Vascular Surgery PBA: Carotid Endarterectomy (standard ± patch/shunt)							
Trainee:	Assessor:		Date:				
Assessor's Position*:	Email (institutional):		GMC No:				
Duration of procedure (mins):	Duration of assessme	nt period (mins):	Hospital:				
Operation more difficult than usual? Yes / N reason)	o (If yes, state	[] Tick this box if this PBA was performed in a Simulated setting .					

IMPORTANT: The trainee should explain what he/she intends to do throughout the procedure. The Assessor should provide verbal prompts if required, and intervene if patient safety is at risk.

Rating:
N = Not observed or not appropriate
D = Development required
S = Satisfactory standard for CCT (no prompting or intervention required)

	Competencies and Definitions	Rating N/D/S	Comments
I. Cons	sent		
C1	Demonstrates sound knowledge of indications and contraindications including alternatives to standard CEA e.g. medical therapy, stenting or eversion endarterectomy		
C2	Demonstrates awareness of sequelae of operative or non operative management		
C3	Demonstrates sound knowledge of complications of CEA		
C4	Explains the procedure to the patient / relatives / carers and checks understanding		
C5	Explains likely outcome and time to recovery and checks understanding		
II. Pre	operation planning		
PL1	Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies / techniques to deal with these		
PL2	Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account appropriate investigations (e.g. angiograms)		
PL3	Checks materials, equipment and device requirements with operating room staff		
PL4	Ensures the operation site is marked where applicable		
PL5	Checks patient records, personally reviews investigations		
III. Pre	operative preparation		
PR1	Checks in theatre that consent has been obtained		
PR2	Gives effective briefing to theatre team		
PR3	Ensures proper and safe positioning of the patient on the operating table		
PR4	Demonstrates careful preparation of skin of neck		
PR5	Demonstrates careful draping of the patient's operative field, ensuring comfort of patient if awake		
PR6	Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy)		
PR7	Ensures appropriate drugs administered (e.g. cervical block)		
PR8	Arranges for and deploys specialist equipment (e.g. TCD) effectively		
IV. Ex	posure and closure		
E1	Demonstrates knowledge of optimum skin incision anterior to sternomastoid, and approach to carotid artery (ante or retrojugular)		

^{*} Assessors are normally consultants (senior trainees may be assessors depending upon their training level and the complexity of the procedure)

Achieves an adequate exposure through purposeful dissection in correct tissue planes, identifies all structures correctly and supplements LA as required, if patient awake Completes a sound wound repair, with good skin apposition, after careful haemostasis Protects the wound with dressings, splints and drains where appropriate V. Intra operative technique: global (G) and task-specific items (T) Intro) Follows an agreed, logical sequence or protocol for the procedure (Consistently handles tissue well with minimal damage Intro(G) Controls bleeding promptly by an appropriate method Demonstrates a sound technique of knots and sutures/staples Intro(G) Proceeds at appropriately and safely Intro(G) Communicates and responds appropriately to variation e.g. anatomy Intro(G) Communicates clearly and consistently with the scrub nurse Intro(G) Communicates clearly and consistently with the scrub nurse Intro(G) Communicates clearly and consistently with the anaesthetist Intro(T) Retracts internal jugular vein, ligates and divides facial veins (antejugular approach) or slings jugular vein (retrojugular approach) Retracts internal jugular vein to expose common carotid artery and positions retractors to obtain good exposure without damaging veins Intro(T) Continues dissection superiorly to expose both ICA and ECA branches Extends dissection up internal carotid artery to healthy artery (blue sign) and deals safely with any small vessels limiting access at this level Intro(T) Clamps arteries without distortion or undue manipulation of bifurcation Intro(T) Sings arteries without distortion or undue manipulation of bifurcation Clamps arteries in correct sequence (internal carotid first) and observes patient's conscious level or other monitoring (e.g. TCD) to decide whether shunt required Clamps arteries in correct sequence (internal carotid first) and observes
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VI. Post operative management
PM1 Ensures the patient is transferred safely from the operating table to bed
PM2 Constructs a clear operation note
PM3 Records clear and appropriate post operative instructions
PM4 Deals with specimens. Labels and orientates specimens appropriately - NOT APPLICABLE TO THIS PROCEDURE

Global Summary

Level at v	Tick as appropriate	
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1	Unable to perform the procedure, or part observed, under supervision	
Level 2	Able to perform the procedure, or part observed, under supervision	
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)	
Level 4	Competent to perform the procedure unsupervised (could deal with complications that arose)	

Comments by Assessor (including	stre	ngths	and	areas	s for o	devel	opme	ent):			
Comments by Trainee:											
Trainee Signature:							Assessor Signature:				
							3				
Assessor training?	[] No [] Written [] Web/CD [] Workshop										
Time taken for feedback	mins										
	Not at all									Highly	
Trainee satisfaction with PBA	1	2	3	4	5	6	7	8	9	10	
Assessor satisfaction with PBA	1	2	3	4	5	6	7	8	9	10	