**PBA: Laparoscopic Cholecystectomy**

**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’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 | Recognises indications of the procedure |  |  |
| 2 | Arranges / reviews relevant investigations |  |  |
| 3 | Considers possibility of co-existing CBD stones, e.g. pre-op ERCP, IOC |  |  |
| 4 | Anticipates potential surgical difficulties |  |  |
| 5 | Checks patient records, personally reviews investigations |  |  |
|  |  |  |  |
| II. | **Pre-operative preparation** |  |  |
| 1 | Checks in theatre that 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 |  |  |
| 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 | Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly |  |  |
| 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 up, 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 | Creates a pneumoperitoneum safely |  |  |
| 17 | Safely inserts an appropriate number of ports |  |  |
| 18 | Achieves proper cranial and lateral fundal retraction |  |  |
| 19 | Dissects cholecystectomy triangle safely |  |  |
| 20 | Demonstrates critical view of safety |  |  |
| 21 | Checks presence of cystic duct stone |  |  |
| 22 | Safely ligates and divides cystic duct and cystic artery |  |  |
| 23 | Recognises the need for conversion |  |  |
| 24 | Recognises indications for operative cholangiogram |  |  |
| 25 | Performs operative cholangiogram safely and interprets radiological findings appropriately |  |  |
| 26 | Carefully mobilises gallbladder off the liver |  |  |
| 27 | Checks hemostasis and bile leak |  |  |
| 28 | Safely extracts gallbladder from a port site |  |  |
|  |  |  |  |
| 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: |