**PBA: Tracheostomy**

**PROCEDURE-BASED ASSESSMENT IN OTORHINOLARYNGOLOGY**

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| Trainee: | Assessor: | Date: |
| Year of Training: | Hospital:  | Duration: |
| Operation more difficult than usual? Yes / No (If yes, state reason)  |

***Feedback***

*Verbal and written feedback is a mandatory component of this assessment. Please use this space to record areas of strength and suggestions for development which were highlighted during discussion with the trainee.*

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| **TRAINEE’S REFLECTIONS** |
| Trainee reflections on this activity |  |
| What did I learn from this experience? |  |
| What did I do well? |  |
| What do I need to improve or change? How will I achieve it? |  |
| Trainee comments |  |

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| **ASSESSOR’S FEEDBACK** |
| General |  |
| Strengths |  |
| What did the trainee do well? |  |
| Development needs |  |
| Recommended actions |  |

***Rating***

*N=Not observed / I=Improvement required / S=Satisfactory / A=Above Average / E=Excellent / NA=Not applicable*

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| Competencies | RatingN / I / S / A / E / NA | Comments |
| I. | **Pre-operative planning** |  |  |
| 1 | Reviews patient’s record and investigation results carefully |  |  |
| 2 | Assesses patient’s anatomical variation and recognizes any potential difficulties |  |  |
| 3 | Liaises with anaesthetist for appropriate airway management plan  |  |  |
| 4 | Selects suitable instruments and equipment, taking into account appropriate investigations e.g. x-rays, CT neck |  |  |
| 5 | Cross-checks with operation staff as regards the equipment, instruments and materials required |  |  |
| II. | **Pre-operative preparation** |  |  |
| 1 | Checks in theatre that informed consent has been properly obtained |  |  |
| 2 | Gives effective briefing to theatre team |  |  |
| 3 | Ensures proper and safe positioning of the patient on the operating table |  |  |
| 4 | Demonstrates careful skin preparation and draping of the patient’s operative field |  |  |
| 5 | Ensures general equipment and materials are deployed safely (e.g. endoscope, diathermy, operative energy source) |  |  |
| 6 | Ensures appropriate drugs administered |  |  |
| 7 | Ensures appropriate type and size of tracheostomy tubes available |  |  |
| III. | **Intra-operative technique** |  |  |
| 1 | Demonstrates knowledge of optimal skin incision |  |  |
| 2 | Achieves adequate exposure through dissection of correct fascial planes and identifies structures correctly |  |  |
| 3 | Follows an agreed, logical sequence or protocol for the procedure |  |  |
| 4 | Consistently handles tissue well with minimal damage |  |  |
| 5 | Uses instruments appropriately and safely |  |  |
| 6 | Proceeds at appropriate pace with economy of movement |  |  |
| 7 | Demonstrates good techniques in knots tying |  |  |
| 8 | Anticipates and responds appropriately to variation e.g. anatomy |  |  |
| 9 | Deals calmly and effectively with unexpected events or complications |  |  |
| 10 | Controls bleeding promptly by an appropriate method |  |  |
| 11 | Transects or retracts the thyroid isthmus as appropriate |  |  |

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| 12 | Coordinates and cooperates well with the anaesthetist and the scrub team at the time of tracheal incision with scalpel and tracheostomy tube insertion |  |  |
| 13 | Inserts tracheostomy tube properly with the help of tracheal dilator and avoids false tract creation |  |  |
| 14 | Communicates clearly and consistently with the scrub team |  |  |
| 15 | Communicates clearly and consistently with the anaesthetist |  |  |
| 16 | Uses assistant(s) to the best advantage at all times |  |  |
| 17 | Asks mentor for help where appropriate |  |  |
| 18 | Confirms haemostasis before wound closure |  |  |
| 19 | Performs a sound wound repair |  |  |
| 20 | Protects the wound with dressing and ensures tracheostomy tube anchored securely |  |  |
| IV. | **Post-operative management** |  |  |
| 1 | Ensures the patient is transferred safely from the operating table to bed |  |  |
| 2 | Constructs a clear operation note |  |  |
| 3 | Records clear and appropriate post-operative instructions |  |  |
| 4 | Assesses patient in ward, watches out for any complications and takes appropriate postoperative care (e.g. wound care, change tube) |  |  |
| 5 | Maintains a good rapport with patient and relative, willing to communicate with them the progress and answering their questions, full explanation of the operative finding and appropriate referral to other specialties if necessary |  |  |

**N.B.** *\*Assessors are normally trainers, associate consultants, consultants or professor.*

 *\*The trainee should explain what he / she intends to do throughout the procedure. The Assessor should provide verbal advice, if required, and intervene if patient safety is at risk.*

***Overall Rating*** *(tick as appropriate)*

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| Level 1 – Can do with assistance | 🞎 | Comments: |
| Level 2 – Competent to do independently | 🞎 |  |
| Level 3 – Manage to complete complex case | 🞎 |  |
| and deal with complications |  |  |

***Signatures***

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| Trainee: | Assessor: |