

Neurosurgery PBA: Craniotomy & evacuate traumatic subdural haematoma

APPROVED SURGICAL TEMPLATE Jun 06 updated 10.07

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 conservative 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		
C6	Understands principles of assent for adults without capacity		
II.	Pre operative planning		
PL1	Demonstrates recognition of anatomical, physiological 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 and considers results		
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 and ensures they are complete		
III.	Pre operative preparation		
PR1	Checks in theatre that consent has been obtained (but does not delay if not)		
PR2	Gives effective briefing to theatre team		
PR3	Ensures proper and safe positioning of the patient on the operating table (with head supported and elevated appropriately, ensures spinal protection)		
PR4	Demonstrates careful skin preparation - following head shave (in trauma)		
PR5	Demonstrates careful draping of the patient's operative field		
PR6	Ensures general equipment and materials are deployed safely (e.g. urinary catheter, bipolar, microscope)		

Competencies and Definitions		Rating N/D/S	Comments
PR7	Ensures appropriate drugs administered by anaesthetist (phenytoin, mannitol, etc)		
PR8	Arranges for and deploys specialist equipment (e.g. Cell saver etc) effectively		
IV.	Exposure and closure		
E1	Demonstrates knowledge of optimum skin incision / portal / access		
E2	Achieves an adequate exposure through purposeful dissection through layers and identifies all landmarks, calvarial fractures etc correctly		
E3	Completes a sound wound closure 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 trauma		
IT3(G)	Controls bleeding points 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, understands time is of the essence		
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)	Makes good use of assistance with appropriate teaching		
IT13 (T)	Demonstrates sound knowledge of operative anatomy, rapid access to subdural plane and likely source/location of haemorrhage		
IT14 (T)	Deploys appropriate techniques and manoeuvres if brain swollen beneath dural		
IT15 (T)	Takes appropriate action if haemostasis a problem (extend craniotomy, haemostatic agents, etc		
IT16 (T)	Uses microscope to ensure high resolution of bleeding points		
IT17 (T)	Uses ICP monitor if necessary – discusses pros & cons		
IT18 (T)	Considers leaving bone flap out if brain swollen ++		
IT19 (T)	Appropriately considers excision of macerated brain tissue and/or lobectomy to help control ICP		
IT20 (T)	Demonstrates ability to tailor surgical manoeuvres in accordance with poor physiological reserve, futility if injury catastrophic, etc		
IT21 (T)	Deploys techniques to ensure haemostasis (e.g. Valsalva, elevating arterial pressure, etc) prior to closure		
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. Notifies lab etc.		
PM5	Performs thorough post operative assessment including awareness and management of other injuries and co-morbidities		

Global summary

Level at which completed elements of the PBA were performed on this occasion	Tick as appropriate
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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