

PBA: Parotidectomy

PROCEDURE-BASED ASSESSMENT IN OTORHINOLARYNGOLOGY

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.

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	

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

Competencies	Rating N / I / S / A / E / NA	Comments
I. Pre-operative planning 1 Reviews patient's record and investigation results carefully 2 Identifies location of lesion and recognizes any anatomical variation 3 Ensures skin marking of operation site where applicable 4 Selects suitable instruments and equipment, taking into account appropriate investigations e.g. cross-sectional imaging 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. catheter, diathermy, operative energy source) 6 Ensures appropriate drugs administered 7 Arranges for and deploys specialist equipment (e.g. nerve monitors, microscope) effectively		
III. Intra-operative technique 1 Demonstrates knowledge of optimal skin incision 2 Achieves adequate exposure through dissection of correct fascial plane (subSMAS layer) 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/application of clips 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 Mobilizes the parotid gland adequately from tragal cartilage, sternocleidomastoid muscle and mastoid process		

12	Uses the landmarks for facial nerve identification (tragal cartilage pointer, posterior belly of digastric muscle, tympanomastoid suture and root of styloid process)		
13	Identifies and safeguards the main trunk of the facial nerve		
14	Traces and safeguards the necessary branches of facial nerve for tumour resection		
15	Resects the tumour with adequate margins and avoids rupture of the tumour capsule		
16	Communicates clearly and consistently with the scrub team		
17	Communicates clearly and consistently with the anaesthetist		
18	Uses assistant(s) to the best advantage at all times		
19	Asks mentor for help where appropriate		
20	Confirms haemostasis before wound closure		
21	Performs a sound wound repair		
22	Protects the wound with dressing and drains where appropriate		
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	Deals with specimens if applicable, labels and orientates specimens appropriately		
5	Assesses patient in ward, watches out for any complications and takes appropriate postoperative care (e.g. removal of drain, wound care)		
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 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)

Level 1 – Can do with assistance	<input type="checkbox"/>	Comments:
Level 2 – Competent to do independently	<input type="checkbox"/>	
Level 3 – Manage to complete complex case	<input type="checkbox"/>	
and deal with complications		

Signatures

Trainee:	Assessor:
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