

PBA: Upper GI - Plication of Bleeder for PUD bleeding

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.

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.

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	

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 Clinical diagnosis 2 Radiological diagnosis 3 Endoscopic diagnosis 4 Check records 5 Review indication for operation 6 Review significant medical diseases and medications 7 Briefing with anaesthetist including need for ICU bed		
II. Pre-operative preparation 1 Consent (explain alternatives) 2 Fluid resuscitation 3 Blood and blood component transfusion 4 Gastric decompression 5 Antibiotics 6 Other appropriate medications 7 Check equipment requirement		
III. Intra-operative technique 1 Time out 2 Incision 3 Entry into abdomen 4 Wound protection 5 Exposure 6 Tissue handling 7 Kocherization of duodenum 8 Making gastrotomy 9 Making duodenotomy 10 Pathology identification 11 Control and cleaning of GI content 12 Plication technique 13 Knot tying		

14	Checking for homeostasis	
15	Decompression of GI tract	
16	Closure of enterotomy (suture technique)	
17	Closure of wound	
18	Use equipment appropriately	
19	Appropriate instructions to assistants	
20	Communication with scrub nurse	
21	Communication with anaesthetist	
22	Change plan	
23	Ask for help	
IV. Post-operative management		
1	Sign out	
2	Operation record	
3	Recovery room transfer	
4	Postoperative order	
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)

Level 1 – Can do with assistance	<input type="checkbox"/>	Comments:
Level 2 – Competent to do independently	<input type="checkbox"/>	
Level 3 – Manage to complete complex case	<input type="checkbox"/>	
and deal with complications		

Signatures

Trainee:	Assessor:
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