

Vascular Surgery PBA: Thrombo-Embolectomy

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 Simulated setting .	
Complexity (tick which applies, if any)	<input type="checkbox"/> Basic (e.g. straightforward brachial embolectomy) <input type="checkbox"/> Intermediate (e.g. thrombolysis for residual thrombo-embolus) <input type="checkbox"/> Advanced (e.g. popliteal embolectomy and vein patch repair)	
Subtype (tick which applies, if any)	<input type="checkbox"/> Involved vessel: (circle one) Femoral - Popliteal - Brachial - Other	

* 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
I. Consent			
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		
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. 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		
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 skin preparation		
PR5	Demonstrates careful draping of the patient's operative field, ensuring that extremity can be inspected		
PR6	Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy)		
PR7	Ensures appropriate drugs administered (e.g. antibiotics)		
PR8	Arranges for and deploys specialist equipment (e.g. image intensifiers) effectively		

IV. Exposure and closure			
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		
V. Intra operative technique: global (G) and task-specific items (T)			
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 (e.g. heparinisation)		
IT12(T)	Displays and controls target vessel and relevant branches		
IT13(T)	Makes suitable arteriotomy in target vessel (appropriate orientation and size)		
IT14(T)	Assesses inflow by easing sling or clamp		
IT15(T)	Selects appropriate size proximal embolectomy catheter and tests balloon		
IT16(T)	Performs embolectomy of inflow (if necessary) and achieves good forward bleeding		
IT17(T)	Flushes inflow with heparinised saline		
IT18(T)	Selects appropriate size outflow embolectomy catheter and tests balloon		
IT19(T)	Performs embolectomy of outflow and achieves good back bleeding		
IT20(T)	Flushes outflow with heparinised saline		
IT21(T)	Performs completion arteriogram if appropriate		
IT22(T)	Closes arteriotomy with sound eversion technique by direct closure or with vein patch		
IT23(T)	Releases clamps in correct sequence: main outflow back bled first and released last		
IT24(T)	Ensures there is no narrowing or distortion on completion of arteriotomy		
IT25(T)	Considers performing fasciotomy if appropriate		
IT26(T)	Checks distal perfusion prior to skin closure		
VI. Post operative management			
PM1	Ensures the patient is transferred safely from the operating table to bed		
PM2	Constructs a clear operation note and documents pulse status		
PM3	Records clear and appropriate post operative instructions regarding observations and anticoagulation		
PM4	Deals with specimens. Labels and orientates specimens appropriately - NOT APPLICABLE TO THIS PROCEDURE		
PM5	Sends thrombo-embolus for histology/microbiology if appropriate		

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):	
Comments by Trainee:	
Trainee Signature:	Assessor Signature:

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