**PBA: Upper GI - Emergency Gastrectomy (for bleeding or perforation of PU)**

**PROCEDURE-BASED ASSESSMENT IN GENERAL SURGERY**

***Important Note:*** *Trainees are required to submit* ***only one of the 4 PBAs*** *in* ***Emergency Upper GI Surgery*** *and* ***Breast Cancer Surgery****. The minimum number of PBAs to be submitted is 8 during the 4-year training period. Repetition of PBA in Emergency Upper GI Surgery and Breast Cancer Surgery category is allowed only when the minimum number of PBAs has been achieved.*

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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’s 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’s 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*

|  |  |  |  |
| --- | --- | --- | --- |
| Competencies | | Rating  N / I / S / A / E / NA | Comments |
| I. | **Pre-operative planning** |  |  |
| 1 | Review pre-operative diagnosis |  |  |
| 2 | Review indication for operation |  |  |
| 3 | Check records |  |  |
| 4 | Review significant medical disease and medications |  |  |
| 5 | Briefing with anaesthetist, including need for ICU bed |  |  |
|  |  |  |  |
| II. | **Pre-operative preparation** |  |  |
| 1 | Consent (explain alternatives) |  |  |
| 2 | Fluid resuscitation |  |  |
| 3 | Gastric decompression |  |  |
| 4 | Antibiotics |  |  |
| 5 | Other appropriate medications |  |  |
| 6 | Check equipment requirement |  |  |
|  |  |  |  |
| III. | **Intra-operative technique** |  |  |
| 1 | Time out |  |  |
| 2 | Incision |  |  |
| 3 | Entry into abdomen |  |  |
| 4 | Wound protection |  |  |
| 5 | Exposure |  |  |
| 6 | Issue handling |  |  |
| 7 | Kocherization of duodenum |  |  |
| 8 | Making gastrotomy/duodenotomy |  |  |
| 9 | Control of GI content |  |  |
| 10 | Pathology identification |  |  |
| 11 | Plication technique |  |  |
| 12 | Knot tying |  |  |
| 13 | Closure of enterotomy (suture technique) |  |  |
| 14 | Entry into lesser sac |  |  |
| 15 | Separation of transverse colon from stomach |  |  |
| 16 | Control of right gastroepiploeic vessels |  |  |
| 17 | Control of right gastric vessels |  |  |
| 18 | Identification of CBD and protection |  |  |
| 19 | Transection and closure of duodenum |  |  |
| 20 | Use of stapling device |  |  |
| 21 | Control of left gastric vessels |  |  |
| 22 | Control of short gastric vessel |  |  |
| 23 | Transection of stomach |  |  |
| 24 | Identification of DJ junction |  |  |
| 25 | Preparation of proximal jejunum |  |  |
| 26 | B2 Anastomosis |  |  |
| *a.* | *Preparation of proximal jejunum, appropriate orientation and tension* |  |  |
| *b.* | *GJ done by stapling device* |  |  |
| *c.* | *GJ done by free hand* |  |  |
| 27 | RY Anastomosis |  |  |
| *a.* | *Preparation of proximal jejunum and transection of jejunum* |  |  |
| *b.* | *Appropriate orientation and tension* |  |  |
| *c.* | *GJ done by stapling device* |  |  |
| *d.* | *GJ done by free hand* |  |  |
| *e.* | *JJ done by stapling device* |  |  |
| *f.* | *JJ done by free hand* |  |  |
| *g.* | *Closure of mesenteric defect* |  |  |
| *h.* | *Closure of Petersen space* |  |  |
| 28 | Checking of bowel orientation |  |  |
| 29 | Checking of anastomosis |  |  |
| 30 | Haemostats |  |  |
| 31 | Closure of wound |  |  |
| 32 | Use equipment appropriately |  |  |
| 33 | Appropriate instructions to assistants |  |  |
| 34 | Communication with scrub nurse |  |  |
| 35 | Communication with anaesthetist |  |  |
| 36 | Change plan |  |  |
| 37 | Ask for help |  |  |
|  |  |  |  |
| IV. | **Post-operative management** |  |  |
| 1 | Sign out |  |  |
| 2 | Operation record |  |  |
| 3 | Recovery room transfer |  |  |
| 4 | Specimen examination and labelling |  |  |
| 5 | Postoperative order |  |  |
| 6 | 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***

|  |  |
| --- | --- |
| Trainee: | Assessor: |