**PBA 6: Pterional Approach to ICA**

|  |  |  |
| --- | --- | --- |
|  **Trainee:** | **Assessor:** | **Date:** |
|  **Start time:** | **End time:** | **Duration:** |
|  **Operation more difficult than usual? Yes / No (If yes, state reason)** |

| Competencies and Definitions  | ScoreN / U / S |  Comments |
| --- | --- | --- |
|  | Consent |  |  |
| C1 | Demonstrates sound knowledge of indications and contraindications |  |  |
| C2 | Demonstrates awareness of sequelae of operative or non-operative management |  |
| C3 | Demonstrates sound knowledge of complications of surgery |  |
| C4 | Explains the perioperative process to the patient and/or relatives or carers and checks understanding |  |
| C5 | Explains likely outcome and time to recovery and checks understanding |  |
|  | Pre operative 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, USG, ICG, Stereotaxy  |  |
| PL3 | Checks materials, equipment and device requirements with operating room staff (eg. aneurysm clips, retractors etc) |  |
| PL4 | Ensures the operative site is marked where applicable |  |
| PL5 | Checks patient records, personally reviews investigations (CT angiogram or DSA in particular)  |  |
|  | 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 | Ensures proper and safe positioning of the patient’s head |  |
| PR5 | Ensures proper and safe positioning of headpins in cases where Mayfield head clamp is being used |  |
| PR6 | Checks the positioning of all the body parts of the patient |  |
| PR7 | Demonstrates careful skin preparation |  |
| PR8 | Demonstrates careful draping of the patient’s operative field |  |
| PR9 | Ensures supporting equipment and materials are deployed safely and appropriate drugs administered (e.g. catheter, diathermy)  |  |
| PR10 | Ensures appropriate drugs administered (eg. antibiotics, mannitol)  |  |
| PR11 | Arranges for and deploys specialist supporting equipment (e.g. Image intensifier, IOM) effectively  |  |
|  | Exposure and closure |  |  |
| E1 | Demonstrates knowledge of optimum skin incision / portal / access |  |  |
| E2 | Plans the appropriate craniotomy / burr hole(s) |  |
| E3 | Achieves an adequate exposure through purposeful dissection. Identifies and protects all surrounding structures |  |
| E4 | Closes the dura sensibly and carefully |  |
| E5 | Completes a sound wound repair where appropriate |  |
| E6 | Protects the wound with dressings, splints and drains where appropriate |  |

| Competencies and Definitions  | ScoreN / U / S |  Comments |
| --- | --- | --- |
|  | Intra Operative Technique |  |  |
| IT1 | Follows an agreed, logical sequence or protocol for the procedure |  |  |
| IT2 | Consistently handles tissue well with minimal damage |  |
| IT3 | Controls bleeding promptly by an appropriate method  |  |
| IT4 | Demonstrates a sound technique of knots and sutures / staples |  |
| IT5 | Uses instruments appropriately and safely |  |
| IT6 | Proceeds at appropriate pace with economy of movement  |  |
| IT7 | Anticipates and responds appropriately to variation e.g. anatomy |  |
| IT8 | Deals calmly and effectively with unexpected events/complications |  |
| IT9 | Uses assistant(s) to the best advantage at all times |  |
| IT10 | Communicates clearly and consistently with the scrub team |  |
| IT11 | Communicates clearly and consistently with the anesthetist |  |
| IT12 | Elevates scalp flap and protects the frontal branch of the facial nerve |  |
| IT13 | Drills key burr hole +/- other burr holes as appropriate and creates an adequate craniotomy |  |
| IT14 | Takes down sphenoid ridge as appropriate |  |
| IT15 | Hitches and opens dura mater in safe and efficient manner |  |
| IT16 | Splits the Sylvian fissure carefully with preservation of sylvian veins |  |
| IT17 | Appreciates and dissects the cisterns and recognizes the content (ICA, MCA, ACA, optic nerve, 3rd nerve) |  |
|  | 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 |  |

**N = Not observed or not appropriate**

**U = Unsatisfactory**

**S = Satisfactory**

**Global Summary (based on the observed/relevant parts of this procedure only)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Tick asappropriate | Comments |
| Level 0 | Insufficient evidence observed to support a judgment |  |  |
| Level 1 | Unable to perform the entire procedure under supervision |  |  |
| Level 2 | Able to perform the procedure under supervision |  |  |
| Level 3 | Does not usually require supervision but may need help occasionally |  |  |
| Level 4 | Competent to perform the procedure unsupervised (can deal with complications) |  |  |

**Signatures:**

|  |  |  |
| --- | --- | --- |
| **Trainee:** | **Consultant:** | **Other:** |