# Performance-based Assessments Level 1-3, Modules 1 -16

#### Level 1

#### Module 1 Perineal Tears

#### **Performance-Based Assessment – Perineal Tears**

	Unsatis	factory		Satisfa	ctory		Good			
General										
1. Planning and preparation	unsuita	gations ar rative		suitable and pre prepara	diagnosi e investig eoperativ ation, but histakes	ations e	Correct suitable and pre prepara	ations		
2. Counselling and consent	and ob	ient cour tained co rompting	•		ate couns obtain c	•		lled the p d obtaine t		
3. Standard surgical steps	guidano	Required considerable guidance to follow the standard surgical stepsRequired some help following the standard surgical steps				surgica	surgical steps			
4. Flow of operation and forward planning	regular	ient forw		Adequate progression, but with some hesitation in forward planning			and goo	od forwa		
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments		Required occasional help with handling and choosing instruments		ng and	well an approp	Handled instruments well and chose appropriate instruments			
6. Respect for tissue		spect for required			ate respe and foun			consent con		

Level 1 Module 1 Perineal Tears

		appropri	ate		riate tiss	ue		riate tiss		
	tissue p	lanes		planes			planes	with ease	2	
7. Suturing and knotting	repeate and rep needle get corr	ately or edly remo placed the in the tiss rect place and insect	e sues to ements.		ate placin	-		sutures ely and k	notted	
8. Technical use of assistants	Did not approp	use assis riately	stants		ssistants riately m e	ost of		ssistants riately all	of the	
9. Relations with patient and surgical team	and res	uate Inication pect for p gical tear	oatient	with an patient	ommunio Id respec and surg nost of th	t for gical	commu and res	Excellent communication wir and respect for pat and surgical team		
10. Insight and attitude		understa strength esses	-	Intermo unders strengt weakne	tanding c hs and	of own		with ease sutures sutures ely and k ssistants riately all inication spect for p regical tear inderstan rengths a esses	-	
Procedure-specific										
11. Understanding the pathology	Incomp underst perinea	tanding o	ıf	Adequa unders perinea	tanding c	of	Good u perinea		ding of	
12. Specific surgical steps for repair of perineal tears	knowle specific	or incorr dge of th surgical air of peri	e steps	knowle specific	but inco dge of th surgical air of per	steps	specific	steps		

Level 1 Module 1 Perineal Tears

<ul> <li>13. Identifying the correct tissues, with particular attention to the internal and external anal sphincters</li> <li>14. Mobilisation of the</li> </ul>	and/or	ed promp help to ic rect tissu uate	dentify	tissues, some h	ly identif but need elp te mobili	ded	Accurately and independently identified the tissues Good mobilisation			
vagina, perineal skin, anal and/or rectal mucosa, perineal body and anal sphincter	mobilis	ation								
15. Repair of perineal tear with particular attention to the internal and external anal sphincters	Require out rep	ed help to air	o carry	Adequa needed prompt		but		Good repair done independently		
16. Documentation of the procedure		ient writt entation	en	Sufficient documentation, but with some omissions			Clear, comprehensive documentation, with all necessary information			
Complications										
17. Understanding of potential complications, including how to identify and manage them	of com	understa olications of their ement	-	Adequate understanding of complications and plans for their management					-	
Postoperative Managem	ent									
18. Planning of postoperative management, including catheterisation and	Inadequ postopo manage		anned	Adequa postope manage		anned		ostopera ement pla		
diet 19. Knowledge of continence testing and assessment of	Limited knowledge of continence testing and assessment of			Adequate knowledge of continence testing and assessment of		Good knowledge of continence testing an assessment of				
outcomes	outcom	les		outcom	les		outcom	les		
Comments per PBA	ts per PBA Pass (Y/N) date								e and	

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Level 1 Module 1 Perineal Tears

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## Module 2 Simple Vesicovaginal Fistula

#### Performance-Based Assessment – Simple Vesicovaginal Fistula

	Unsatis	factory		Satisfa	ctory		Good			
General	1									
1. Planning and preparation	Incorrect diagnosis with unsuitable investigations and preoperative preparation			Correct diagnosis with suitable investigations and preoperative preparation, but with some mistakes			Correct diagnosis with suitable investigations and preoperative preparation			
2. Counselling and consent	Insufficient counselling and obtained consent after prompting			Adequate counselling and did obtain consent				lled the p d obtaine t		
3. Standard surgical steps	Required considerable guidance to follow the standard surgical steps			Required some help following the standard surgical steps			surgical	Followed the standa surgical steps independently and w		
4. Flow of operation and forward planning	regular	ient forw		but wit	on in for			n progres: od forwar g		
5. Knowledge and handling of instruments	poorly a significa	d instrum and requi ant help ng instrun	ired	help wi	ed occasion th handling instrur	ng and	Handlee well and approp instrum	riate	ients	
6. Respect for tissue	and/or	spect for required approprisolanes	help	Adequate respect for tissues and found appropriate tissue planes		d	tissues approp	espect fo and foun riate tissu with ease	d Je	

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7. Suturing and knotting	repeate and rep needle get corr	ately or edly remo placed the in the tis rect place and insect	e sues to ements.	Adequate placing of sutures and knotting			Placed sutures accurately and knotted well		
8. Technical use of assistants	Did not approp	use assis riately	stants		ssistants riately m e	ost of		ssistants riately all	of the
9. Relations with patient and surgical team	and res	uate inication pect for I gical tear	patient	with an patient	ommunic d respect and surg nost of th	t for ical	Excellent communication with and respect for patient and surgical team		
						N			
10. Insight and attitude		understa strength esses		Interme unders strengt weakne	tanding o hs and	fown	Good understanding of own strengths and weaknesses		
Procedure-specific									
11. Understanding the pathology		llete tanding o vesicovag			ate tanding o vesicovag		Good understanding of simple vesicovaginal fistula		
12. Specific surgical steps for repair of simple vesicovaginal fistula	knowledge of the specific surgical steps for repair of simple			Correct but incomplete knowledge of the specific surgical steps for repair of simple vesicovaginal fistula			Good knowledge of the specific surgical steps for repair of simple vesicovaginal fistula		

13. Delineating the fistula		ed assista ting the f		Adequa the fist	ately delii ula	neated	Accurat indeper delinea	-	stula
14. Identification and protection of the ureters	identify recogni	ed help to the uret se injures and/or to erise	ers, s to the	ureters ureterio require	dentify th and reco c injury, t d help w erisation	ognise out	ureters		se
15. Initial incision around the fistula and mobilisation of bladder	help wi	ed signific th incisio mobilisat	n	dissecti indepe	he incisio ion ndently b naccuraci	out with	incision site and	ndent an on appr mobilise through	opriate ed the
16. Closure of bladder		ed help to dder with		bladder some p avoid te	ate closur r, but req rompting ension or line/uret	uired g to n the	Good cl bladder and no suture l	ecured on	
17. Intraoperative dye test		d prompti n the dye	-	guidano the dye	ed some ce to per e test and et the res		indeper	ned dye t ndently a ly interpr ult	nd
18. Closure of vagina	the vag tension	ed help to ina and/o on the v urethra	or had	Appropriate closure of the vagina but needed some prompting to avoid pulling on the vagina and/or urethra			closure without	nd indep of the va t any ten ina and u	agina sion on
19. Documentation of the procedure		ient writt entation	en		nt entation, me omis		docume	omprehe entation, ary inforr	with all

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Complications										
20. Understanding of		understa	-	Adequa		<i>c</i>		nderstan	-	
potential		plications	and/or		anding c		complications, with			
complications,		of their			cations ar	-		clear plans for		
including how to	manage	ement	1	for thei	r manage	ement	manage	ement		
identify and manage										
them										
Postoperative Managem	ent									
21. Planning of	Inadeq	uate		Adequa	ite		Good p	ostopera	tive	
postoperative	postop	postoperative			erative		manage	ement pla	anned	
management,	manage	ement pla	anned	manage	ement pla	anned				
including										
catheterisation and										
diet										
22. Knowledge of	Limited	knowled	ge of	Adequa	ite knowl	edge of	Good k	nowledge	e of	
continence testing and	contine	ence testi	ng and	contine	nce testi	ng and	contine	ence testi	ng and	
assessment of	assessn	nent of		assessn	nent of		assessn	nent of		
outcomes	outcom	nes		outcom	ies		outcom	nes		
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Comments per PBA						(Y/N)	date			
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## Module 3 Simple Rectovaginal Fistula

#### Performance-Based Assessment – Simple Rectovaginal Fistula

	Unsatis	factory		Satisfa	ctory		Good				
General											
1. Planning and preparation	Incorrect diagnosis with unsuitable investigations and preoperative preparation			Correct diagnosis with suitable investigations and preoperative preparation, but with some mistakes			Correct diagnosis with suitable investigations and preoperative preparation				
2. Counselling and consent	and ob	ient cour tained co compting	•	Adequate counselling and did obtain consent			well and	Counselled the patie well and obtained consent			
3. Standard surgical steps	Required considerable guidance to follow the standard surgical steps			Required some help following the standard surgical steps			Followe surgical indeper				
					н 						
4. Flow of operation and forward planning	regular	ient forw		Adequate progression, but with some hesitation in forward planning			Smooth and goo plannin				
5. Knowledge and handling of instruments	poorly significa	d instrum and requi ant help ng instrun	red	help wi	ed occasion th handling instrur	ng and	Handled well and approp instrum	riate	ents		
6. Respect for tissue	and/or	spect for required approprisolanes	help	tissues	ite resper and foun riate tissi	d	Good re tissues approp planes	d Je			

