**PBA: Laparoscopic Appendicectomy**

**PROCEDURE-BASED ASSESSMENT IN GENERAL SURGERY**

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| Trainee: | Assessor: | Date: |
| Hospital: | Surgery:  | 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 | Demonstrates recognition of signs and symptoms of acute appendicitis |  |  |
| 2 | Demonstrates ability to derive relevant differential diagnosis |  |  |
| 3 | Arranges appropriate investigations |  |  |
| 4 | Anticipates potential surgical difficulties |  |  |
| 5 | Checks patient records, personally reviews investigations |  |  |
| II. | **Pre-operative preparation** |  |  |
| 1 | Checks in theatre that consent has been 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 |  |  |
| 5 | Demonstrates careful draping of the patient’s operative field |  |  |
| 6 | Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy) |  |  |
| 7 | Ensures appropriate drugs administered |  |  |
| III. | **Intra-operative technique** |  |  |
| 1 | Demonstrates knowledge of optimum skin incision / portal / access |  |  |
| 2 | Creates camera port with open technique and enters peritoneum safely |  |  |
| 3 | Completes a sound wound repair where appropriate |  |  |
| 4 | Protects the wound with dressings, splints and drains where appropriate |  |  |
| 5 | Changes patient position to optimise surgical field exposure, e.g. head down, right side up |  |  |
| 6 | Consistently handles tissue well with minimal damage |  |  |
| 7 | Controls bleeding promptly by an appropriate method |  |  |
| 8 | Demonstrates a sound technique of knots and sutures/staples  |  |  |
| 9 | Uses instruments appropriately and safely |  |  |
| 10 | Proceeds at appropriate pace with economy of movement |  |  |
| 11 | Anticipates and responds appropriately to variation e.g. anatomy |  |  |
| 12 | Deals calmly and effectively with unexpected events / complications |  |  |
| 13 | Uses assistant(s) to the best advantage at all times |  |  |
| 14 | Communicates clearly and consistently with the scrub team |  |  |
| 15 | Communicates clearly and consistently with the anaesthetist |  |  |
| 16 | Mobilises appendix safely |  |  |
| 17 | Achieves secure haemostasis of mesoappendix then divides this safely |  |  |
| 18 | Identifies and confirm viability of appendiceal base |  |  |
| 19 | Divides the appendix safely with appendix stump secured |  |  |
| 20 | Recognizes unhealthy appendiceal stump and manages accordingly |  |  |
| 21 | Examines the omentum, terminal ileum and pelvic organs when the appendix is found to be macroscopically normal |  |  |
| 22 | Manages intraperitoneal contamination at end of procedure appropriately |  |  |
| 23 | Decides on the need for peritoneal irrigation and performs irrigation in an appropriate manner |  |  |
| 24 | Decides on the need for drain placement and places the drain in an appropriate manner; anchors drain properly |  |  |
| 25 | Recognises the need for conversion and makes appropriate incision (midline laparotomy / gridiron incision / lens incision) |  |  |
| 26 | Retrieves specimen in endo-bag to avoid wound contamination |  |  |
| 27 | Samples fluid for microbiological study as appropriate |  |  |
| IV. | **Post-operative management** |  |  |
| 1 | Ensures the patient is transferred safely from the operating table to bed with attention to avoid drain dislodgement |  |  |
| 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 | 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)*

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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: |