**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: |