7. Suturing and knotting	and rep needle get corr	ately or edly remo placed the in the tise rect place nd insect	e sues to ements.		ate placin and kno	-	Placed sutures accurately and knotted well			
8. Technical use of assistants	Did not approp	use assis riately	stants		ssistants riately m e	ost of		ssistants riately all	of the	
9. Relations with patient and surgical team	and res	uate inication pect for p gical tear	patient	Good communication with and respect for patient and surgical team most of the time			Exceller commu and res and sur	patient		
10. Insight and attitude		understa strength esses	-	underst strengt	Intermediate understanding of own strengths and weaknesses			Good understanding of own strengths and weaknesses		
Procedure-specific										
11. Understanding the pathology		lete canding o rectovagi			ite tanding o rectovagi			nderstan rectovagi	-	
12. Specific surgical steps for repair of simple rectovaginal fistula	knowle specific for repa	or incorr dge of th surgical air of sim ginal fiste	e steps ple	Correct but incomplete knowledge of the specific surgical steps for repair of simple rectovaginal fistula			Good knowledge of the specific surgical steps for repair of simple rectovaginal fistula			

13. Identifying the margins and anal sphincter	identify	ed promp the mar anal sphi	gins		ately iden rgins and er		identifi and abl	Independently identified the margins and able to rule out anal sphincter injury		
14. Incisions		ed assista ppropriat Is			ippropria is, but wi errors		Made g with no	ood incis errors	ions,	
15. Planes and mobilisation	the cor	ed help se rect plane obilisation	es and	planes	ed the cc but requi rompting ation	ired	identifi	ndently ed correc and good ation		
16. Closure and tension	closure	ed help w and/or to the corre	0	tension	able clos , but req rompting	uired	Good c correct	th		
17. Documentation of the procedure		ient writt entation	en		nt entation, me omis:		docume	omprehe entation, ary inforn	with all	
Complications										
18. Understanding of potential complications, including how to	of com	understa plications of their ement	-	complie	ate tanding c cations ai r manage	nd plans			-	
identify and manage										
them										
Postoperative Managem	ent						I			
19. Planning of postoperative management,	Inadequate postoperative management planned			Adequate postoperative management planned			Good postoperative management planned			
including catheterisation and diet										

20. Knowledge of continence testing and assessment of outcomes				Good knowledge of continence testing and assessment of outcomes		
Comments per PBA			Pass (Y/N)	Trainer date	signatur	e and
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## Module 4 Vault Vesicovaginal Fistula

#### Performance-Based Assessment – Vault Vesicovaginal Fistula

	Unsatis	factory		Satisfac	ctory		Good			
General										
1. Planning and preparation	Incorrect diagnosis with unsuitable investigations and preoperative preparation			Correct diagnosis with suitable investigations and preoperative preparation, but with some mistakes			Correct diagnosis with suitable investigations and preoperative preparation			
2. Counselling and consent	and ob	ient cour tained co rompting	-		ate couns obtain c	-		lled the p d obtaine t		
3. Standard surgical steps	guidano	ed consid ce to follo rd surgica	ow the	followir	Required some help following the standard surgical steps			Followed the standard surgical steps independently and well		
4. Flow of operation and forward planning	regular	ient forw		but wit	on in for		Smooth progression and good forward planning			
5. Knowledge and handling of instruments	poorly significa	d instrum and requ ant help ng instrur	ired	help wi	ed occasion th handling instrur	ng and	Handled instruments well and chose appropriate instruments			
6. Respect for tissue	Poor respect for tissues and/or required help finding appropriate tissue planes			Adequate respect for tissues and found appropriate tissue planes			Good respect for tissues and found appropriate tissue planes with ease			

7. Suturing and knotting	repeate and rep needle get corr	ately or edly remo placed the in the tiss rect place and insect	e sues to ements.		ate placin and kno	-	Placed sutures accurately and knotted well		
8. Technical use of assistants	Did not approp	use assis riately	stants		ssistants riately m e	ost of		ssistants riately all	of the
9. Relations with patient and surgical team	and res	uate inication pect for p gical tear	patient	Good communication with and respect for patient and surgical team most of the time			Excellent communication with and respect for patient and surgical team		
10. Insight and attitude		l understa strength esses	-	Intermediate understanding of own strengths and weaknesses			Good understanding own strengths and weaknesses		
Procedure-specific									
11. Understanding the pathology		llete tanding o aginal fis			ate tanding c aginal fis		Good understanding vault vesicovaginal fistula		
12. Choice of approach, i.e. vaginal or abdominal	· ·	ed guidan the corre ch		Considered the appropriate approach, but was uncertain in their decision-making			Considered the approach and made a correct, informed decision		

13. Specific surgical steps for repair of vault vesicovaginal fistula, as per chosen approach	Limited or incorrect knowledge of the specific surgical steps for repair of vault vesicovaginal fistula			knowle specific for repa	but inco dge of th surgical air of vau aginal fis	e steps It	Good knowledge of the specific surgical steps for repair of vault vesicovaginal fistula			
14. Knowledge of the proximity of the rectum and peritoneal cavity in relation to the fistula	the pel	knowled vic anatou to the fi	my in	the pel	nt knowl vic anato n to the fi	my in	pelvic a	nowledge natomy i n to the fi	n	
15. Identification and protection of the ureters	identify to and/	ed help to , prevent 'or cathet ters, if re	: injury ærise	ureters ureteric needed	dentify th and reco c injury, t l help wit crisation, d	ognise out h	Could identify the ureters, recognise ureteric injury and catheterise independently, if required			
16. Dissection and mobilisation of the fistula	help wi	ed signific th incisio mobilisat	n	Adequate incision and mobilisation			approp mobilis	ncision or riate site ed the bl n proper	and adder	
17. Closure of bladder	· ·	ed help tc dder with		bladder some p avoid te	ite closur , but req rompting ension or line/uret	uired g to n the	bladder and no	losure of r, angle s tension o line/uret	ecured on	
18. Intraoperative dye test	Require dye tes	ed help do t	oing the	guidano	ed some ce to do t d interpre	-	Did dye test independently and correctly interprete the result			
19. For vaginal approach, closure of vagina	the vag tension	the vagina and/or had tension on the vagina and/or urethra			riate clos ina but n rompting ulling on and/or ut	eeded g to the	closure withou <sup>-</sup>	nd indep of the va t any ten ina and u	agina sion on	

20. For abdominal	Require the abc	ed help to	close		Adequately closed the abdomen			Closed the abdomen well			
approach, closure of abdomen	the abc	iomen		abdom	en		weii				
abdomen											
21. Documentation of		ient writt	en	Sufficie				omprehe			
the procedure	docum	entation			entation,			entation,			
				with so	me omis:	sions	necessa	ary inforr	nation		
Complications											
22. Understanding of	Limited	understa	anding	Adequa	ite		Good u	nderstan	ding of		
potential		-			anding c			cations, v	/ith		
complications,					ations ar		clear pl				
including how to	manage	ement		for thei	r manage	ement	manage	ement			
identify and manage them											
them											
Postoperative Managem	nent										
23. Planning of	Inadeq	uate		Adequate			Good p	ostopera	tive		
postoperative	postop	erative		postop	erative		manage	ement pla	anned		
management,	management planned			manage	ement pla	anned					
including											
catheterisation and											
diet									_		
24. Knowledge of		knowled	-		ite knowl	-		nowledge			
continence testing and		ence testi	ng and		nce testi	ng and		nce testi	ng and		
assessment of outcomes	assessn			assessment of outcomes			assessment of outcomes				
outcomes	outcom			outcom			outcom				
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## Level 2

## Module 5 Circumferential Vesicovaginal Fistula

#### Performance-Based Assessment – Circumferential Vesicovaginal Fistula

	Unsatis	factory		Satisfa	ctory		Good	Good		
General										
1. Planning and preparation	unsuita	gations ar rative		Correct diagnosis with suitable investigations and preoperative preparation, but with some mistakes			Correct diagnosis with suitable investigations and preoperative preparation			
2. Counselling and consent	and obt	ient cour tained co ompting	-		ite couns obtain c			lled the p d obtaine t		
3. Standard surgical steps	Required considerable guidance to follow the standard surgical steps			Required some help following the standard surgical steps			Followed the standard surgical steps independently and we			
4. Flow of operation and forward planning	regular	ient forw		Adequate progression, but with some hesitation in forward planning				n progress od forwar g		
5. Knowledge and handling of instruments	poorly a significa	d instrum and requi ant help ng instrun	ired	help wi	ed occasion th handling instrur	ng and	Handled instrumer well and chose appropriate instruments		ients	
6. Respect for tissue	Poor respect for tissues and/or required help finding appropriate tissue planes			Adequate respect for tissues and found appropriate tissue planes			Good respect for tissues and found appropriate tissue planes with ease			

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7. Suturing and knotting	-				Adequate placing of Placed sutures accurately and knotting well					
8. Technical use of assistants		appropriately			ssistants riately m e	ost of		ssistants riately all	of the	
9. Relations with patient and surgical team	and res	uate inication pect for p gical tear	patient	with an patient	Good communication with and respect for patient and surgical team most of the time			Excellent communication with and respect for patient and surgical team		
10. Insight and attitude		understa strength esses	-	Intermediate understanding of own strengths and weaknesses			Good understanding of own strengths and weaknesses			
Procedure-specific	•						:			
11. Understanding of pathology		llete tanding o <sup>f</sup> erential f			ite tanding o ferential f			nderstan nferentia	-	
12. Specific surgical steps for repair of circumferential vesicovaginal fistula	Limited or incorrect knowledge of the specific surgical steps for repair of circumferential vesicovaginal fistula			Correct but incomplete knowledge of the specific surgical steps for repair of circumferential vesicovaginal fistula			Good knowledge of the specific surgical steps for repair of circumferential vesicovaginal fistula			

