

# PBA: BREAST - Modified Radical Mastectomy

## 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

<b>Competencies</b>	<b>Rating</b> N / I / S / A / E / NA	<b>Comments</b>
<b>I. Pre-operative planning</b>		
1 Reviews patient's record and investigation results carefully		
2 Identifies location of lesion and recognizes any anatomical variation		
3 Ensures skin marking of operation site where applicable		
4 Selects suitable instruments and equipment, taking into account appropriate investigations e.g. x-rays		
5 Cross-checks with operation staff as regards the equipment, instruments and materials required		
<b>II. Pre-operative preparation</b>		
1 Checks in theatre that informed 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 and draping of the patient's operative field		
5 Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy, operative energy source)		
6 Ensures appropriate drugs administered		
7 Arranges for and deploys specialist equipment (e.g. image intensifiers) effectively		
<b>III. Intra-operative technique</b>		
1 Marks tumour and skin incision		
2 Demonstrates knowledge of optimal skin incision		
3 Achieves adequate exposure through dissection of correct fascial planes and identifies structures correctly		
4 Dissects breast tissue from elevated skin flaps		
5 Exposes and identifies axillary structures including: Axillary vein, intercostobrachial nerve, long thoracic nerve and thoracodorsal nerve prior to removal of specimen		
6 Mastectomy performed including superficial fascia and retromammary fascia, from sternum to latissimus dorsi muscle, from clavicle to rectus muscle (except Skin Sparing mastectomy or Nipple Sparing mastectomy)		
7 Follows an agreed, logical sequence or protocol for the procedure		
8 Consistently handles tissue well with minimal damage		
9 Uses instruments appropriately and safely		

10	Proceeds at appropriate pace with economy of movement	
11	Demonstrates good techniques in knots tying	
12	Anticipates and responds appropriately to variation e.g. anatomy	
13	Deals calmly and effectively with unexpected events or complications	
14	Controls bleeding promptly by an appropriate method	
15	Communicates clearly and consistently with the scrub team	
16	Communicates clearly and consistently with the anesthetist	
17	Uses assistant(s) to the best advantage at all times	
18	Asks mentor for help where appropriate	
19	Confirms haemostasis before wound closure	
20	Inserts appropriate drain(s)	
21	Performs a sound wound repair	
22	Protects the wound with dressing	
23	Inserts orientating suture into specimen/markings of specimen to show orientation of specimen prior to sending to pathology	
24	Examination of specimen to check for completeness of mastectomy and margin clearance	
<b>IV. Post-operative management</b>		
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)

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 and deal with complications	<input type="checkbox"/>	

**Signatures**

Trainee:	Assessor:
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