

PBA: Septoplasty and Submucosal Resection

PROCEDURE-BASED ASSESSMENT IN OTORHINOLARYNGOLOGY

Trainee:	Assessor:	Date:
Year of Training:	Hospital:	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 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 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 Reviews patient's record and investigation results carefully 2 Identifies location of obstruction and recognizes any anatomical variation. 3 Select a suitable surgical approach (endonasal or external approach) 4 Selects suitable instruments and equipment, and appropriate investigations (e.g. CT scan, Acoustic Rhinometry). Any need of photo documentation for external nasal deformity 5 Cross-checks with operation staff as regards the equipment, instruments and materials required		
II. Pre-operative preparation 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. head light, diathermy, operative energy source) 6 Arranges for and deploys specialist equipment (e.g. endoscopic camera and TV monitor if surgery is endoscopic assisted) effectively 7 Ensures appropriate drugs and local anaesthesia administered		
III. Intra-operative technique 1 Demonstrates knowledge of optimal mucosal incision in septum or skin incision in external approach 2 Achieves adequate exposure through elevation of the mucoperichondrial flaps in the nasal septum 3 Follows an agreed, logical sequence or approach for the procedure 4 Consistently handles tissue well with minimal damage 5 Uses and handles instruments appropriately and safely 6 Proceeds at appropriate pace with economy of movement 7 Demonstrates good techniques in preserving the septal cartilage and removal of septal bone 8 Anticipates and responds appropriately to variation e.g. anatomy 9 Deals calmly and effectively with unexpected events or complications 10 Controls bleeding promptly by an appropriate method		

11	Selects appropriate technique to straighten the septal cartilage		
12	Secures the cartilaginous septum to midline by appropriate method		
13	Aware of the possibility of high septal deviation that may need to address		
14	Communicates clearly and consistently with the scrub team		
15	Communicates clearly and consistently with the anaesthetist		
16	Uses assistant(s) to the best advantage at all times		
17	Asks mentor for help where appropriate		
18	Confirms hemostasis before wound closure		
19	Performs a sound wound repair		
20	Prevents collection of septal hematoma by appropriate skill (quilting sutures or nasal packing)		
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	Decides the timing of removal of nasal packing		
5	Assesses patient in ward, watches out for any complications and takes appropriate postoperative care (e.g. removal of nasal packing, wound care)		
6	Maintains a good rapport with patient and relative, willing to communicate with them the progress and answering their questions; full explanation of the intraoperative finding and appropriate postoperative care 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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