

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

Level 1

Module 1 Perineal Tears

Performance-Based Assessment – Perineal Tears

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	Adequate respect for tissues and found	Good respect for tissues and found

	finding appropriate tissue planes	appropriate tissue planes	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			
11. Understanding the pathology	Incomplete understanding of perineal tear	Adequate understanding of perineal tears	Good understanding of perineal tears
12. Specific surgical steps for repair of perineal tears	Limited or incorrect knowledge of the specific surgical steps for repair of perineal tears	Correct but incomplete knowledge of the specific surgical steps for repair of perineal tears	Good knowledge of the specific surgical steps for repair of perineal tears

13. Identifying the correct tissues, with particular attention to the internal and external anal sphincters	Required prompting and/or help to identify the correct tissues	Correctly identified the tissues, but needed some help	Accurately and independently identified the tissues
14. Mobilisation of the vagina, perineal skin, anal and/or rectal mucosa, perineal body and anal sphincter	Inadequate mobilisation	Adequate mobilisation	Good mobilisation
15. Repair of perineal tear with particular attention to the internal and external anal sphincters	Required help to carry out repair	Adequate repair but needed some prompting	Good repair done independently
16. Documentation of the procedure	Insufficient written documentation	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	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
Postoperative Management			
18. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned	Adequate postoperative management planned	Good postoperative management planned
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
Comments per PBA		Pass (Y/N)	Trainer signature and date

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Module 2 Simple Vesicovaginal Fistula**Performance-Based Assessment – Simple Vesicovaginal Fistula**

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Understanding the pathology	Incomplete understanding of simple vesicovaginal fistula	Adequate understanding of simple vesicovaginal fistula	Good understanding of simple vesicovaginal fistula
12. Specific surgical steps for repair of simple vesicovaginal fistula	Limited or incorrect knowledge of the specific surgical steps for repair of simple vesicovaginal fistula	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	Required assistance delineating the fistula	Adequately delineated the fistula	Accurately and independently delineated the fistula
14. Identification and protection of the ureters	Required help to identify the ureters, recognise injuries to the ureters and/or to catheterise	Could identify the ureters and recognise ureteric injury, but required help with catheterisation	Could identify the ureters, recognise ureteric injury and catheterised independently
15. Initial incision around the fistula and mobilisation of bladder	Required significant help with incision and/or mobilisation	Made the incision and dissection independently but with some inaccuracies	Independent and good incision on appropriate site and mobilised the bladder through proper plane
16. Closure of bladder	Required help to close the bladder without tension	Adequate closure of the bladder, but required some prompting to avoid tension on the suture line/urethra	Good closure of the bladder, angle secured and no tension on suture line/urethra
17. Intraoperative dye test	Needed prompting to perform the dye test	Required some guidance to perform the dye test and interpret the result	Performed dye test independently and correctly interpreted the result
18. Closure of vagina	Required help to close the vagina and/or had tension on the vagina and/or urethra	Appropriate closure of the vagina but needed some prompting to avoid pulling on the vagina and/or urethra	Good and independent closure of the vagina without any tension on the vagina and urethra
19. Documentation of the procedure	Insufficient written documentation	Sufficient documentation, but with some omissions	Clear, comprehensive documentation, with all necessary information

Complications									
20. Understanding of potential complications, including how to identify and manage them	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		
Postoperative Management									
21. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned			Adequate postoperative management planned			Good postoperative management planned		
22. 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 (Y/N)	Trainer signature and date		
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Module 3 Simple Rectovaginal Fistula**Performance-Based Assessment – Simple Rectovaginal Fistula**

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Understanding the pathology	Incomplete understanding of simple rectovaginal fistula	Adequate understanding of simple rectovaginal fistula	Good understanding of simple rectovaginal fistula
12. Specific surgical steps for repair of simple rectovaginal fistula	Limited or incorrect knowledge of the specific surgical steps for repair of simple rectovaginal fistula	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	Required prompting to identify the margins and/or anal sphincter	Adequately identified the margins and/or anal sphincter	Independently identified the margins and able to rule out anal sphincter injury
14. Incisions	Required assistance to make appropriate incisions	Made appropriate incisions, but with minor errors	Made good incisions, with no errors
15. Planes and mobilisation	Required help selecting the correct planes and with mobilisation	Identified the correct planes but required some prompting with mobilisation	Independently identified correct planes and good mobilisation
16. Closure and tension	Required help with closure and/or to ensure the correct tension	Reasonable closure and tension, but required some prompting	Good closure with correct tension
17. Documentation of the procedure	Insufficient written documentation	Sufficient documentation, but with some omissions	Clear, comprehensive documentation, with all necessary information
Complications			
18. Understanding of potential complications, including how to identify and manage them	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
Postoperative Management			
19. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned	Adequate postoperative management planned	Good postoperative management planned