<ul> <li>13. Identification and protection of the ureters</li> <li>14. Initial incision and mobilisation of bladder</li> </ul>	identify recogni ureters cathete Require help wi	ed help to the uret ise injure and/or t erise ed signific th incisio mobilisat	ers, s to the o cant n	ureters ureterio require cathete	dentify th and reco c injury, k d help wi crisation ate incision	ognise out ith	ureters ureteric cathete indeper Good ir approp mobilis	ndently ncision or riate site ed the bl	se nd
							through	n proper	plane
15. Identification of urethral loss and reconstruction	help identifying urethral				ed urethi uired hel ruct			-	al loss
16. Anastomosis of bladder and urethra	help to anastor	ed signific avoid ins mosis of t r with the	ecure he	Adequate anastomosis of the bladder with the urethra			Good anastomosis of the bladder with the urethra		
17. Intraoperative dye test		d prompt dye test	ing to	guidano	ed some ce to do t d interpre		Did dye test independently and correctly interpreted the result		
18. Sling or support for urethra, if needed	help wi	ed signific th sling o t for the t	r	Adequate sling or support for the urethra			Good sling or support for the urethra		
19. Closure of the vagina	the vag tension	ed help to ina and/o on the v urethra	or had	the vag some p avoid p	riate clos ina but n rompting ulling on and/or ui	eeded g to the	Good and independent closure of the vagina without any tension on the vagina and urethra		

20. Documentation of the procedure       Insufficient written documentation       Sufficient documentation, but with some omissions       Clear, comprediction         Image: state of the procedure       Clear, comprediction         Image: state of the procedure       Image: state of the procedure<	on, with all
with some omissions       necessary info         necessary       necessary         necessary       necessary <td< th=""><th>prmation</th></td<>	prmation
Image: second se second second sec	
Complications	
<b>21. Understanding of</b> Limited understanding Adequate Good underst	anding of
potential of complications and/or understanding of complications	, with
<b>complications,</b> unclear of their complications and plans clear plans for	-
including how to management for their management management	
identify and manage	
them	
Postoperative Management	
<b>22. Planning of</b> Inadequate Adequate Good postope	erative
<b>postoperative</b> postoperative management	
management, management planned management planned	
including	
catheterisation and	
diet	
<b>23. Knowledge of</b> Limited knowledge of Adequate knowledge of Good knowledge	-
continence testing and continence testing and continence testing and continence te	-
assessment of assessment of assessment of	
outcomes outcomes outcomes	
Pass Trainer signat	turo and
Comments per PBA (Y/N) date	ure anu
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# Module 6 High and Scarred Rectovaginal Fistula

## Performance-Based Assessment – High and Scarred Rectovaginal Fistula

	Unsatis	factory		Satisfa	ctory		Good		
General									
1. Planning and preparation	Incorrect diagnosis with unsuitable investigations and preoperative preparation			Correct diagnosis with suitable investigations and preoperative preparation, but with some mistakes			Correct diagnosis with suitable investigations and preoperative preparation		
						<u> </u>			
2. Counselling and consent	and obt	ient cour tained co rompting			ate couns   obtain c	-		lled the p d obtaine t	
3. Standard surgical steps	guidano	ed consid ce to follo rd surgica	ow the	Required some help following the standard surgical steps			Followed the standard surgical steps independently and well		
4. Flow of operation and forward planning	regular	ient forw		but wit	on in for		Smooth progression and good forward planning		
5. Knowledge and handling of instruments	poorly a significa	d instrum and requi ant help ng instrun	ired	help wi	ed occasi th handli ng instrur	ng and	Handled instruments well and chose appropriate instruments		
6. Respect for tissue	Poor respect for tissues and/or required help finding appropriate tissue planes			Adequate respect for tissues and found appropriate tissue planes			Good respect for tissues and found appropriate tissue planes with ease		

7. Suturing and knotting	Placed suturesAdequate placing of sutures and knottinginaccurately or repeatedly removed and replaced the needle in the tissues to get correct placements. Loose and insecure knottingadequate placing of sutures and knotting						Placed sutures accurately and knotted well				
8. Technical use of assistants	appropriately appropriately most of app							d assistants ropriately all of the			
9. Relations with patient and surgical team	and res	nunication with with and respect for commun respect for patient patient and surgical and resp					unication with spect for patient				
								and surgical team			
10. Insight and attitude		understa strength esses	-	Interme underst strengt weakne	tanding o hs and	fown	Good understanding of own strengths and weaknesses				
Procedure-specific											
11. Understanding the pathology	and sca	tanding o	-	and sca	tanding o	•	Good understanding o high and scarred rectovaginal fistula				
12 Decision recording	Decuir	ما منحب : ۲:	ant	Adam		idor!	Conside				
12. Decision regarding vaginal/abdominal approach	guidano	ed signific ce to choo uitable ap	ose the		ately cons propriate ch	sidered	approp and ma	ered the r riate app de a corr ed decisic	roach ect,		

<ul> <li>13. Specific surgical steps for repair of high and scarred rectovaginal fistula, as per chosen approach</li> <li>14. Identification of anal sphincter injury and knowledge of the risks of ongoing faecal/flatal incontinence</li> </ul>	knowled specific for repa scarred fistula Require look for injury a knowled	or incorn dge of th surgical air of high rectovag d promp anal sph nd had lin dge of th ing faeca nence	e steps a and ginal ting to incter mited e risks	knowle specific for repa scarred fistula Adequa anal sp and had knowle	but inco dge of th surgical air of higl rectovag tely look hincter ir d sufficier dge of th bing faeca nence	e steps h and ginal ced for njury nt e risks	specific for repa scarred fistula	dge of th ping faeca	steps n and ginal poked er injury e risks		
15. Mobilisation, rectal dilatation (if required) and repair of the anterior rectal wall	help to dilate th the vag	ed signific mobilise ne rectun ina, and 1 he anteri vall	and/or n and :o	and/or rectum and, wi prompt reasona	ately mot dilated tl and the th some ting, did a able repa r rectal w	he vagina a ir of the	dilated the vag indeper	Mobilised and/or dilated the rectum a the vagina well, and independently repa the anterior rectal v			
16. Steps to reduce the chance of faecal/flatal incontinence					ately redu of faecal nence		faecal/f	d the cha latal nence we			
17. For vaginal approach, repair of the vagina (considered use of flaps as appropriate)	the vag tension appropri adequa	riate, to tely cove or vagina	r the	satisfac require preven approp adequa	ed the var torily but d promp t tension riate, to tely cove or vagina	t ting to and, if er the	repair of and, if a covered	ension-fro of the vag appropria d the pos wall with	ina ite, terior		
18. For abdominal approach, closure of abdomen	Require the abd	ed help to omen	close	Adequa abdom	ately clos en	ed the	Closed the abdomen well				

19. Documentation of	Incuffic	ient writt	on	Sufficie	nt		Cloar	omprohe	ncivo		
the procedure		entation	len		entation,	but	Clear, comprehensive documentation, with all				
the procedure	uocum	entation			me omis			ary inforn			
				with so		SIULIS	necessa		liation		
Complications											
20. Understanding of	Limited	underst	anding	Adequa	ate		Good understanding of				
potential	of com	plications	and/or	understanding of			complie	cations, w	vith		
complications,	unclear	of their		complications and plans			clear pl	ans for			
including how to	manage	ement		for the	r manage	ement	manage	ement			
identify and manage											
them											
Postoperative Managem	nent			1			1				
21. Planning of	Inadeq			Adequa				ostopera			
postoperative	postop	erative		postop	erative		manage	ement pla	anned		
management,	manage	ement pla	anned	manage	ement pl	anned					
including											
catheterisation and											
diet											
22. Knowledge of	Limited	knowled	lge of	Adequa	Adequate knowledge of			Good knowledge of			
continence testing and	continence testing and				ence testi	-		ence testi			
assessment of		nent of	ent of assessment of				assessment of				
outcomes	outcom	nes		outcomes			outcom	assessment of outcomes			
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Comments per PBA						(Y/N)	date				
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## Performance-based Assessments Level 1-3, Modules 1-16

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# Module 7 Vesicocervical/Vesicouterine Fistulaomplications

#### Performance-Based Assessment – Vesicocervical/Vesicouterine Fistula

	Unsatis	factory		Satisfa	ctory		Good				
General	1										
1. Planning and preparation	unsuita	gations ar rative		suitable and pre	diagnosi investig operativ ation, but nistakes	ations e	Correct diagnosis with suitable investigations and preoperative preparation				
2. Counselling and consent	and obt	ient cour tained co rompting	-		ite couns obtain c	-		lled the p d obtaine t			
3. Standard surgical steps	Required considerable guidance to follow the standard surgical steps			Required some help following the standard surgical steps			surgical	Followed the standar surgical steps independently and w			
4. Flow of operation and forward planning	regular	ient forw		but wit	on in for			n progres: od forwar g			
5. Knowledge and handling of instruments	of poorly and required help with handling and			ng and	Handlee well and approp instrum	riate	ients				
6. Respect for tissue	and/or	spect for required approprisolanes	help	tissues	and foun riate tissi	d	tissues approp	espect fo and foun riate tissu with ease	d Je		

## Performance-based Assessments Level 1-3, Modules 1-16

7. Suturing and knotting	repeate and rep needle get corr	ately or edly remo placed the in the tiss rect place and insect	e sues to ements.		ate placin and kno		Placed sutures accurately and knotted well		
8. Technical use of assistants	Did not approp	use assis riately	stants	approp	Used assistants appropriately most of the time			ssistants riately all	of the
9. Relations with patient and surgical team	and res	uate inication pect for p gical tear	patient	with an patient	ommunio d respec and surg nost of th	t for jical	Excellent communication with and respect for patient and surgical team		
10. Insight and attitude		l understa strength esses		Interme underst strengt weakne	tanding c hs and	fown	Good understanding o own strengths and weaknesses		
Procedure-specific									
11. Understanding the pathology	vesicoc	tanding o		Adequate understanding of vesicocervical/ vesicouterine fistula			Good understanding of vesicocervical/ vesicouterine fistula		
12. Preoperative planning of most suitable approach	guidano	ed consid ce to choo approacl	ose the	Required some guidance to choose the correct approach			Considered the approach and made a correct, informed decision		

