

Vascular Surgery PBA: VVs - SFJ Ligation +/- Strip LSV +/- 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 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 (e.g. conservative, sclerotherapy etc)		
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. duplex scans		
PL3	Checks materials, equipment and device requirements with operating room staff		
PL4	Ensures the VVs are marked accurately with an indelible marker		
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 - NOT APPLICABLE TO THIS PROCEDURE		
PR8	Arranges for and deploys specialist equipment (e.g. image intensifiers) effectively		
IV. Exposure and closure			
E1	Demonstrates knowledge of optimum skin incision to expose SFJ		
E2	Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly		

E3	Completes a sound wound repair with good skin apposition		
E4	Protects the wound with dressing that conforms to groin skin crease		
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 knotting, suturing or stapling		
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 and asks for help if required		
IT10(G)	Communicates clearly and consistently with the scrub nurse		
IT11(G)	Communicates clearly and consistently with the anaesthetist		
IT12(T)	Positions self-retaining retractor to expose the proximal LSV without damage		
IT13(T)	Ligates and divides second order tributaries (diathermy permissible for small tributaries)		
IT14(T)	Identifies clearly saphenofemoral junction through cribriform fascia		
IT15(T)	Divides long saphenous vein between clips, or ligates, after identification of SFJ		
IT16(T)	Inspects SFJ to ensure no missed tributaries		
IT17(T)	Flush ligation or transfixion of SFJ (\pm closure of cribriform fascia)		
IT18(T)	Passes stripper down LSV and strips LSV using the preferred local technique		
IT19(T)	Avulses all marked VVs using an atraumatic hook technique via small stab incisions		
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		

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