**Independent Assessment Form: Percutaneous Nephrolithotomy**

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| **Trainee:** | **Assessor:** | **Surgery:** |
| **Hospital:** | **Duration:** | **Blood Loss:** |
| **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 | Ensures the operation site is marked |  |
| 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 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/ Laser/ lithoclast, image intensifier) effectively |  |
| **III.** | **Intra operative technique** |  |  |
| 1 | Demonstrates knowledge of optimal positioning for percutaneous renal access |  |  |
| 2 | Follows an agreed, logical sequence or protocol for the procedure |  |
| 3 | Controls bleeding promptly by an appropriate method |  |
| 4 | Uses instruments appropriately and safely with minimal tissue damage |  |
| 5 | Proceeds at appropriate pace with economy of movement |  |
| 6 | Anticipates and responds appropriately to variation e.g. anatomy |  |
| 7 | Deals calmly and effectively with unexpected events/complications |  |
| 8 | Performs cystoscopy and passes appropriate guidewire and ureteric catheter, performs retrograde pyelogram |  |
| 9 | Inserts a urethral catheter and secures the ureteric catheter safely |  |
| 10 | Performs safe re-positioning of the patient (with particular attention to pressure areas) |  |
| 11 | Performs a safe and satisfactory renal access puncture |  |

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| **Competencies** | | **Rating N / F / P/ E** | **Comments** |
| 12 | Performs a safe renal tract dilatation |  |  |
| 13 | Performs a safe and thorough nephroscopy. Performs stone fragmentation and removal by appropriate method (uasage of laser, lithoclast, basket) |  |
| 13 | Awareness of safety precaution in using laser |  |
| 14 | Demonstrates safe use of the image intensifier throughout the procedure |  |
| 15 | Inserts a drainage tube, an antegrade stent or ureteric catheter where appropriate |  |
| 16 | Uses assistant(s) to the best advantage at all times |  |
| 17 | Communicates clearly and consistently with the scrub team |  |
| 18 | Communicates clearly and consistently with the anaesthetist |  |
| 19 | Asks for mentor for help and/or converts to open 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 | Checks patient’s postoperative status (e.g. percutaneous nephrotomy urine amount 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