**Independent Assessment Form: Transurethral Resection of Bladder Tumour**

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| **Trainee:** | **Assessor:** | **Surgery:** |
| **Hospital:** | **Duration:** |  |
| **Operation more difficult than usual? Yes / No (If yes, state reason)** | | |

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| --- | --- | --- | --- |
| **Competencies** | | **Rating N / F / P/ E** | **Comments** |
| **I.** | **Pre operative planning** |  |  |
| 1 | Recognition of anatomical and pathological abnormalities (and relevant co- morbidities) and selects appropriate operative strategies / techniques to deal with |  |  |
| 2 | Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) |  |
| 3 | Checks materials, equipment and device requirements with operating room staff |  |
| 4 | 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 and draping of the patient’s operative field |  |
| 5 | Ensures general equipment and materials are deployed safely (e.g. catheter, operative energy source) |  |
| 6 | Ensures appropriate drugs administered |  |
| 7 | Arranges for and deploys specialist equipment (e.g. Irrigation system/ monitors) effectively |  |
| **III.** | **Intra operative technique** |  |  |
| 1 | Demonstrates safe passage of instrument per urethra including using dilator/ Otis urethrotome |  |  |
| 2 | Follows an agreed, logical sequence or protocol for the procedure |  |
| 3 | Consistently handles tissue well with minimal damage |  |
| 4 | Controls bleeding promptly by an appropriate method |  |
| 5 | Uses instruments appropriately and safely |  |
| 6 | Proceeds at appropriate pace with economy of movement |  |
| 7 | Anticipates and responds appropriately to variation e.g. anatomy |  |
| 8 | Deals calmly and effectively with unexpected events/complications |  |
| 9 | Demonstrates concept of adequate resection (including resection of tumour bed) |  |
| 10 | Awareness of resection time used |  |
| 11 | Awareness of volume of irrigation fluid used |  |

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| **Competencies** | | **Rating N / F / P/ E** | **Comments** |
| 12 | Communicates clearly and consistently with the scrub team |  |  |
| 13 | Communicates clearly and consistently with the anaesthetist |  |
| 14 | Asks for mentor for help and/or converts to open where appropriate |  |
| 15 | Ensures appropriate termination of the procedure (e.g. catheter placement, Irrigation, Mitomycin C infusion) |  |
| **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. Labels specimens appropriately |  |
| 5 | Checks patient’s postoperative status (e.g. bladder distension, irrigation fluid return and color) |  |

**Rating:**

**N = Not appropriate F = Fail**

**P = Pass**

**E = Excellent**

# Overall Rating

|  |  |  |
| --- | --- | --- |
|  | Tick as appropriate | Comments |
| **Fail** |  |  |
| **Pass** |  |  |
| **Excellent** |  |  |

**Signatures:**

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

N.B.

\*Assessors are normally consultants/ 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.

Reference: Procedure Based Assessment Form/ Intercollegiate Surgical Curriculum Programme