**PBA: BREAST - Modified Radical Mastectomy**

**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*

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| --- | --- | --- | --- |
| 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. x-rays |  |  |
| 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. image intensifiers) effectively |  |  |
|  |  |  |  |
| III. | **Intra-operative technique** |  |  |
| 1 | Marks tumour and skin incision |  |  |
| 2 | Demonstrates knowledge of optimal skin incision |  |  |
| 3 | Achieves adequate exposure through dissection of correct fascial planes and identifies structures correctly |  |  |
| 4 | Dissects breast tissue from elevated skin flaps |  |  |
| 5 | Exposes and identifies axillary structures including: Axillary vein, intercostobrachial nerve , long thoracic nerve and thoracodorsal nerve prior to removal of specimen |  |  |
| 6 | Mastectomy performed including superficial fascia and retromammary fascia, from sternum to latissimus dorsi muscle, from clavicle to rectus muscle (except Skin Sparing mastectomy or Nipple Sparing mastectomy) |  |  |
| 7 | Follows an agreed, logical sequence or protocol for the procedure |  |  |
| 8 | Consistently handles tissue well with minimal damage |  |  |
| 9 | Uses instruments appropriately and safely |  |  |
| 10 | Proceeds at appropriate pace with economy of movement |  |  |
| 11 | Demonstrates good techniques in knots tying |  |  |
| 12 | Anticipates and responds appropriately to variation e.g. anatomy |  |  |
| 13 | Deals calmly and effectively with unexpected events or complications |  |  |
| 14 | Controls bleeding promptly by an appropriate method |  |  |
| 15 | Communicates clearly and consistently with the scrub team |  |  |
| 16 | Communicates clearly and consistently with the anesthetist |  |  |
| 17 | Uses assistant(s) to the best advantage at all times |  |  |
| 18 | Asks mentor for help where appropriate |  |  |
| 19 | Confirms haemostasis before wound closure |  |  |
| 20 | Inserts appropriate drain(s) |  |  |
| 21 | Performs a sound wound repair |  |  |
| 22 | Protects the wound with dressing |  |  |
| 23 | Inserts orientating suture into specimen/marking of specimen to show orientation of specimen prior to sending to pathology |  |  |
| 24 | Examination of specimen to check for completeness of mastectomy and margin clearance |  |  |
|  |  |  |  |
| 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 | 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: |