20. 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 (Y/N)	Trainer signature and date		
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Module 4 Vault Vesicovaginal Fistula**Performance-Based Assessment – Vault Vesicovaginal Fistula**

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Understanding the pathology	Incomplete understanding of vault vesicovaginal fistula	Adequate understanding of vault vesicovaginal fistula	Good understanding of vault vesicovaginal 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 vault vesicovaginal fistula, as per chosen approach	Limited or incorrect knowledge of the specific surgical steps for repair of vault vesicovaginal fistula	Correct but incomplete knowledge of the specific surgical steps for repair of vault vesicovaginal fistula	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	Limited knowledge of the pelvic anatomy in relation to the fistula	Sufficient knowledge of the pelvic anatomy in relation to the fistula	Good knowledge of the pelvic anatomy in relation to the fistula
15. Identification and protection of the ureters	Required help to identify, prevent injury to and/or catheterise the ureters, if required	Could identify the ureters and recognise ureteric injury, but needed help with catheterisation, if required	Could identify the ureters, recognise ureteric injury and catheterise independently, if required
16. Dissection and mobilisation of the fistula	Required significant help with incision and/or mobilisation	Adequate incision and mobilisation	Good incision on appropriate site and mobilised the bladder through proper plane
17. Closure of bladder	Required help to close the bladder without tension	Adequate closure of the bladder, but required some prompting to avoid tension on the suture line/urethra	Good closure of the bladder, angle secured and no tension on suture line/urethra
18. Intraoperative dye test	Required help doing the dye test	Required some guidance to do the dye test and interpret the result	Did dye test independently and correctly interpreted the result
19. For vaginal approach, closure of vagina	Required help to close the vagina and/or had tension on the vagina and/or urethra	Appropriate closure of the vagina but needed some prompting to avoid pulling on the vagina and/or urethra	Good and independent closure of the vagina without any tension on the vagina and urethra

20. For abdominal approach, closure of abdomen	Required help to close the abdomen			Adequately closed the abdomen			Closed the abdomen well		
21. Documentation of the procedure	Insufficient written documentation			Sufficient documentation, but with some omissions			Clear, comprehensive documentation, with all necessary information		
Complications									
22. Understanding of potential complications, including how to identify and manage them	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		
Postoperative Management									
23. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned			Adequate postoperative management planned			Good postoperative management planned		
24. 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 (Y/N)	Trainer signature and date		
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Level 2

Module 5 Circumferential Vesicovaginal Fistula

Performance-Based Assessment – Circumferential Vesicovaginal Fistula

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer.**

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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									
11. Understanding of pathology	Incomplete understanding of a circumferential fistula			Adequate understanding of a circumferential fistula			Good understanding of a circumferential fistula		
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		

13. Identification and protection of the ureters	Required help to identify the ureters, recognise injuries to the ureters and/or to catheterise	Could identify the ureters and recognise ureteric injury, but required help with catheterisation	Could identify the ureters, recognise ureteric injury and catheterised independently
14. Initial incision and mobilisation of bladder	Required significant help with incision and/or mobilisation	Adequate incision and mobilisation	Good incision on appropriate site and mobilised the bladder through proper plane
15. Identification of urethral loss and reconstruction	Required significant help identifying urethral loss and reconstruction	Identified urethral loss but required help to reconstruct	Identified urethral loss and was able to independently reconstruct
16. Anastomosis of bladder and urethra	Required significant help to avoid insecure anastomosis of the bladder with the urethra	Adequate anastomosis of the bladder with the urethra	Good anastomosis of the bladder with the urethra
17. Intraoperative dye test	Needed prompting to do the dye test	Required some guidance to do the dye test and interpret the result	Did dye test independently and correctly interpreted the result
18. Sling or support for urethra, if needed	Required significant help with sling or support for the urethra	Adequate sling or support for the urethra	Good sling or support for the urethra
19. Closure of the vagina	Required help to close the vagina and/or had tension on the vagina and/or urethra	Appropriate closure of the vagina but needed some prompting to avoid pulling on the vagina and/or urethra	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, comprehensive documentation, with all necessary information		
Complications									
21. Understanding of potential complications, including how to identify and manage them	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		
Postoperative Management									
22. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned			Adequate postoperative management planned			Good postoperative management planned		
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		
Comments per PBA						Pass (Y/N)	Trainer signature and date		
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Module 6 High and Scarred Rectovaginal Fistula

