

Vascular Surgery PBA: Ilio-Fem, Fem-Fem or Axillo-Fem Bypass

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 .

* 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		
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. 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		
*	INFLOW ANASTOMOSIS (contralateral iliac or femoral; ipsilateral iliac; or axillary artery)		
IT12(T)	Displays and controls inflow vessel and confirms inflow site		
IT13(T)	Creates tunnel for graft without damage to adjacent structures		
IT14(T)	Makes suitable arteriotomy at inflow site after asking anaesthetist to give heparin		
IT15(T)	Confirms good inflow and performs endarterectomy or extends arteriotomy, if required		
IT16(T)	Selects appropriate size and type of graft and shapes it appropriately		
IT17(T)	Tunnels graft and without twisting or kinking (before or after inflow anastomosis)		
IT18(T)	Performs anastomosis with sound eversion technique using appropriate suture		
IT19(T)	Ensures there is no narrowing or distortion on completion of anastomosis		
*	FEMORAL ANASTOMOSIS (exposure may be done before inflow anastomosis)		
IT20(T)	Displays and controls femoral vessels and confirms outflow site		
IT21(T)	Makes suitable arteriotomy at selected outflow site		
IT22(T)	Confirms good outflow and performs endarterectomy or extends arteriotomy, if required		
IT23(T)	Cuts graft to correct length and shape to ensure no redundancy, tension or distortion		
IT24(T)	Performs anastomosis with sound eversion technique using appropriate suture		
IT25(T)	Flushes graft well to ensure good inflow before completing anastomosis		
IT26(T)	Ensures there is no narrowing or distortion on completion of anastomosis		
IT27(T)	Removes clamps in collaboration with anaesthetist		
IT28(T)	Checks that recipient and donor limb pulses are palpable		
IT29(T)	Carries out check of graft function if indicated (e.g. duplex or arteriogram)		
IT30(T)	Completes haemostasis and recognises need to correct any associated coagulopathy		
IT40(T)	Checks foot (and hand) perfusion before completing operation		
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		

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	

