Appendix 1

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| These are examples of ergonomic evaluation forms to use in services. These may be modified locally if some sections are not relevant or additional information needs to be collected. | | | | | | | | |
| **NHSBSP equipment evaluation form 6: Mammographer observations and findings** | | | | | |  |  | |
| A copy of this form should be completed by each operator, once comfortable with use and operation of the equipment | | | | | | | |  | |
| **Unit:** |  |  |  | **Evaluation centre:** | |  |  | |
| **Name:** | |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | |
|  |  | **Excellent** | **Good** | **Average** | **Satisfactory** | **Poor** | **Comments** | |
| 1 | How do you rate the unit’s ease of use? |  |  |  |  |  |  | |
| 2 | Are the X-ray exposure times acceptable? | Yes/No |  |  |  |  | (If not, explain – for example, hit backup timer frequently) | |
| 3 | Setting for radiographic views: |  |  |  |  |  |  | |
| 3a | How do you rate the rotation of the support arm? |  |  |  |  |  |  | |
| 3b | How do you rate the visibility of the set angle? |  |  |  |  |  |  | |
| 4 | How do you rate the facility for positioning the height of the breast support table? |  |  |  |  |  |  | |
| 5 | How adequate was the range of movements offered by the unit? |  |  |  |  |  |  | |
| 6 | Effectiveness of brakes/locks: How well did the brakes work? (was there any backlash or movement, for example) |  |  |  |  |  |  | |
| 7 | Suitability of environmental conditions required to use this equipment. |  |  |  |  |  |  | |
| 8 | Compression |  |  |  |  |  |  | |
| 8a | How effective was the compression system? |
| 8b | Visibility of compression force from breast support table? |
| 9 | How comfortable was the system for women? |  |  |  |  |  | Enter any informative comments made by women | |
| 10 | Range of controls and indicators: |  |  |  |  |  |  | |
| 10a | Were all the expected controls present? | Yes/No |  |  |  |  |  | |
| 10b | Were they easy to find and use? | Yes/No |
| 11 | How do you rate the choice of paddles/ collimators supplied for spot compression? |  |  |  |  |  |  | |
| 12 | How do you rate the time for an image to appear at the acquisition workstation? |  |  |  |  |  |  | |
| 13 | How do you rate the image handling and processing facilities at the acquisition workstation? |  |  |  |  |  |  | |
| 14 | How would you rate the overall image quality at the acquisition workstation? |  |  |  |  |  |  | |
| 15 | How easy was it to transfer images to the reporting workstation or to an encrypted hard drive, for example? |  |  |  |  |  |  | |
| 16 | What was your level of confidence in good results from the machine? |  |  |  |  |  |  | |
| 17 | Were there any potentially hazardous areas accessible to: |  |  |  |  |  | Explain if 'Yes' | |
| 17a | You? | Yes/No |
| 17b | The woman? | Yes/No |
| 18 | Equipment cleaning |  |
| 18a | Ease of cleaning the machine? |  |  |  |  |  |  | |
| 18b | Were there instructions in the manual? | Yes/No |  |  |  |  |  | |
| 18c | Does this meet the local Infection Control requirements? | Yes/No |
| 19 | Was all necessary patient and exposure data available on the images? | Yes/No |
| 20 | Did the digital X-ray system performance limit patient throughput? | Yes/No | If no, please explain (e.g. wait between exposures too long) | |
| 21 | Any additional comments on general or imaging performance | | | | | | | |

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|  | **Magnification** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | **Excellent** | **Good** | **Average** | **Satisfactory** | **Poor** | **Comments** |
| 1 | Rate the ease with which the magnification equipment may be attached and removed |  |  |  |  |  |  |
| 2 | Rate the ease of use of the magnification breast support table |  |  |  |  |  |  |

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|  | **Stereo** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 1 | Rate the ease with which stereotactic equipment may be attached and removed. |  |  |  |  |  |  |
| 2 | How easy is it to clean the stereotactic equipment? |  |  |  |  |  |  |
| 3 | How do you rate the ease of rotational movement of the support arm with stereo assembly fitted? |  |  |  |  |  |  |
| 4 | How easy is it to use is the stereo assembly? |  |  |  |  |  |  |
| 5 | Comment on the accuracy of the needle positioning |  |  |  |  |  |  |
| 6 | How would you rate the overall image quality of stereo images on this unit? |  |  |  |  |  |  |
| 7 | How comfortable is this unit for women? |  |  |  |  |  | Please provide comments from the patients where possible |