Performance-Based Assessment – High and Scarred Rectovaginal Fistula

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Understanding the pathology	Incomplete understanding of high and scarred rectovaginal fistula	Adequate understanding of high and scarred rectovaginal fistula	Good understanding of high and scarred rectovaginal fistula
12. Decision regarding vaginal/abdominal approach	Required significant guidance to choose the most suitable approach	Adequately considered the appropriate approach	Considered the most appropriate approach and made a correct, informed decision

13. Specific surgical steps for repair of high and scarred rectovaginal fistula, as per chosen approach	Limited or incorrect knowledge of the specific surgical steps for repair of high and scarred rectovaginal fistula	Correct but incomplete knowledge of the specific surgical steps for repair of high and scarred rectovaginal fistula	Good knowledge of the specific surgical steps for repair of high and scarred 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 (if required) and repair of the anterior rectal wall	Required significant help to mobilise and/or dilate the rectum and the vagina, and to repair the anterior rectal wall	Adequately mobilised and/or dilated the rectum and the vagina and, with some prompting, did a reasonable repair of the anterior rectal wall	Mobilised and/or dilated the rectum and the vagina well, and independently repaired the anterior rectal wall
16. 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
17. For vaginal approach, repair of the vagina (considered use of flaps as appropriate)	Required help to repair the vagina without tension and, if appropriate, to adequately cover the posterior vaginal wall with a flap	Repaired the vagina satisfactorily but required prompting to prevent tension and, if appropriate, to adequately cover the posterior vaginal wall with a flap	Good tension-free repair of the vagina and, if appropriate, covered the posterior vaginal wall with a flap well
18. For abdominal approach, closure of abdomen	Required help to close the abdomen	Adequately closed the abdomen	Closed the abdomen well

19. Documentation of the procedure	Insufficient written documentation			Sufficient documentation, but with some omissions			Clear, comprehensive documentation, with all necessary information		
Complications									
20. Understanding of potential complications, including how to identify and manage them	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		
Postoperative Management									
21. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned			Adequate postoperative management planned			Good postoperative management planned		
22. 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 (Y/N)	Trainer signature and date		
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Module 7 Vesicocervical/Vesicouterine Fistulaompliations

Performance-Based Assessment – Vesicocervical/Vesicouterine Fistula

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Understanding the pathology	Incomplete understanding of vesicocervical/vesicouterine fistula	Adequate understanding of vesicocervical/vesicouterine fistula	Good understanding of vesicocervical/vesicouterine fistula
12. Preoperative planning of most suitable approach	Required considerable guidance to choose the correct approach	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	Limited or incorrect knowledge of the specific surgical steps for repair of vesicocervical/vesicouterine fistula	Correct but incomplete knowledge of the specific surgical steps for repair of vesicocervical/vesicouterine fistula	Good knowledge of the specific surgical steps for repair of vesicocervical/vesicouterine fistula
14. Identification and protection of the ureters	Required help to identify the ureters, recognise injuries to the ureters and/or to catheterise	Could identify the ureters and recognise ureteric injury, but required help with catheterisation	Could identify the ureters, recognise ureteric injury and catheterise independently
15. Initial incision and mobilisation of bladder	Required significant help with incision and/or mobilisation	Adequate incision and mobilisation	Good incision on appropriate site and mobilised the bladder through proper plane
16. Mobilisation of bladder from uterus, cervix and vagina	Needed prompting and/or help to separate the bladder from uterus, cervix and vagina	Separated the bladder from the uterus, cervix and vagina without prompting but needed some help	Separated the bladder from the uterus, cervix and vagina independently
17. Closure of bladder	Required help to close the bladder without tension	Adequate closure of the bladder, but required some prompting to avoid tension on the suture line/urethra	Good closure of the bladder, angle secured and no tension on suture line/urethra
18. Intraoperative dye test	Required considerable help to do the dye test	Required some guidance to do the dye test and interpret the result	Did dye test independently and correctly interpreted the result
19. Repair of cervix and/or uterus, as required	Required significant help to repair cervix and/or uterus, as required	Adequately repaired cervix and/or uterus, as required	Repaired cervix and/or uterus independently and well

