

Cardiopulmonary Bypass Assessment
Aortic Cannulation

Date _____

Resident _____ Year of training _____

Evaluator _____ Time to completion _____

Aortic cannulation assessment—rating scale:

Components of performance rating scale

- | | |
|--|-----------|
| 1. Assess aorta for suture placement/cannulation
(palpate aorta, assess for calcification, adequate BP for suture placement) | 1 2 3 4 5 |
| 2. Needle angles
(proper angle to permit needle point to puncture orthogonal to tissue plane; consider depth of field, limits of access, and space constraints) | 1 2 3 4 5 |
| 3. Needle removal from aorta
(follow curve of the needle to minimize tissue trauma) | 1 2 3 4 5 |
| 4. Depth of bite
(proper depth of entry and exit points; proper and consistent depth of needle and suture) | 1 2 3 4 5 |
| 5. Suture advance and spacing
(proper distance of suture travel in aorta, even spacing; consistent distance from previous bite) | 1 2 3 4 5 |
| 6. Control of scalpel
(proper orientation relative to aorta; proper size of aortotomy) | 1 2 3 4 5 |
| 7. Cannula placement
(proper orientation of bevel; hold close to tip, proper insertion depth) | 1 2 3 4 5 |
| 8. Securing cannula and knot-tying
(adequate tension, facility; follow for finger and hand to secure knots, not too loose or tight) | 1 2 3 4 5 |

Definitions:

- 5. Excellent: able to accomplish goal without hesitation, showing excellent progress and flow
- 4. Good: able to accomplish goal deliberately, with minimal hesitation, showing good progress and flow
- 3. Average: able to accomplish goal with hesitation, discontinuous progress and flow
- 2. Below average: able to partially accomplish goal with hesitation
- 1. Poor: unable to accomplish goal; marked hesitation

Cardiopulmonary Bypass Assessment
Venous/Atrial Cannulation

Date _____

Resident _____ **Year of training** _____

Evaluator _____ **Time to completion** _____

Venous cannulation assessment—rating scale:

Components of performance rating scale

- | | |
|--|-----------|
| 1. Assess atrium for suture placement/cannulation
(atrial appendage identified, away from RCA) | 1 2 3 4 5 |
| 2. Needle angles
(proper angle to permit needle point to puncture orthogonal to tissue plane; consider depth of field, limits of access, and space constraints) | 1 2 3 4 5 |
| 3. Needle removal from tissue
(follow curve of the needle to minimize tissue trauma) | 1 2 3 4 5 |
| 4. Depth of bite
(proper depth of entry and exit points; proper and consistent depth of needle and suture) | 1 2 3 4 5 |
| 5. Suture advance and spacing
(proper distance of suture travel in atrium, even spacing; consistent distance from previous bite) | 1 2 3 4 5 |
| 6. Control of scissors
(orientation, cut trabeculations, size of atriotomy) | 1 2 3 4 5 |
| 7. Cannula placement
(orientation, proper depth) | 1 2 3 4 5 |
| 8. Securing cannula and knot-tying
(adequate tension, facility; follow for finger and hand to secure knots, not too loose or tight) | 1 2 3 4 5 |

Definitions:

- 5. Excellent: able to accomplish goal without hesitation, showing excellent progress and flow
- 4. Good: able to accomplish goal deliberately, with minimal hesitation, showing good progress and flow
- 3. Average: able to accomplish goal with hesitation, discontinuous progress and flow
- 2. Below average: able to partially accomplish goal with hesitation
- 1. Poor: unable to accomplish goal; marked hesitation