13. Specific surgical steps for repair of vesicocervical/ vesicouterine fistula, as per chosen approach	knowled specific for repa vesicoc		e steps	knowle specific for repa vesicoc	but incc dge of th surgical air of ervical/ tterine fis	steps	Good knowledge of the specific surgical steps for repair of vesicocervical/ vesicouterine fistula				
14. Identification and protection of the ureters	identify recogni	ed help to the uret se injurie and/or to rise	ers, es to the	ureters ureterio require	dentify th and reco c injury, h d help w erisation	ognise out	ureters		se		
15. Initial incision and mobilisation of bladder	Required significant help with incision and/or mobilisation			Adequa mobilis	ate incisio ation	on and	approp mobilis	Good incision on appropriate site and mobilised the bladder through proper plane			
						_					
16. Mobilisation of bladder from uterus, cervix and vagina	and/or the blac	l prompti help to si dder from cervix an	eparate n	from th and vag	ted the b ne uterus gina with ting but r elp	, cervix out	from th and vag				
17. Closure of bladder		ed help to dder with		bladder some p avoid te	ate closu r, but rec rompting ension or line/uret	juired g to n the	bladdei and no	parated the bladder om the uterus, cervis ad vagina dependently bod closure of the adder, angle secured ad no tension on ture line/urethra			
18. Intraoperative dye test		ed consid do the d		guidano	ed some ce to do t d interpr			ndently a ly interpr			
19. Repair of cervix and/or uterus, as required	help to	ed signific repair ce uterus, a d	rvix		ately repa and/or ut d			ed cervix indepenc II			

## Performance-based Assessments Level 1-3, Modules 1-16

20. For vaginal approach, repair of the vagina	the vag	ed help to ina and/c tension	or to	the vag some p	riate clos ina but n rompting ulling on	eeded g to	closure	nd indepo of the va t any tens ina	gina	
21. For abdominal approach, closure of	Require the abd	ed help to omen	close	Adequa abdom	itely close en	ed the	Closed well	the abdo	men	
abdomen										
22. Documentation of the procedure		ient writt entation	en		nt entation, me omiss		docume	omprehe entation, ary inforn	with all	
Complications										
23. Understanding of potential complications, including how to	of com	understa plications of their ement	-	Adequate understanding of complications and plans for their management			Good understanding of complications, with clear plans for their management			
identify and manage them										
Postoperative Managem	ent									
24. Planning of postoperative management,	Inadequ postope		anned	Adequa postopo manage		anned				
including catheterisation and diet										
25. Knowledge of continence testing and assessment of outcomes			-			-	contine assessn	Good postoperative management planned Good knowledge of continence testing an assessment of outcomes		
Comments per PBA						Pass (Y/N)	Trainer date	signatur	e and	

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# Module 8 Residual and Corner Fistula

#### Performance-Based Assessment – Residual and Corner Fistula

	Unsatis	factory		Satisfa	ctory		Good			
General										
1. Planning and preparation	Incorrect diagnosis with unsuitable investigations and preoperative preparation			suitable and pre prepara	Correct diagnosis with suitable investigations and preoperative preparation, but with some mistakes			Correct diagnosis with suitable investigations and preoperative preparation		
2. Counselling and consent	and ob	ient cour tained co rompting	-		ite couns obtain c	-	well an	d obtaine		
3. Standard surgical steps	Required considerable guidance to follow the standard surgical steps			Required some help following the standard surgical steps			surgica			
							surgical steps independently and w			
4. Flow of operation and forward planning	regular	ient forw		but wit	on in for		and goo	suitable investigation and preoperative preparation Counselled the pat well and obtained consent Followed the stand surgical steps		
5. Knowledge and handling of instruments	poorly significa	d instrum and requ ant help ng instrur	ired	help wi	ed occasion th handling instrur	ng and	well an approp	d chose riate	ients	
6. Respect for tissue	and/or	spect for required appropri blanes	help	Adequate respect for tissues and found appropriate tissue planes			tissues approp	and foun riate tissu	d Je	

Level 2 Module 8 Residual and Corner Fistula

7. Suturing and knotting	and rep needle get corr	ately or edly remo placed the in the tise rect place nd insect	e sues to ements.	Adequate placing of sutures and knotting			Placed accurat well	sutures ely and k	notted	
8. Technical use of assistants	Did not approp	use assis riately	stants	approp	Used assistants appropriately most of the time			ssistants riately all	of the	
9. Relations with patient and surgical team	and res	uate Inication pect for I gical tear	patient	with an patient	ommunic d respect and surg lost of th	t for ical	commu and res	Excellent communication with and respect for patier and surgical team		
10. Insight and attitude		understa strength esses	-	Interme underst strengt weakne	tanding o hs and	fown		nderstan rengths a esses	-	
Procedure-specific										
11. Understanding the pathology		lete anding o l and/or o		Adequate understanding of residual and/or corner fistula				nderstan I and/or (	•	
12. Specific surgical steps for repair of residual and/or corner fistula	knowle specific for repa	or incorr dge of th surgical air of resi corner fis	e steps dual	knowle specific for repa	but inco dge of th surgical air of resi corner fis	e steps dual	specific for repa	nowledge surgical air of resi corner fis	steps dual	

Level 2 Module 8 Residual and Corner Fistula

13. Consideration of episiotomy and	consider a	ompting to n episioton	y	episioto	ered use omy and	excision	conside	ndently ered use o	
excision of scar tissue	and excisi tissues	on of scar			tissue, bu ain in dec		episiotomy and excision of scar tissue and, if appropriate, applied correctly		
14. Mobilisation of the bladder into the paravesical space for corner fistula	into the p	ne bladder	а	the blac	ately mok dder into sical spac fistula	the	Mobilised the bladder into the paravesical space for corner fistula well		
15. Identification and protection of the ureters	Required l identify th recognise ureters an catheteris	ureters ureterio require	dentify th and reco injury, k d help w erisation	ognise out	Could identify the ureters, recognise ureteric injury and catheterised independently				
16. Closure of bladder	Required l the bladde tension	nelp to clos er without	2	bladder some p avoid te	ate closur r, but req rompting ension or line/uret	juired g to n the	Good closure of the bladder, angle secured and no tension on the suture line/urethra		
17. Intraoperative dye test	Required dye test	nelp to do t	ne	guidano	ed some ce to do t d interpre	-	Did the dye test independently and correctly interpreted the result		
18. Consideration of possible use of Martius graft and execution		nsider use aft and/or elp with	of	Martius	ered use s graft an ed adequ	d	Considered use of Martius graft and executed correctly		

Level 2 Module 8 Residual and Corner Fistula

19. Closure of vagina, including flaps if necessary	Required help to repair the vagina without tension and, if appropriate, to use a flap			Adequately repaired the vagina, but required prompting to prevent tension and, if appropriate, adequately used a flap			Good tension-free repair of the vagina and, if appropriate, used a flap well		
20. Documentation of the procedure		ient writt entation	en		nt entation, me omiss		docum	omprehe entation, ary inforr	with all
Complications	1			1					
21. Understanding of potential complications, including how to	of com	understa plications of their ement	-	Adequate understanding of complications and plans for their management			Good understanding of complications, with clear plans for management		
identify and manage them									
Postoperative Managem	ent								
22. Planning of postoperative management,	Inadequ postope manage		anned	Adequate postoperative management planned			Good postoperative management planned		
including catheterisation and diet									
23. Knowledge of continence testing and assessment of outcomes	Limited knowledge of continence testing and assessment of outcomes			Adequate knowledge of continence testing and assessment of outcomes			Good knowledge of continence testing and assessment of outcomes		

## Performance-based Assessments Level 1-3, Modules 1-16

Level 2 Module 8 Residual and Corner Fistula

Comments per PBA	Pass (Y/N)	Trainer signature and date
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# Module 9 Ureteric Fistula

## Performance-Based Assessment – Ureteric Fistula

	Unsatis	factory		Satisfa	ctory		Good			
General										
1. Planning and preparation	unsuitable investigations and preoperative			suitable and pre prepara	Correct diagnosis with suitable investigations and preoperative preparation, but with some mistakes			Correct diagnosis with suitable investigations and preoperative preparation		
2. Counselling and consent	and obt	ient cour tained co compting	-		ite couns obtain c	-		lled the p d obtaine t		
3. Standard surgical steps	Required considerable guidance to follow the standard surgical steps			Required some help following the standard surgical steps			Followed the standard surgical steps independently and well			
					-			-		
4. Flow of operation and forward planning	regular	ient forw		Adequate progression, but with some hesitation in forward planning			Smooth progression and good forward planning			
5. Knowledge and handling of instruments	poorly a signification	d instrum and requi ant help ng instrun	ired	help wi	ed occasion th handling instrur	ng and	Handled instruments well and chose appropriate instruments			
6. Respect for tissue	Poor respect for tissues and/or required help finding appropriate tissue planes			Adequate respect for tissues and found appropriate tissue planes			Good respect for tissues and found appropriate tissue planes with ease			