20. For vaginal approach, repair of the vagina	Required help to repair the vagina and/or to prevent tension on the vagina			Appropriate closure of the vagina but needed some prompting to avoid pulling on the vagina			Good and independent closure of the vagina without any tension on the vagina		
21. For abdominal approach, closure of abdomen	Required help to close the abdomen			Adequately closed the abdomen			Closed the abdomen well		
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 them	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		
Postoperative Management									
24. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned			Adequate postoperative management planned			Good postoperative management planned		
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 (Y/N)	Trainer signature and date		

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Module 8 Residual and Corner Fistula

Performance-Based Assessment – Residual and Corner Fistula

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Understanding the pathology	Incomplete understanding of residual and/or corner fistula	Adequate understanding of residual and/or corner fistula	Good understanding of residual and/or corner fistula
12. Specific surgical steps for repair of residual and/or corner fistula	Limited or incorrect knowledge of the specific surgical steps for repair of residual and/or corner fistula	Correct but incomplete knowledge of the specific surgical steps for repair of residual and/or corner fistula	Good knowledge of the specific surgical steps for repair of residual and/or corner fistula

13. Consideration of episiotomy and excision of scar tissue	Needed prompting to consider an episiotomy and excision of scar tissues	Considered use of episiotomy and excision of scar tissue, but was uncertain in decision-making	Independently considered use of episiotomy and excision of scar tissue and, if appropriate, applied correctly
14. Mobilisation of the bladder into the paravesical space for corner fistula	Required help to mobilise the bladder into the paravesical space for corner fistula	Adequately mobilised the bladder into the paravesical space for corner fistula	Mobilised the bladder into the paravesical space for corner fistula well
15. Identification and protection of the ureters	Required help to identify the ureters, recognise injuries to the ureters and/or to catheterise	Could identify the ureters and recognise ureteric injury, but required help with catheterisation	Could identify the ureters, recognise ureteric injury and catheterised independently
16. Closure of bladder	Required help to close the bladder without tension	Adequate closure of the bladder, but required some prompting to avoid tension on the suture line/urethra	Good closure of the bladder, angle secured and no tension on the suture line/urethra
17. Intraoperative dye test	Required help to do the dye test	Required some guidance to do the dye test and interpret the result	Did the dye test independently and correctly interpreted the result
18. Consideration of possible use of Martius graft and execution	Did not consider use of Martius graft and/or required help with execution	Considered use of Martius graft and executed adequately	Considered use of Martius graft and executed correctly

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	Insufficient written documentation	Sufficient documentation, but with some omissions	Clear, comprehensive documentation, with all necessary information
Complications			
21. Understanding of potential complications, including how to identify and manage them	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
Postoperative Management			
22. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned	Adequate postoperative management planned	Good postoperative management planned
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

Comments per PBA	Pass (Y/N)	Trainer signature and date
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Module 9 Ureteric Fistula**Performance-Based Assessment – Ureteric Fistula**

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Understanding the pathology	Incomplete understanding of ureteric fistula	Adequate understanding of ureteric fistula	Good understanding of 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	Limited or incorrect knowledge of the specific surgical steps for repair of ureteric fistula	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	Required help to mobilise the bladder	Adequately mobilised the bladder	Mobilised the bladder well
15. Exposure and identification of affected ureter	Needed guidance to expose and identify the affected ureter	Adequately exposed and identified the affected ureter	Exposed and identified the affected ureter well
16. Mobilisation of the ureter	Needed help to mobilise the ureter	Adequately mobilised the ureter	Mobilised the ureter well
17. Application of chosen implantation method and repair of bladder	Required significant help to apply the implantation method and repair the bladder	Adequately applied the implantation method and repaired the bladder	Applied the implantation method and repaired the bladder well
18. For abdominal approach, closure of abdomen	Required help to close the abdomen	Adequately closed the abdomen	Closed the abdomen well
19. For vaginal approach, intraoperative dye test	Required considerable help to do the dye test	Required some guidance to do the dye test and interpret the result	Did dye test independently and correctly interpreted the result
20. Documentation of the procedure	Insufficient written documentation	Sufficient documentation, but with some omissions	Clear, comprehensive documentation, with all necessary information

