

Vascular Surgery PBA: Thoracic Outlet Decompression

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 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		
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 supporting equipment (e.g. ensures that thoracotomy, tray is available if required)		
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		
*	Supra-clavicular approach		
IT12(T)	Demonstrates supra-clavicular nerves and preserves if appropriate		
IT13(T)	Demonstrates dissects and reflects scalene fat pad		
IT14(T)	Demonstrates scalenus anterior muscle and phrenic nerve		
IT15(T)	Demonstrates brachial plexus components and subclavian artery		
IT16(T)	Identifies cervical rib or bands (if present) and scalene tubercle		
IT17(T)	Demonstrates awareness of proximity of thoracic duct if left-sided procedure		
IT18(T)	Slings subclavian artery without damage to artery or underlying vein		
IT19(T)	Divides scalene muscles and preserves phrenic nerve		
IT20(T)	Exposes rib(s) posteriorly and anteriorly without damage to adjacent structures		
IT21(T)	Reflects pleura and protects lung if pleura breached		
IT22(T)	Excises rib(s) and nibbles bone ends back leaving no jagged edges. Is aware of need for additional infraclavicular incision in some cases for anterior excision		
IT23(T)	Ensures nerves and vessels are free from bone ends		
IT24(T)	Closes wound over a vacuum drain to allow full lung expansion if pleura entered		
*	Trans-axillary approach		
IT25(T)	Pays special attention to positioning to avoid traction on the brachial plexus and applies supportive bandaging to secure limb		
IT26(T)	Takes dissection down to chest wall before approaching upper axilla		
IT27(T)	Preserves or divides intercosto-brachial nerve as appropriate		
IT28(T)	Ligates and divides supreme intercostal vessels before elevating upper limb		
IT29(T)	Thoroughly demonstrates anatomy before beginning resection		
IT30(T)	Divides scalenus anterior well above first rib, protecting vessels and nerves, followed by scalenus medius and subclavius.		
IT31(T)	Divides intercostal muscles and gently reflects pleura with swab		
IT32(T)	Divides costo-chondral junction followed by proximal shaft whilst protecting T1 root		
IT33(T)	Nibbles back anterior stump to cartilage, and posterior stump to 1-2 cm behind T1 root		
IT34(T)	Checks neurovascular structures are free of compression and are intact		
IT35(T)	Ensures haemostasis		
IT36(T)	Closes the wound over a vacuum drain and infiltrates with local anaesthetic		
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		
PM5	Arranges post-operative chest X-ray		