7. Suturing and knotting				Adequate placing of sutures and knotting			Placed sutures accurately and knotted well		
8. Technical use of assistants	Did not approp	use assis riately	stants		ssistants riately m e	ost of		ssistants riately all	of the
9. Relations with patient and surgical team	Inadequate communication with and respect for patient and surgical team			Good communication with and respect for patient and surgical team most of the time			Excellent communication with and respect for patient and surgical team		
10. Insight and attitude		understa strength esses	-	Interme underst strengt weakne	tanding c hs and	ofown		nderstan rengths a esses	-
Procedure-specific									
11. Understanding the pathology	Incomp unders ureterio	tanding o	f	Adequa underst ureterio	tanding c	of	Good understanding o ureteric fistula		
12. Choice of approach, i.e. vaginal or abdominal	Required guidance to choose the correct approach			Considered the appropriate approach, but was uncertain in their decision-making			Considered the approach and made a correct, informed decision		

13. Specific surgical steps for repair of ureteric fistula, as per chosen approach	knowledge of the specific surgical steps for repair of ureteric			Correct but incomplete knowledge of the specific surgical steps for repair of ureteric fistula			Good knowledge of the specific surgical steps for repair of ureteric fistula			
14. Mobilisation of bladder		ed help to e the blac		Adequa the bla	ately mok dder	pilised	Mobilis well	ed the bl	adder	
15. Exposure and identification of affected ureter	expose	d guidanc and iden d ureter		and ide	ately expo entified th d ureter			d and ide ected ure		
16. Mobilisation of the ureter	Needed help to mobilise the ureter			Adequa the ure	ately mob ter	pilised	Mobilis well	ed the ur	eter	
17. Application of chosen implantation method and repair of bladder	help to implan	ed signific apply the tation me pair the b	e ethod	implant	ately appl tation me paired the r	ethod		ation me aired the		
18. For abdominal approach, closure of abdomen	Require the abo	ed help to lomen	o close	Adequa abdom	ately clos en	ed the	Closed well	the abdo	men	
19. For vaginal approach, intraoperative dye test	help to do the dye test		guidano	ed some ce to do t d interpre		Did dye test independently ar correctly interpre the result				
20. Documentation of	Insuffic	ient writt	cen	Sufficie				omprehe		
the procedure	docum	entation			entation, me omiss			entation, ary inforn		

Complications									
				• •					
21. Understanding of		understa	-	Adequate understanding of				nderstan	-
potential		of complications and/or unclear of their			-		complications, with clear plans for		
complications,					ations ar	-			
including how to	manage	management			r manage	ement	manage	ement	
identify and manage them									
them									
Postoperative Managem	ent								
22. Planning of	Inadeq	uate		Adequa	ite		Good p	ostopera	tive
postoperative	postop			postop				ement pla	
management,		ement pla	anned		ement pla	anned		·	
including					•				
catheterisation and									
diet									
23. Knowledge of	Limited	knowled	lge of	Δdequa	ite knowl	edge of	Goodk	nowledge	e of
continence testing and		ence testi	•		nce testi	-		nce testi	
assessment of	assessn		ng ana	assessn		ing and	assessn		
outcomes	outcom			outcom			outcom		
outcomes	outcom			outcon			outcon		
						Pass		signatur	e and
Comments per PBA						(Y/N)	date		
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#### Performance-based Assessments Level 1-3, Modules 1 -16

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## Module 10 Bladder Stones

#### Performance-Based Assessment – Bladder Stones

	Unsatis	factory		Satisfa	ctory		Good			
General										
1. Planning and preparation	unsuitable investigations and preoperative			suitable and pre prepara	Correct diagnosis with suitable investigations and preoperative preparation, but with some mistakes			Correct diagnosis with suitable investigations and preoperative preparation		
2. Counselling and consent	and obt	ient coun tained co compting	-		ite couns obtain c	-		lled the p d obtaine t		
3. Standard surgical steps	Required considerable guidance to follow the standard surgical steps			Required some help following the standard surgical steps			Followed the standard surgical steps independently and wel			
4. Flow of operation and forward planning	regular	ient forw		but wit	on in for		Smooth progression and good forward planning			
5. Knowledge and handling of instruments	poorly a significa	d instrum and requi ant help ng instrun	ired	Required occasional help with handling and choosing instruments			Handled instruments well and chose appropriate instruments			
6. Respect for tissue	Poor respect for tissues and/or required help finding appropriate tissue planes			Adequate respect for tissues and found appropriate tissue planes			Good respect for tissues and found appropriate tissue planes with ease			

7. Suturing and knotting					Adequate placing of sutures and knotting			Placed sutures accurately and knotted well		
8. Technical use of assistants	Did not approp	use assis riately	stants		ssistants riately m e	ost of		ssistants riately all	of the	
9. Relations with patient and surgical team	commu and res	communication with and respect for patient			Good communication with and respect for patient and surgical team most of the time			Excellent communication with and respect for patient and surgical team		
10. Insight and attitude		understa strength esses	-	Interme underst strengt weakne	tanding o hs and	fown		nderstan engths a esses	-	
Procedure-specific 11. Understanding of	Incomp			Adequa	ato.		Goodu	nderstan	ding of	
the pathology	unders	tanding o r stones	f	underst	tanding o stones	f		stones		
12. Choice of surgical route	Required guidance with choosing the surgical route			Considered the appropriate surgical route, but was uncertain in their decision-making			Independent and correct choice of surgical route			

13. Specific surgical steps for removal of bladder stones, as per surgical route	knowle specific for rem stones	or incom dge of th surgical loval of b	e steps ladder	knowle specific for rem stones	but inco dge of th surgical oval of b	e steps ladder	Good knowledge of the specific surgical steps for removal of bladder stones			
14. For vaginal approach, ability to remove stone through fistula	Required help to remove stone through the fistula				ne throug		through	ed the sto n the fistu ndently a	ula	
15. For suprapubic approach, suprapubic cystostomy		d help to n suprapu omy	Jbic	Adequa cystoste	ite supra omy	pubic	Indeper perform cystoste	ned supra	apubic	
16. For suprapubic approach, identification and removal of stone	Needed prompting and/or help to identify and remove stone				ntely iden noved sto		Indeper identific stone w	ed and re	emoved	
17. For suprapubic approach, repair of bladder		d prompti help to re	-	Needed some prompting to repair bladder				ndently a ely repai		
18. For suprapubic approach, closure of abdomen	Require the abc	ed help to lomen	o close	Adequa abdom	itely close en	ed the	Closed well	the abdo	men	
19. Documentation of the procedure	Insufficient written documentation				nt entation, me omiss		docume	omprehe entation, ary inforn	with all	
Complications										
20. Understanding of potential complications, including how to identify and manage	Limited understanding of complications and/or unclear of their management			Adequate understanding of complications and plans for their management			Good understanding of complications, with clear plans for management			
them										

Postoperative Managem	ent						
21. Planning of postoperative management, including	Inadeq postop	anned	Adequa postope manage	anned		ostopera ement pla	
catheterisation and diet							
22. Knowledge of continence testing and assessment of outcomes							
Comments per PBA				Pass (Y/N)	Trainer date	signatur	e and
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#### Performance-based Assessments Level 1-3, Modules 1 -16

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## Module 11 Vaginal Reconstruction

## Performance-Based Assessment – Vaginal Reconstruction

	Unsatis	factory		Satisfa	ctory		Good	Good		
General										
1. Planning and preparation	unsuita	gations ar rative		Correct diagnosis with suitable investigations and preoperative preparation, but with some mistakes			Correct diagnosis with suitable investigations and preoperative preparation			
					-					
2. Counselling and consent	and obt	ient cour tained co rompting	-		ite couns obtain c	-		lled the p d obtaine t		
3. Standard surgical steps	guidano	ed consid ce to follo rd surgica	ow the	Required some help following the standard surgical steps			Followed the standard surgical steps independently and wel			
4. Flow of operation and forward planning	regular	ient forw		Adequate progression, but with some hesitation in forward planning			Smooth progression and good forward planning			
5. Knowledge and handling of instruments	poorly a significa	d instrum and requi ant help ng instrun	ired	help wi	ed occasio th handli ng instrur	ng and	Handled instruments well and chose appropriate instruments			
6. Respect for tissue	Poor respect for tissues and/or required help finding appropriate tissue planes			Adequate respect for tissues and found appropriate tissue planes			Good respect for tissues and found appropriate tissue planes with ease			

#### Performance-based Assessments Level 1-3, Modules 1 -16

7. Suturing and knotting	Placed sutures inaccurately or repeatedly removed and replaced the needle in the tissues to get correct placements. Loose and insecure knotting				Adequate placing of sutures and knotting			Placed sutures accurately and knotted well		
8. Technical use of assistants	Did not approp	use assis riately	stants		ssistants riately m e	ost of		ssistants riately all	of the	
9. Relations with patient and surgical team	Inadequate communication with and respect for patient and surgical team			with an patient	ommunic d respect and surg host of th	t for ical	Excellent communication with and respect for patient and surgical team			
10. Insight and attitude		understa strength esses	-	Intermediate understanding of own strengths and weaknesses			Good understanding of own strengths and weaknesses			
Procedure-specific										
11. Understanding the pathology and need for vaginal reconstruction	patholo	llete tanding o ogy and n reconstru	eed for	Adequate understanding of the pathology and need for vaginal reconstruction			Good understanding o the pathology and nee for vaginal reconstruction			
					1	1.			6.1	
12. Specific surgical steps for vaginal reconstruction	Very limited or incorrect knowledge of the specific surgical steps for vaginal reconstruction			Correct but incomplete knowledge of the specific surgical steps for vaginal reconstruction			Good knowledge of the specific surgical steps for vaginal reconstruction			

