**PBA: Tonsillectomy**

**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** | **Rating** N / I / S / A / E / NA  | **Comments**  |
| **I.**  | **Pre-operative planning**  |  |  |
| 1  | Reviews patient’s record and indication(s) for operation  |   |   |
| 2  | Assesses patient’s anatomical variation and recognise any potential difficulties (e.g. cervical spine status, temporomandibular joint condition) |   |   |
| 3  | Liaises with anaesthetist for appropriate airway management plan |   |   |
| 4  | Selects suitable instruments and equipment |   |   |
| 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 operative field  |   |   |
| 5  | Ensures general equipment and materials are deployed safely (e.g. catheters, diathermy, operative energy source)  |   |   |
| 6  | Ensures appropriate drugs administered  |  |  |
| 7 | Assesses dental condition and identifies teeth at risk of dislodgement |   |   |
| **III.**  | **Intra-operative technique**  |  |  |
| 1  | Achieves adequate exposure of oropharynx with optimal use of mouth gag and suspension system |   |   |
| 2  | Ensures airway protection with throat pack insertion |   |   |
| 3 | Dissects at correct fascial planes and identifies structures correctly |  |  |
| 4  | Follows an agreed, logical sequence or approach for the procedure  |   |   |
| 5  | Consistently handles tissue well with minimal damage  |   |   |
| 6  | Uses instruments appropriately and safely  |   |   |
| 7  | Proceeds at appropriate pace with economy of movement  |   |   |
| 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  |   |   |

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| 11  | Communicates clearly and consistently with the scrub team |   |   |
| 12  | Communicates clearly and consistently with the anaesthetist |   |   |
| 13  | Uses assistant(s) to the best advantage at all times |   |   |
|  14 Asks mentor for help where appropriate |   |   |
|  15 Ensures haemostasis  |   |   |
|  16 Performs nasopharyngeal suction before withdrawal of instruments |   |   |
|  17 Removes the throat pack at the end of operation |   |   |
|  18 Reassesses dental condition and identifies any injury to teeth |   |   |
|  19 Reassesses the temporomandibular joint and reduces subluxation or dislocation if necessary  |   |   |
|  20 Reassesses the cervical spine condition |   |   |
|  |  |  |
| **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 (e.g. patient positioning) |   |   |
| 4 Deals with specimens appropriately if applicable  |   |   |
| 5 Assesses patient in ward, watches out for any complications (e.g. haemorrhage, pain) and takes appropriate postoperative care (e.g. haemostasis, analgesia)  |   |   |
| 6 Maintains a good rapport with patient and relative, willing to communicate with them the progress and answering their questions, full explanation of the pathologic finding and appropriate postoperative care 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:  |