

**ASSESSMENT FOR CERTIFICATION OF COMPETENCE IN
FETAL MORPHOLOGICAL EXAMINATION**

**LABORATORY LITTER ASSESSMENT - FRESH EXTERNAL
AND VISCERAL EXAMINATION**



**THE INTERNATIONAL REGISTER OF FETAL
MORPHOLOGISTS**

LABORATORY LITTER ASSESSMENT - FRESH EXTERNAL AND VISCERAL EXAMINATION

Name of Candidate: Natasha Catlin

Name of Applicant (Laboratory):	Natasha Catlin, Pfizer
Examination type assessed (species):	FRESH EXTERNAL AND VISCERAL EXAMINATION Rat
Date of assessment:	06Oct2022
Names of assessors:	Carol Kopp and Cherie Qualls

Specimens used for assessment:

Fetus 1	Fetus 2		
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Key for abbreviations:

P - Needed prompting

PP - Needed frequent prompting

N - Nervous

VIP - Volunteered information previously

DK - Didn't know the answer

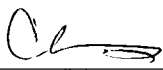
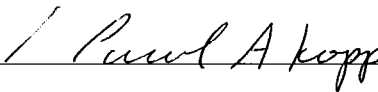
NC - Not consistent in technique

Assessor's Summary:

[delete or underline to highlight the appropriate description from the options below:]

Competent / competent and focussed / engaged and focussed during the assessment, and
demonstrated / effectively communicated a sound knowledge / an impressive
understanding / of all aspects

Assessor signatures

 / 

Date 06 OCT 2022

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COMMENTS FROM LABORATORY SPECIMEN EXAMINATION:

Talk through/procedure

EXT

VIS

Question	Acceptable Response	Response
Describe to me what you are doing; what do you see; what are you looking at?	<u>Separation</u> <u>Moving</u> <u>Dissecting/clearing</u> <u>Turning specimen</u> <u>Examination from all sides</u> <u>Manipulation for clarification</u>	Start with Forelimbs count digits -ck ventral surface and dorsal surface -ck Tail, length -ck No genitalia tub. -ck head, Jaw, Face Look for shape, size sym, closure -ck eyes, Nares -ck palette.
Perform evaluation 100% w/ Ext & 100% VIS.		VIS. cont. -ck Liver, spleen stomach, intest. kidneys, ureters adrenals pancreas -ck ureters for dilation (seems dilated) would ask for confirmation of dilation with senior resp members
What are you looking at now?		
Describe what you see		
Note how candidate is recording observations - as they are found or at the end of the examination?		-ck all tissues ck for placement, color, shape size, direction dilation sym. # of lobes
Confirm that specimen is being manipulated appropriately.		-ck sex tissues fetus 1 is male. would do head slices (frozen) to

- Open abdomen
 Expose r. bs /
 Sternum
 -ck diaphragm
 look for any
 openings.
 - cut up 1
 Pap. Side of
 Sternum
 - cut the diaphragm
 to open thoracic
 cavity.
 - cut to larynx
 to ck thyroid
 & esophagus
 Thyroid looks
 redder than
 Norm.
 -ck thymus, lungs
 -ck bar #, color
 remove thymus
 to expose greater
 vessels
 -ck heart for
 shape
 -ck greater vessels
 - No heart cut
 LF ventricle
 cut first.
 -ck heart features
 valves, septum,
 Pap. muscles
 cut Rt. vent. look
 @ valves, Pap.
 muscles.

- Head Exam
 cut lower jaw, remove tongue, cut mult. slices.

January 2013 Look for Nasal turb. retina folding
 Brain, ventricles

- record findings as she sees them.

Page 3

& Evaluated 2 between the same

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Consistency in procedural routines

Question	Acceptable Response	Response
Can you think what the importance of consistency in magnification across examiners might be?	<u>Consistency</u> is important so that all examiners see and <u>record to the same level of detail.</u>	Also important to scope down to confirm finding helps to look @ small details. (some flexibility)
Do you always use the same sequence and routine for examination? Why do you think that it is important?	<u>Yes</u> - don't miss anything, important for <u>pattern recognition</u> , subconscious alert.	Helps for consistency everyone cuts the same side up the sternum for consistency
Do you think it is necessary to look at structures from more than one aspect?	<u>Yes</u> - gain clear view of 3D structures, enable all structures/ <u>aspects of structures to be seen clearly.</u>	Especially viewing heart. important to check all aspects
Which structures would you examine in situ before you go on to disturb the viscera?	E.g. position of heart in thorax, thymus, cranial vena cavae, diaphragm before thorax is opened, ureters before sectioning kidney, eye bulge	- Look @ liver on for fluid in abdomen - check for discoloration - Look for position in case of situs inversus

Terminology and recognition levels used

Question	Acceptable Response	Response
How do you ensure other examiners are using the same terms as you for the same observation?	<u>User guides and recognition levels</u>	- used the markers paper for guidance.
How do you decide whether or not to record observations?	<u>Discuss with colleagues</u> <u>Reference material, user guides, laboratory recognition levels, background data</u>	- also talk to other exp members and Febal morph for confirmation
What could you do to make sure that you've chosen the most accurate term?	<u>Peer review/consistency check</u> (examiner records should be traceable)	- makes sure calls are consistent with SEND too - malformations confirmed by exp members and get overall consensus
Would you assign a severity	User guides and recognition	no

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Terminology and recognition levels used

Question	Acceptable Response	Response
level, why? How do you ensure other examiners are using the same severities as you for the same observation?	<u>levels</u> Discuss with colleagues Reference material, user guides, laboratory recognition levels, background data Peer review/consistency check (examiner records should be traceable)	No but use the adverse findings We give recognition for extremities