<ul> <li>13. Ability to divide the scar to create an appropriate rectovesical space for vaginal reconstruction</li> <li>14. Consideration of the different options for reconstruction of the rectovesical space</li> </ul>	the vag avoid p the blac rectum Needed betwee options	d help to en the diff	and to jury to ne decide	the vag needed avoid ir bladder Adequa of the c for reco	ite division inal scar assistan ajury to tl or the ro te consion lifferent onstruction me unce	but ce to ne ectum deration options on, but	Optimal, safely performed division of the vaginal scar Considered different options for reconstruction and made a suitable choice			
15. Harvest of adequate tissue to cover the rectovesical canal	harvest to cove	ed help to suitable or the esical cana	tissue	harvest		ver the	Adequate and healthy tissue harvested independently and well to cover the rectovesical canal			
16. Fixture of mobilised tissue to cover the surfaces of the rectovesical space	guidano fixture tissue t	ed signific ce on corr of the ha o cover tl esical space	rect rvested he	harvest cover th	ite fixture ed tissue ne rectov with som nce	e to vesical	Correct and independent fixture of the harvested tissue to cover the rectovesical space			
17. Patency maintenance of the reconstructed vagina (vaginal packs, dilators)	place v	d remindi aginal dila plan for c on	ators	vaginal planneo dilatatio	itely plac dilators a d for ong on, but w rompting	and/or oing ⁄ith	Placed vaginal dilators well during surgery and planned for ongoing dilatation without any help			
18. Documentation of the procedure	Insufficient written documentation			Sufficient documentation, but with some omissions			Clear, comprehensive documentation, with a necessary information			
Complications 19. Understanding of potential	Limited understanding of complications and/or			Adequa	ite canding c	f		nderstan cations, w	-	
complications, including how to		unclear of their management			complications and plans for their management			clear plans for management		

## Performance-based Assessments Level 1-3, Modules 1-16

identify and manage									
them						1			
Postoperative Managem	ent								
20. Planning of	Inadequ	late		Adequa	ite		Good n	ostopera	tive
postoperative	postope			postope				ement pla	
management,		ement pla	anned		ement pla	anned	0		
including									
catheterisation and									
diet									
21. Knowledge of		knowled			ite knowl			nowledge	
continence testing and		nce testi	ng and		nce testi	ng and		nce testi	ng and
assessment of outcomes	assessn outcom			assessn outcom			assessn outcom		
outcomes	outcom			outcon			outcom	23	
						Dece	Tueline		
Comments per PBA						Pass (Y/N)	date	signatuı	e and
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## Performance-based Assessments Level 1-3, Modules 1 -16

6.	

# Module 12 Urethral Fistula and Reconstruction

## Performance-Based Assessment – Urethral Fistula and Reconstruction

	Unsatis	factory		Satisfa	ctory		Good		
General									
1. Planning and preparation	unsuita	gations ar rative		Correct diagnosis with suitable investigations and preoperative preparation, but with some mistakes			Correct diagnosis with suitable investigations and preoperative preparation		
2. Counselling and consent	and ob	ient cour tained co rompting	-		ite couns obtain c	-		lled the p d obtaine t	
						-			
3. Standard surgical steps	guidano	ed consid ce to follo rd surgica	ow the	Required some help following the standard surgical steps			Followed the standard surgical steps independently and we		
4. Flow of operation and forward planning	regular	ient forw		Adequate progression, but with some hesitation in forward planning			Smooth progression and good forward planning		
5. Knowledge and handling of instruments	poorly significa	d instrum and requi ant help ng instrun	ired	help wi	ed occasion th handling instrur	ng and	Handled instruments well and chose appropriate instruments		
6. Respect for tissue	and/or	spect for required approprio lanes	help	Adequate respect for tissues and found appropriate tissue planes			Good respect for tissues and found appropriate tissue planes with ease		

Level 2 Module 12 Urethral Fistula and Reconstruction

7. Suturing and knotting	repeate and rep needle get corr	ately or edly remo- placed the in the tis rect place and insect	e sues to ements.	Adequate placing of sutures and knotting			Placed sutures accurately and knotted well		
8. Technical use of assistants	Did not approp	use assis riately	stants		ssistants riately m e	ost of		ssistants riately all	of the
9. Relations with patient and surgical team	and res	uate Inication pect for <sub>I</sub> gical tear	patient	Good communication with and respect for patient and surgical team most of the time			Excellent communication with and respect for patient and surgical team		
10. Insight and attitude		l understa strength esses	-	Intermediate understanding of own strengths and weaknesses				nderstan rengths a esses	-
Procedure-specific	1			1					
11. Understanding the pathology	Incomp underst urethra	tanding o	of	Adequa underst urethra	tanding o	f	Good understanding of urethral fistula		
12. Specific surgical steps for repair of urethral fistula	knowle specific	l or incorr dge of th surgical air of ure	e steps	Correct but incomplete knowledge of the specific surgical steps for repair of urethral fistula			Good knowledge of the specific surgical steps for repair of urethral fistula		

## Performance-based Assessments Level 1-3, Modules 1-16

Level 2 Module 12 Urethral Fistula and Reconstruction

<ul> <li>13. Knowledge and choice of different surgical procedures to repair/reconstruct urethral lesion</li> <li>14. Understanding of the risk of ongoing incontinence</li> </ul>	Poor knowledge of surgical procedures to repair/reconstruct urethral lesion and made incorrect choice of procedure Limited understanding of the risk of ongoing incontinence			surgical repair/r urethra made ir of proc	understa of ongoi	nding of	Good knowledge of surgical procedures to repair/reconstruct urethral lesion and made correct choice of procedure			
15. Execution of procedure and application of anti- incontinence mechanisms	execute proced	d guidanc e appropr ure and a i-incontir nisms	riate Ipply	approp		cedure	proced anti-inc	Executed appropriate procedure and applied anti-incontinence mechanisms well		
16. Consideration of possible use of vaginal flaps, if applicable	conside	d prompti er the pos vaginal fla	sible	Considered the possible use of vaginal flaps, but needed some assistance			Independently considered the possibl use of vaginal flaps			
17. Documentation of the procedure		ient writt entation	en	Sufficient documentation, but with some omissions			docume	omprehe entation, ary inforn	with all	
Comuliantiana										
Complications 18. Understanding of potential complications, including how to	Limited understanding of complications and/or unclear of their management			Adequate understanding of complications and plans for their management			Good understanding of complications, with clear plans for their management			
identify and manage them										

Level 2 Module 12 Urethral Fistula and Reconstruction

Destaurant's pr	<b>t</b>								
Postoperative Managem				1			1		
19. Planning of	Inadequ			Adequa			Good postoperative		
postoperative	postope			postope			management planned		
management,	manage	ement pla	anned	manage	ement pla	anned			
including									
catheterisation and									
diet									
20. Knowledge of	Limited	knowled	lge of	Adequa	te knowl	edge of	Good k	nowledge	e of
continence testing and	contine	ence testi	ng and	contine	nce testi	ng and		nce testi	
assessment of	assessn	nent of		assessm	nent of		assessn	nent of	
outcomes	outcom	nes		outcom	es		outcom	es	
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Comments per PBA						Pass (Y/N)	Trainer date	signatur	e and
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# Module 13 Ongoing Incontinence

#### Performance-Based Assessment – Ongoing Incontinence

	Unsatis	factory		Satisfa	ctory		Good		
General									
1. Planning and preparation	Incorrect diagnosis with unsuitable investigations and preoperative preparation			Correct diagnosis with suitable investigations and preoperative preparation, but with some mistakes			Correct diagnosis with suitable investigations and preoperative preparation		
2. Counselling and consent	and ob	ient cour tained co rompting	-		ite couns obtain c	-		lled the p d obtaine t	
3. Standard surgical steps	guidano	ed consid ce to follo rd surgica	ow the	Required some help following the standard surgical steps			Followed the standard surgical steps independently and well		
4. Flow of operation and forward planning	regular	ient forw		Adequate progression, but with some hesitation in forward planning			Smooth progression and good forward planning		
5. Knowledge and handling of instruments	poorly significa	d instrum and requ ant help ng instrur	ired	Required occasional help with handling and choosing instruments			Handled instruments well and chose appropriate instruments		
6. Respect for tissue	Poor respect for tissues and/or required help finding appropriate tissue planes			Adequate respect for tissues and found appropriate tissue planes			Good respect for tissues and found appropriate tissue planes with ease		

Level 2 Module 13 Ongoing Incontinence

7. Suturing and knotting	Placed sutures inaccurately or repeatedly removed and replaced the needle in the tissues to get correct placements. Loose and insecure knotting			Adequate placing of sutures and knotting			Placed sutures accurately and knotted well		
8. Technical use of assistants	Did not use assistants appropriately				ssistants riately m e	ost of		ssistants riately all	of the
9. Relations with patient and surgical team	Inadequate communication with and respect for patient and surgical team			with an patient	ommunic d respec and surg lost of th	t for ;ical	and res	nt Inication pect for p gical tear	patient
10. Insight and attitude		understa strengths esses	-	Intermediate understanding of own strengths and weaknesses				nderstan rengths ai esses	-
Procedure-specific									
11. Understanding the pathology		olete tanding o g incontir		Adequate understanding of ongoing incontinence			Good understanding of ongoing incontinence		
12. Specific surgical steps to treat ongoing incontinence	Limited or incorrect knowledge of the specific surgical steps to treat ongoing incontinence			Correct but incomplete knowledge of the specific surgical steps to treat ongoing incontinence			Good knowledge of t specific surgical step treat ongoing incontinence		
13. Planning of appropriate procedure	Insufficiently planned the procedure			Planned the appropriate procedure adequately			Planned the appropriate procedure very well		

