**PBA: Bowel Resection and Anastomosis**

**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 | RatingN / I / S / A / E / NA | Comments |
| I. | **Pre-operative planning** |  |  |
| 1 | Recognition of anatomical and pathological abnormalities (and relevant co-morbidity) and select appropriate operative strategies/ technique  |  |  |
| 2 | Demonstrates ability to make reasoned choice of appropriate equipment, material and devices |  |  |
| 3 | Checks materials, equipment and device requirement with operating room staff |  |  |
| 4 | Checks patient records, personally reviews investigations |  |  |
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| II. | **Pre-operative preparation** |  |  |
| 1 | Checks in theatre that valid 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 operative field |  |  |
| 5 | Ensures appropriate equipment and material are safely set up and ready to use |  |  |
| 6 | Ensures prescribed drugs are correctly administered |  |  |
| 7 | Ascertains all the specialist equipment are set up properly and ready to use |  |  |
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| III. | **Intra-operative technique** |  |  |
| 1 | Using an appropriate incision to gain access to peritoneal cavity with a proper laparotomy to ascertain the finding or/ Placement of appropriate ports and insertion of laparoscope for diagnostic laparoscopy to ascertain the pathology |  |  |
| 2 | Prompt and appropriate hemostasis to minimise blood loss and ascertains a clear operation field |  |  |
| 3 | Use of appropriate instruments for dissection to ensure careful tissue handling and minimal damage to surrounding tissue |  |  |
| 4 | Appreciation of blood supply to the affected bowel segment and identification of vascular pedicle and its lymphatic supply, and division and ligation of appropriate vessels to ascertain an adequate resection with preservation of blood supply to both resected ends |  |  |
| 5 | Proper control of soiling and use of appropriate anti-septic technique before cutting the bowel, either by stapler or by scalpel and non-crushing clamps |  |  |
| 6 | Performance of anastomosis with sutures or stapler |  |  |
| 7 | Seromuscular approximation of resected end with proper spacing between stitches |  |  |
| 8 | Correct use of stapler, with particular attention to appropriate staple heights and ascertaining good hemostasis after stapling |  |  |
| 9 | Performs leak test to ascertain the tightness of anastomosis while ensuring good blood supply to resected end of bowel |  |  |
| 10 | Final check and closing of potential defects or anchorage of bowel in appropriate position, clearing up blood, peritoneal fluid and/or lavage. |  |  |
| 11 | Proper closure of abdominal wound with sound judgement on selection of appropriate drain if necessary |  |  |
| 12 | Performs operation with appropriate tempo and proceed in accordance with protocol and logical sequence, and change of strategies calmly and effectively should any variation or unanticipated events encountered |  |  |
| 13 | Actively monitor the progress of operation, with willingness to change strategies when operation failed to progress by conversion or involvement of senior, with patient’s safety on top priority |  |  |
| 14 | Actively involved assistant and scrubbed nurse to accomplish various tasks and always give clear and correct instruction throughout the operation |  |  |
| 15 | Good communication and collaboration with anesthesiologist |  |  |
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| IV. | **Post-operative management** |  |  |
| 1 | Ensures safe transfer of patient from operating room to recovery area, with special attention to all drains and catheter inserted |  |  |
| 2 | Attends patient promptly should there be change in condition during recovery period |  |  |
| 3 | Proper documentation of operative procedure in operation record |  |  |
| 4 | Gives clear and appropriate post-operative instructions |  |  |
| 5 | Proper handling of all specimens with labels and annotation |  |  |
| 6 | Follows up the post-operative course of the patient |  |  |
| 7 | Gives clear instruction on management of all drains and tubes, and ascertains their removal in appropriate time sequence |  |  |
| 8 | Monitors the progress of patient and prescribe appropriate drugs, analgesics and intravenous fluid |  |  |
| 9 | Gives appropriate wound care and advice on mobilisation of patients and give correct dietary order according to the progress |  |  |
| 10 | 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: |