

# Vascular Surgery PBA: Thoracoscopic Sympathectomy

Trainee:	Assessor:	Date:
Assessor's Position*:	Email (institutional):	GMC No:
Duration of procedure (mins):	Duration of assessment period (mins):	Hospital:
Operation more difficult than usual? Yes / No (If yes, state reason)		<input type="checkbox"/> Tick this box if this PBA was performed in a <b>Simulated setting</b> .

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

**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
<b>I. Consent</b>			
C1	Demonstrates sound knowledge of indications and contraindications including alternatives to surgery		
C2	Demonstrates awareness of sequelae of operative or non operative management		
C3	Demonstrates sound knowledge of complications of surgery		
C4	Explains the procedure to the patient / relatives / carers and checks understanding		
C5	Explains likely outcome and time to recovery and checks understanding		
<b>II. Pre operation planning</b>			
PL1	Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies / techniques to deal with these e.g. nutritional status		
PL2	Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account appropriate investigations e.g. x-rays		
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 (including CXR)		
<b>III. Pre operative preparation</b>			
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 skin preparation		
PR5	Demonstrates careful draping of the patient's operative field		
PR6	Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy)		
PR7	Ensures appropriate drugs administered		
PR8	Arranges for and deploys specialist equipment (e.g. i.e. scope, camera and insufflation system) effectively		
<b>IV. Exposure and closure</b>			
E1	Demonstrates knowledge of optimum skin incision / portal / access		
E2	Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly		
E3	Completes a sound wound repair where appropriate		

E4	Protects the wound with dressings, splints and drains where appropriate		
<b>V. Intra operative technique: global (G) and task-specific items (T)</b>			
IT1(G)	Follows an agreed, logical sequence or protocol for the procedure		
IT2(G)	Consistently handles tissue well with minimal damage		
IT3(G)	Controls bleeding promptly by an appropriate method		
IT4(G)	Demonstrates a sound technique of knots and sutures/staples		
IT5(G)	Uses instruments appropriately and safely		
IT6(G)	Proceeds at appropriate pace with economy of movement		
IT7(G)	Anticipates and responds appropriately to variation e.g. anatomy		
IT8(G)	Deals calmly and effectively with unexpected events/complications		
IT9(G)	Uses assistant(s) to the best advantage at all times		
IT10(G)	Communicates clearly and consistently with the scrub team		
IT11(G)	Communicates clearly and consistently with the anaesthetist		
IT12(T)	Demonstrates safe technique for insertion of Verres needle		
IT13(T)	Demonstrates safe technique for introducing first thoracic port		
IT14(T)	Checks that pleural cavity has been entered and there is no lung injury		
IT15(T)	Ensures that lung is collapsed and divides adhesions if required		
IT16(T)	Inserts second port, if required, under direct vision		
IT17(T)	Identifies highest rib		
IT18(T)	Identifies sympathetic chain crossing ribs		
IT19(T)	Selects appropriate levels for sympathectomy (depending on indication)		
IT20(T)	Divides pleura if necessary to expose chain		
IT21(T)	Demonstrates care in identifying chain next to intercostal veins		
IT22(T)	Applies clip or divides chain at upper margin of the selected rib		
IT23(T)	Demonstrates awareness of additional nerve fibres (Nerve of Kuntz) and divides if appropriate		
IT24(T)	Observes re-inflation of lung under direct vision		
IT25(T)	Liaises with anaesthetist to remove port or pleural catheter in full expiration		
IT26(T)	Ensures that one only proceeds with contralateral side after excluding a pleural leak		
<b>VI. Post operative management</b>			
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		
PM5	Arranges post-operative chest X-ray		
PM6	Checks X-ray for pneumothorax and position of clips (if applied)		

### Global Summary

Level at which completed elements of the PBA were performed on this occasion		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 strengths and areas for development):