## Performance-based Assessments Level 1-3, Modules 1-16

Level 2 Module 13 Ongoing Incontinence

14. Execution of procedure and application of anti- incontinence mechanisms, including slings	Required help to execute the appropriate procedure and apply anti- incontinence mechanisms			Executed the appropriate procedure, but needed help to apply anti-incontinence mechanisms adequately			Executed the appropriate procedure and applied anti- incontinence mechanisms well		
15. Consideration of possible use of vaginal flaps, if applicable	conside	l prompti er the pos vaginal fla	sible					ndently ered the p vaginal fla	
16. Documentation of the procedure		ient writt entation	en		nt entation, me omiss		Clear, comprehensive documentation, with a necessary information		
Complications		I	I		I			I	
17. Understanding of potential complications, including how to identify and manage them	of com	understa olications of their ement	-	complie	ite canding o cations ar r manage	nd plans	Good understanding complications, with clear plans for management		
Postoperative Managem	ent								
18. Planning of postoperative management,	Inadequ postope		anned	Adequa postope manage		anned	Good postoperative management planned		
including catheterisation and diet									
19. Knowledge of continence testing and assessment of outcomes	Limited knowledge of continence testing and assessment of outcomes			Adequate knowledge of continence testing and assessment of outcomes			Good knowledge of continence testing and assessment of outcomes		

Level 2 Module 13 Ongoing Incontinence

Comments per PBA	Pass (Y/N)	Trainer signature and date
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## Level 3

## Module 14 Urinary Diversion

#### Performance-Based Assessment – Urinary Diversion

	Unsatis	factory		Satisfac	ctory		Good			
General										
1. Planning and preparation		ct diagno ble preop ation		Correct diagnosis with suitable preoperative preparation, but with some mistakes			Correct diagnosis with suitable preoperative preparation			
2. Consent		Obtained consent after prompting			ed conser tely	nt	Obtaine approp	ed conser riately	nt	
3. Standard surgical steps	guidano	ed consid ce to follo rd surgica	ow the		ed some h ng the sta I steps	-	Followed the standard surgical steps independently and well			
4. Flow of operation and forward planning	regular	ient forw		Adequate progression, but with some hesitation in forward planning			Smooth progression and good forward planning			
5. Knowledge and handling of instruments	poorly a significa	d instrum and requi ant help ng instrun	ired	help wi	ed occasion th handling instrum	ng and	Handled instruments well and chose appropriate instruments			
6. Respect for tissue	Poor respect for tissues and/or required help finding appropriate tissue planes			Adequate respect for tissues and found appropriate tissue planes			Good respect for tissues and found appropriate tissue planes with ease			

Level 3 Module 14 Urinary Diversion

7. Suturing and knotting	and rep needle get corr	ately or edly remo placed the in the tise rect place nd insecu	e sues to ements.	Adequate placing of sutures and knotting			Placed sutures accurately and knotted well			
8. Technical use of assistants	Did not approp	use assis riately	tants		ssistants riately m e	ost of		ssistants riately all	of the	
9. Relations with patient and surgical team	and res	uate inication pect for p gical tear	patient	with an patient	ommunic d respect and surg nost of th	t for jical	Excellent communication with and respect for patient and surgical team			
10. Insight and attitude		understa strengths esses	-	Intermediate understanding of own strengths and weaknesses			Good understanding of own strengths and weaknesses			
Procedure-specific		I	I	I	1	1	I	1	1	
11. Consideration of patient suitability for urinary diversion	adequa	l help to tely cons ability of		Considered the suitability of the patient but needed prompting to make the correct decision			Considered the suitability of the patier thoroughly and came t an appropriate decision			
12. Investigations and workup	guidano investig workup	l conside ce to carr sations ar , as well a et results	y out Id as to	Sufficient investigations and workup, but required help interpreting results			Good investigations and workup and accurate interpretation of results			

<ul> <li>13. Counselling of patient, and attendant(s) if applicable, on the specific procedure and consequences</li> <li>14. Consideration of options for diversions</li> </ul>	adequa patient attenda specific conseq Needeo conside	ant(s) on t procedu uences d help to t er the opt ke a suita	the the and fully ions	the pati attenda specific consequ Conside needed	Satisfactorily counselled the patient and attendant(s) on the specific procedure and consequences Considered options but needed some guidance to make a decision			Thoroughly counselled the patient and attendant(s) on the specific procedure and consequences			
15. Specific surgical steps for Mainz pouch II	knowle specific	or incorr dge of th surgical nz pouch	e steps	Correct but incomplete knowledge of the specific surgical steps for Mainz pouch II			Good knowledge of the specific surgical steps for Mainz pouch II				
16. Exposure and identification of the ureters		d guidanc and iden		Adequately exposed and identified the ureters				d and ide ters well	ntified		
17 Mabilization of the	Doguiro	d bala ta		Mabilia	ad the air		Mabilia		-ma a i d		
17. Mobilisation of the sigmoid colon and construction of pouch	mobilis	ed help tc e the sigr nd constr	noid	Mobilised the sigmoid colon and constructed the pouch, but required some prompting			colon a the pou	ed the sig nd constr ich ndently a	ructed		
18. Mobilisation of the ureters		l help to e the ure	ters	Adequa the ure	itely mob ters	ilised	Mobilised the ureters well				
					L						
19. Implantation of the ureters	Needed considerable prompting and/or help to implant the ureters			Implanted the ureters, but needed some help			Implanted the ureters independently and well				

Level 3 Module 14 Urinary Diversion

20. Closure and	Require	ed help to	close	Adequa	tely clos	ed and	Closed and drained		
drainage of pouch		in pouch		drained			pouch v		
21. Closure of		ed help to	close	Adequa	tely clos	ed the	Closed	the abdo	men
abdomen	the abd	lomen	1	abdom	en	1	well	1	
22. Planning of		l conside	rable		ite plann	ing of		lanning c	f
postoperative clinical,	help to	-			dietary,			dietary,	
dietary, psychological follow-up for diversion		erative cl . psycholo		psychol for dive	logical fo	llow-up	psychol for dive	ogical fol	low-up
ionow-up for uiversion		up for div	-		151011		TOT UIVE	131011	
23. Documentation of	Insuffic	ient writt	en	Sufficie	nt		Clear o	omprehe	nsive
the procedure		entation			entation,	but	Clear, comprehensive documentation, with all		
•					me omis		necessa	ary inforn	nation
Complications									
24. Understanding of	Limited	understa	anding	Adequa	ite		Good u	nderstan	ding of
potential short-term	of short				tanding c		short-term		
complications,		ations ar	nd/or		omplicatio	ons and	complications, with		
including how to identify and manage	manage	of their		plans for manage			clear plans for management		
them	manage			manage	linent		manage		
25. Understanding of	Lingitad	underst	n din a	Adagua	+-		Coodu	nderstan	dingof
25. Understanding of potential long-term	of long-	understa term	anding	Adequa	ite tanding c	f long-	long-tei		ang oi
complications,		cations ar	nd/or		mplicatio	-	-	ations, w	/ith
including anal		of their		plans fo	-		clear pl	ans for	
incontinence and acid-	manage	ement		manage	ement	1	manage	ement	
base imbalance									
Postoperative Managem	ent								
26. Planning of	Inadequ			Adequa				ostopera	
postoperative	postope			postope			management planned		
management,	manage	ement pla	anned	management planned					
including diet									

Level 3 Module 14 Urinary Diversion

		1							
27. Knowledge of		l knowled			ate knowl		Good knowledge of		
continence testing and		ence testi	ng and		ence testi	ng and	continence testing and		
assessment of		nent of		assessr			assessn		
outcomes	outcon	nes		outcom	nes		outcom	nes	-
						Pass	Trainer	signatur	o and
Comments per PBA						(Y/N)	date	Signatui	e anu
						(1/14)	uate		
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# Module 15 Colonic Neovagina

## Performance-Based Assessment – Colonic Neovagina

	Unsatis	factory		Satisfa	ctory		Good	Good		
General										
1. Planning and preparation	unsuita	gations ar rative		suitable and pre prepara	diagnosi investig operativ ation, but nistakes	ations e	Correct diagnosis with suitable investigations and preoperative preparation			
					-					
2. Counselling and consent	and obt	ient cour tained co rompting	-		ite couns obtain c	-		lled the p d obtaine t		
3. Standard surgical steps	guidano	ed consid ce to follo rd surgica	ow the		ed some l ng the sta l steps	-	Followed the standard surgical steps independently and well			
4. Flow of operation and forward planning	regular	ient forw		Adequate progression, but with some hesitation in forward planning			Smooth progression and good forward planning			
5. Knowledge and handling of instruments	poorly a significa	d instrum and requi ant help ng instrun	ired	help wi	ed occasion th handling instrur	ng and	Handled instruments well and chose appropriate instruments			
6. Respect for tissue	and/or	spect for required approprio lanes	help	Adequate respect for tissues and found appropriate tissue planes			Good respect for tissues and found appropriate tissue planes with ease			

Level 3 Module 15 Colonic Neovagina

7. Suturing and knotting	and rep needle get corr	ately or edly remo placed the in the tise rect place nd insect	e sues to ements.		te placin and kno		Placed sutures accurately and knotted well			
8. Technical use of assistants	Did not approp	use assis riately	stants		ssistants riately m e	ost of		ssistants riately all	of the	
9. Relations with patient and surgical team	and res	uate inication pect for p gical tear	patient	with an patient	ommunic d respect and surg	t for ical	Excellent communication with and respect for patient and surgical team			
10. Insight and attitude		understa strength esses	-	Intermediate understanding of own strengths and weaknesses			Good understanding of own strengths and weaknesses			
Procedure-specific										
11. Understanding of the indications for colonic neovagina		canding o ons for co			anding o ons for co		Good understanding of the indications for colonic neovagina			
				6	1				C · 1	
12. Specific surgical steps to construct a colonic neovagina	knowle specific	or incorr dge of th surgical Ict a color ina	e steps to	Correct but incomplete knowledge of the specific surgical steps to construct a colonic neovagina			Good knowledge of the specific surgical steps to construct a colonic neovagina			

