## Neurosurgery PBA: Insertion of external ventricular drain (EVD)

APPROVED SURGICAL TEMPLATE Jun 06 updated 10.07

Trainee:	Assessor:		Date:			
Assessor's Position*:	Email (institutio	nal):	GMC No:			
Duration of procedure (mins):	Duration of ass	sessment period (mins):	Hospital:			
Operation more difficult than usual? Yes / (If yes, state reason)	No	Tick this box if this PBA was performed in a <b>Simulated</b> 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
Ι.	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		
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. diathermy, microscope)		
PR7	Ensures appropriate drugs administered by anaesthetist		
PR8	Arranges for and deploys specialist equipment (e.g. image intensifiers) effectively		

PBA Assessment: Produced by OCAP, OpComp & the SAC for Neurosurgery 1/3

	Competencies and Definitions	Rating N/D/S	Comments
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 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		
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 detailed knowledge of anatomical landmark to facilitate rapid access and placement of catheter in ventricle (trajectory & depth)		
IT14 (T)	Demonstrates familiarity with the use of stereotaxy and image guidance to accurately place catheter at first attempt within ventricle Takes appropriate steps if unable to gain access at first attempt – and recognises when		
IT15 (T)	to abort further attempts		
IT16 (T)	Obtains CSF for laboratory analysis		
IT17 (T)	Follows techniques to reduce risk of infection (tunnelling catheter, securing at three points, etc)		
IT18 (T)	Describes techniques of securing access in post operative period		
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. Performs thorough post operative assessment including awareness and management of		
PM5	other injuries and co-morbidities Gives clear instruction to team members in the technique of barbotage when instilling		
PM6	drugs, antibiotics etc.		
GIODALS	summary		Ticker
	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		PP SPIELS
Level 0	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)		

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									Higl	hly		
Trainee satisfaction with PBA Assessor satisfaction with PBA		1 1 🗌	2 🗌 2 🗌	3 🗌 3 🗌	4 🗌 4 🗌	5 🗌 5 🗌	6 🗌 6 🗌	7 🗌 7 🗌	8 🗌 8 🗌	9 9		) )