

# Vascular Surgery PBA: VVs - Redo: SFJ ligm ± Strip ± Avulsions

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 in particular the merits of various endovenous techniques and conservative management		
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. Discussion should include detailed knowledge of pre-operative duplex scan		
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 and accurate marking of varicose veins with an indelible marker		
PL5	Checks patient records, personally reviews investigations		
PL6	Considers the need for groin exploration based on duplex findings		
PL7	Considers VTE risk in patient and need for prophylaxis		
<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 and use of Trendelenberg position		
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 are administered		
PR8	Arranges for and deploys specialist equipment (e.g. tourniquet) 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 that conforms to groin skin crease		
<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)	Uses a safe dissection technique to prevent damage to major neuro-vascular structures		
IT13(T)	Ligates and divides any tortuous veins (diathermy permissible for small veins)		
IT14(T)	Identifies common femoral vein lying medial to artery above and below SFJ		
IT15(T)	Completes dissection to isolate SFJ without damage to CFV		
IT16(T)	Ligates, transfixes or oversews SFJ without damage to CFV		
IT17(T)	Identifies LSV, if present (by passing stripper up from knee if necessary)		
IT18(T)	Strips LSV to knee, if intact		
IT19(T)	Avulses all marked VVs using an atraumatic hook technique via small stab incisions		
IT20(T)	Applies compression bandage if appropriate.		
<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		

## 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:
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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