Recognition of artefacts

Question	Acceptable Response	Response
How would you decide if real or artefact?	Is the structure an unusual <u>colour</u> (haemorrhage)? Background knowledge/ <u>experience</u> Refer to PM data (specimen dropped?)	Look for cutting or pokes - ask the other members for their thoughts or if someone cut the fetus.
What procedural errors are likely to lead to artefacts?	Unsuitable mode of death (e.g. too much pentobarbitone or inappropriate site for injection) Flattening on one side of head or apparent forelimb flexure due to the way it was laid on tray/bench Digit/tail/pinna damage - cut edge, evidence of bleeding Blood vessel damage, trace the route to find each end	cutting with the scissors. rough when looking @ palette. poke hole by accident.
Can you think of any observations which could be caused by an artefact?	<u>Missing digits</u> /tail/pinna, Intraabdominal/hepatic/sub <u>cutaneous haemorrhage</u> , umbilical hernia, forceps <u>damage to palate</u>	

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Recognition of artefacts

Question	Acceptable Response	Response
Would you record artefacts?		yes depends
How would you record an artefact?	Explain how	NO, if it's not a finding it's not recorded.

Correct identification of anomalies

Question	Acceptable Response	Response
What could you do to make sure that you've chosen the most accurate term?	<u>Discuss/review findings with colleagues; refer to recognition levels/user manuals/training/reference material/background data.</u>	Discuss to determine if the finding is accurate.
Why have you used that term? (any observation with a recognition level, relative to the norm)	Give reason based on degree of displacement, normal variation. <u>Based on symmetry; alignment; position in relation to other structures, normal variation</u>	Keep consistent with the way HC was called in the past. Keep the calls consistent across studies and HCB. will discuss with senior members who make the best call
How would you decide if you thought one pinna was displaced?	Give reason based on <u>degree of displacement, normal variation, alignment; position in relation to other structures, normal variation; compare to normal specimen</u>	
What anomalies might you see in the/state region? Trunk		- high gastroschisis - short broad trunk edema, limb issues
What anomalies might you see in the/state region? Vessels		- retroesophageal subclavian - common truncus - transposition of vessels
What anomalies might you see in the/state region? Kidney/Ureter		- dilated ureters - dilated kidneys - supernumerary renal vessels - absent ureters - fused kidneys

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Demonstration of knowledge of consequence of findings (choose minimum of 3 from this section)

What else might you see with:		
Absent pollex [at external observation] X	<u>Other short digits/absent claws</u>	OK hind paws for abnormal digits in case structural issues with skulls.
Absent tail [at external observation]	Imperforate anus. Check stomach contents/presence of meconium, patency of anus	
Dilated ureter	Renal pelvic cavitation, large urinary bladder, kinked ureter	
Short lower jaw	Large/small/protruding tongue, absent incisors, size of oral cavity	
Distended abdomen	Fluid in abdominal cavity, changes in size, shape, position and presence of great vessels. Malrotated heart, formation of ventricular septum. Check stomach contents/presence of meconium, patency of anus. Form of liver, abdominal wall musculature, umbilical vessels.	
Flat cranium / occipital projection	Spina bifida (open or skin covered)	
Skin lesion/haemorrhage cranium / dorsal midline X	<u>Meningocele/spina bifida (skin covered)</u>	- Brain hydroceph. - OK Brain is covered & skull is covered - closure defect.
Malrotated heart X	Changes in size, shape, <u>position and presence of great vessels</u> . Formation of ventricular septum.	mark here R & subclav retr oesophageal OK for situs inversus
Whole body edema X	Changes in size, shape, position and presence of great vessels. Malrotated heart, formation of ventricular septum. Form of liver, abdominal wall musculature, umbilical vessels. Kidney size	Look for discoloration hemorrhage. ↑ fluid in pericardium Edema may be in an isolated area general malform bet us.

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Demonstration of knowledge of consequence of findings (choose minimum of 3 from this section)

What else might you see with:		
	and form (pelvic dilation, enlargement), cleft palate.	
What would you expect to record in association with low fetal weight	Thin, translucent, shiny fragile skin, oedema over snout, domed cranium, apparent change in size of eye bulge, non-eruption of incisors, poorly defined digits, apparently larger genital papilla, difficulty in determining external sex. Lungs not expanded, kidney - dilated pelvis/ureters, testes high, pronounced umbilical vessels [Check day of PM if whole litter affected]	maybe a TA effect. skels delayed oss. V.S: smaller organs Eye may look large - internal seen but looks normal.
What might you find in association with high fetal weight	May be oedematous, thick skin, eruption of incisors [Check day of PM if whole litter affected]	Tend to look Normal, just bigger
Dilated major blood vessel (aorta, pulmonary trunk)	<u>Narrow/absent</u> /malpositioned major blood vessel (aorta, <u>pulmonary trunk</u>), <u>ventricular septal defect</u> , malrotated heart, abnormal lung lobation, fluid in thoracic/abdominal cavities/oedema	common truncus looks like large dilated aorta

Awareness of importance of communication lines as reaction to unusual findings

Question	Acceptable Response	Response
What would you do if you had never seen a finding before? What would you do if you were unsure how to describe an observation?	Describe what is seen, discuss/review findings with colleagues, refer to recognition levels/ <u>user manuals</u> / <u>training</u> / <u>reference material</u> /background data	Discuss with other members, go with what was trained. get consensus. malformations: receive verbal consultation from the senior experience members

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Additional comments

None