

**Horizontal**

- 3. A condition that affects the small vessels that supply blood to hands, feet, nose and ears, can be primary or secondary (9)
- 5. symptoms include hoarseness, difficulty swallowing, high BP, heart palpitations, partial paralysis of the tongue (abbrev)(3)
- 6. Affecting the arteries & veins of limbs, this disease mainly affects men aged 20-40 & is associated with tobacco use (8)
- 8. A genetic disorder that affects connective tissues, may lead to aortic aneurysms and heart valve defects (6)
- 9. This disease affects the intracranial ICA and literally means 'puff of smoke' in Japanese (8)
- 10. The STOP trial was a randomised trial involving children with this disease (6,4,7)
- 12. a congenital remnant from embryologic development located in front of the sternocleidomastoid muscle (8,4)
- 13. A port-wine stain is one of the 3 characteristic features associated with this condition (abbrev) (3)
- 14. another name for left renal vein entrapment syndrome (10)

**Vertical**

- 1. A condition mainly found in male endurance cyclists under the age of 40 (5,12)
- 2. This disease (abbrev) causes abnormal cell development in artery walls, causing stenosis, aneurysms or dissections (3)
- 4. A functional peripheral vascular disorder characterised by bluish discoloration of skin due to diminished oxyhemoglobin (12)
- 7. This inflammatory disease, particularly affecting the aorta, is known as the 'pulseless disease' (8)
- 11. A syndrome that can cause compression of an iliac vein by the iliac artery (3,7)