Level 3 Module 15 Colonic Neovagina

13. Ability to divide the vaginal scar to create an appropriate rectovesical space for the neovagina	Required help to divide the vaginal scar and to avoid possible injury to the bladder or the rectum			the vag	ctorily div inal scar d assista njury	but	Successfully divided the vaginal scar, with no injury to the bladder or rectum			
14. Identification and mobilisation of the sigmoid and descending colon	identify the sigr	ed help to r and mot noid and ding colo	pilise	and mo sigmoid	ctorily ide obilised th d and des out requi elp	ne cending	Identified and mobilised the sigmoid and descending colon well			
15. Identification of the inferior mesenteric, left colic and superior haemorrhoidal arteries supplying the sigmoid colon	identify mesent and sup haemore	ed guidan the infer eric, left perior rrhoidal a ng the sig	rior colic arteries	the infe left coli haemo	ately iden erior mes c and sup rrhoidal a ng the sig	enteric, perior arteries	Properly identified the inferior mesenteric, left colic and superior haemorrhoidal arteries supplying the sigmoid colon			
16. Isolation of the sigmoid loop for neovagina and rotation into ante peristaltic position	sigmoic neovag supply,	ed help to I loop for ina, with and rota eristaltic p	blood ted into	Adequately isolated suitable sigmoid loop for neovagina, with good blood supply, and rotated into ante peristaltic position			Isolated suitable sigmoid loop for neovagina, with good blood supply, and rotated into ante peristaltic position very well			
17. End-to-end colonic anastomosis lateral to the neovagina	astomosis lateral to anastomose the bowel				Adequately anastomosed the bowel			Anastomosed the bowel well		
segment										

							Placed sutures suitably		
18. Placement of		ed promp	ting to		tely plac				
sutures proximally	place su				on both		and well on both ends		
between the colonic	approp	riately or	ı both	the nec	ovagina a	nd, if	of the colonic		
wall and cervix (or, if	ends of	the sigm	oid	cervix p	resent,		neovagina and, if cervix		
no uterus identified,	neovag	ina and, i	f cervix	maintai	ined drai	nage of	present, maintained		
close this end and	present	t, to main	itain	the cer	vix		drainag	e of the o	cervix
suspend it to	drainag	e of the o	cervix						
uterosacral ligaments)									
and suturing the distal									
end of the colonic									
neovagina to the									
introitus									
19. Suspension to the	Require	ed help to	)	Adequa	tely susp	ended	Suspen	ded to th	e
anterior longitudinal		d to the a		to the a		chaca		r longitua	
spinal ligament at the		dinal spin			dinal spir	al		gament a	
level of the	-	nt at the l		-	nt at the l			the pron	
promontory	-	montory	CVCIOI	-	montory		well	the profi	lontory
promoneory		Inontory			Inoncory		wen		
20. Closure of	Require	ed help to	close	Adequa	tely clos	ed the	Closed the abdomen		
abdomen	the abc	lomen		abdom	en		well		
21. Documentation of		ient writt	en	Sufficie				omprehe	
the procedure	docum	entation		documentation, but				entation,	
				with so	me omis	sions	necessa	ary inforn	nation
Complications									
•							<b>a</b> 1		
22. Understanding of		understa	-	Adequa		<i>c</i>		nderstan	•
potential		plications	and/or		tanding c			ations, w	/ith
complications,		of their			cations ar	-	clear pl		
including how to	manage	ement		for thei	r manage	ement	manage	ement	
identify and manage									
them									
Postoperative Managem	ent								
23. Planning of	Inadequ	late		Adequa	te		Good n	ostopera	tive
postoperative				postop				ement pla	
management,		postoperative			enative ement pla	anned	manage	ment ple	anneu
including	management planned			manage	linent pla	anneu			
catheterisation and									
diet									
24. Knowledge of	Limited	knowled	ge of	Δdequa	ate knowl	edge of	Good knowledge of		
assessment of	assessn		5001	assessn		Cuge UI	Good knowledge of		
outcomes	outcom			outcom			assessment of		
UULUIIIC3	UULLOIT	i CO		UULLUIT	ico.		outcomes		

Level 3 Module 15 Colonic Neovagina

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## Module 16 Circumferential/Stenosed Rectovaginal Fistula

#### Performance-Based Assessment – Circumferential/Stenosed Rectovaginal Fistula

	Unsatis	factory		Satisfac	ctory		Good			
General										
1. Planning and preparation	unsuita	gations ar rative		suitable and pre prepara	diagnos investig operativ ation, but nistakes	ations e	Correct diagnosis with suitable investigations and preoperative preparation			
2. Counselling and consent	and obt	ient cour tained co rompting	-		ate couns obtain c	-		lled the p d obtaine t		
3. Standard surgical steps	guidano	ed consid ce to follo rd surgica	ow the		ed some l ng the sta l steps	•	Followed the standard surgical steps independently and well			
					-					
4. Flow of operation and forward planning	regular	ient forw		Adequate progression, but with some hesitation in forward planning			Smooth progression and good forward planning			
5. Knowledge and handling of instruments	poorly a significa	d instrum and requi ant help ng instrun	ired	help wi	ed occasi th handli ng instrur	ng and	Handled instruments well and chose appropriate instruments			
6. Respect for tissue	Poor respect for tissues and/or required help finding appropriate tissue planes			Adequate respect for tissues and found appropriate tissue planes			Good respect for tissues and found appropriate tissue planes with ease			

7. Suturing and knotting	Placed sutures inaccurately or repeatedly removed and replaced the needle in the tissues to get correct placements. Loose and insecure knotting			Adequate placing of sutures and knotting			Placed sutures accurately and knotted well			
8. Technical use of assistants	Did not use assistants appropriately			Used assistants appropriately most of the time				Used assistants appropriately all of the time		
9. Relations with patient and surgical team	Inadequate communication with and respect for patient and surgical team		Good communication with and respect for patient and surgical team most of the time			Excellent communication with and respect for patient and surgical team				
10. Insight and attitude	Limited understanding of own strengths and weaknesses			Intermediate understanding of own strengths and weaknesses			Good understanding of own strengths and weaknesses			
Procedure-specific				1			1			
11. Understanding the pathology	Incomplete understanding of circumferential/ stenosed rectovaginal fistula			Adequate understanding of circumferential/ stenosed rectovaginal fistula			Good understanding of circumferential/ stenosed rectovaginal fistula			
12. Decision regarding vaginal or abdominovaginal approach	Required guidance to choose the correct approach			Considered the appropriate approach, but was uncertain in their decision-making			Considered the approach and made a correct, informed decision			

## Performance-based Assessments Level 1-3, Modules 1 -16

13. Specific surgical steps for repair of circumferential/ stenosed rectovaginal fistula, as per chosen approach	Limited or incorrect knowledge of the specific surgical steps for repair of circumferential/ stenosed rectovaginal fistula			Correct but incomplete knowledge of the specific surgical steps for repair of circumferential/ stenosed rectovaginal fistula			Good knowledge of the specific surgical steps for repair of circumferential/ stenosed rectovaginal fistula		
14. Identification of anal sphincter injury and knowledge of the risks of ongoing faecal/flatal incontinence	Required prompting to look for anal sphincter injury and had limited knowledge of the risks of ongoing faecal/flatal incontinence			Adequately looked for anal sphincter injury and had sufficient knowledge of the risks of ongoing faecal/flatal incontinence			Independently looked for anal sphincter injury and had good knowledge of the risks of ongoing faecal/flatal incontinence		
15. Mobilisation, rectal dilatation (as required) and repair of the anterior rectal wall, if not a circumferential defect	Required significant help to mobilise and dilate the rectum and the vagina, and to repair the anterior rectal wall			Adequately mobilised the rectum and the vagina, and repaired the anterior rectal wall			Good mobilisation of the rectum and the vagina, and repair of the anterior rectal wall		
16. Circumferential mobilisation of both ends of the rectum, if defect is circumferential	Required significant help to mobilise both ends of the rectum and the vagina for repair		Adequately mobilised both ends of the rectum and/or the vagina for repair		Good mobilisation of both ends of the rectum and the vagina for optimal repair				
17. Surgical anastomosis of mobilised ends of the rectum	Required significant help to anastomose the ends of the rectum		Anastomosed the ends of the rectum adequately			Anastomosed the ends of the rectum well			
18. Steps to reduce the chance of faecal/flatal incontinence	Required assistance to reduce the chance of faecal/flatal incontinence			Adequately reduced the chance of faecal/flatal incontinence			Reduced the chance of faecal/flatal incontinence well		

20. Defunctioning colostomy	Required help to decide where and how to do the colostomy			Adequately placed and performed the colostomy			Good choice of place and performed the colostomy well		
21. For abdominovaginal approach, closure of abdomen	Require the abc	ed help to lomen	o close	Adequa abdom	itely close en	ed the	Closed well	the abdo	men
22. Documentation of the procedure	Insufficient written documentation		Sufficient documentation, but with some omissions		Clear, comprehensive documentation, with all necessary information				
Complications									
23. Understanding of potential complications, including how to identify and manage	Limited understanding of complications and/or unclear of their management			Adequate understanding of complications and plans for their management			Good understanding of complications, with clear plans for management		
them									
Postoperative Managem	1								
24. Planning of postoperative management, including	Inadequate postoperative management planned		Adequate postoperative management planned			Good postoperative management planned			
catheterisation and diet									
25. Knowledge of continence testing and assessment of outcomes	Limited knowledge of continence testing and assessment of outcomes			Adequate knowledge of continence testing and assessment of outcomes			Good knowledge of continence testing and assessment of outcomes		
Comments per PBA						Pass	Trainer	signatur	e and

## Performance-based Assessments Level 1-3, Modules 1-16

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