Complications									
21. Understanding of potential complications, including how to identify and manage them	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		
Postoperative Management									
22. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned			Adequate postoperative management planned			Good postoperative management planned		
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		
Comments per PBA						Pass (Y/N)	Trainer signature and date		
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Module 10 Bladder Stones

Performance-Based Assessment – Bladder Stones

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Understanding of the pathology	Incomplete understanding of bladder stones	Adequate understanding of bladder stones	Good understanding of bladder 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	Limited or incorrect knowledge of the specific surgical steps for removal of bladder stones	Correct but incomplete knowledge of the specific surgical steps for removal of bladder stones	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	Adequately removed the stone through the fistula	Removed the stone through the fistula independently and well
15. For suprapubic approach, suprapubic cystostomy	Needed help to perform suprapubic cystostomy	Adequate suprapubic cystostomy	Independently performed suprapubic cystostomy
16. For suprapubic approach, identification and removal of stone	Needed prompting and/or help to identify and remove stone	Adequately identified and removed stone	Independently identified and removed stone well
17. For suprapubic approach, repair of bladder	Needed prompting and/or help to repair bladder	Needed some prompting to repair bladder	Independently and accurately repaired bladder
18. For suprapubic approach, closure of abdomen	Required help to close the abdomen	Adequately closed the abdomen	Closed the abdomen well
19. Documentation of the procedure	Insufficient written documentation	Sufficient documentation, but with some omissions	Clear, comprehensive documentation, with all necessary information
Complications			
20. Understanding of potential complications, including how to identify and manage them	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

Postoperative Management									
21. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned			Adequate postoperative management planned			Good postoperative management planned		
22. 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 (Y/N)	Trainer signature and date		
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Module 11 Vaginal Reconstruction**Performance-Based Assessment – Vaginal Reconstruction**

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Understanding the pathology and need for vaginal reconstruction	Incomplete understanding of the pathology and need for vaginal reconstruction	Adequate understanding of the pathology and need for vaginal reconstruction	Good understanding of the pathology and need for vaginal reconstruction
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

13. Ability to divide the scar to create an appropriate rectovesical space for vaginal reconstruction	Required help to divide the vaginal scar and to avoid possible injury to the bladder or the rectum	Adequate division of the vaginal scar but needed assistance to avoid injury to the bladder or the rectum	Optimal, safely performed division of the vaginal scar
14. Consideration of the different options for reconstruction of the rectovesical space	Needed help to decide between the different options for reconstruction	Adequate consideration of the different options for reconstruction, but with some uncertainty	Considered different options for reconstruction and made a suitable choice
15. Harvest of adequate tissue to cover the rectovesical canal	Required help to harvest suitable tissue to cover the rectovesical canal	Adequate tissue harvested to cover the rectovesical canal, but needed some assistance	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	Required significant guidance on correct fixture of the harvested tissue to cover the rectovesical space	Adequate fixture of the harvested tissue to cover the rectovesical space, with some assistance	Correct and independent fixture of the harvested tissue to cover the rectovesical space
17. Patency maintenance of the reconstructed vagina (vaginal packs, dilators)	Needed reminding to place vaginal dilators and/or plan for ongoing dilatation	Adequately placed vaginal dilators and/or planned for ongoing dilatation, but with some prompting	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 all necessary information
Complications			
19. 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 management

identify and manage them									
Postoperative Management									
20. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned			Adequate postoperative management planned			Good postoperative management planned		
21. 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 (Y/N)	Trainer signature and date		
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Module 12 Urethral Fistula and Reconstruction

Performance-Based Assessment – Urethral Fistula and Reconstruction

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Understanding the pathology	Incomplete understanding of urethral fistula	Adequate understanding of urethral fistula	Good understanding of urethral fistula
12. Specific surgical steps for repair of urethral fistula	Limited or incorrect knowledge of the specific surgical steps for repair of urethral fistula	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

13. Knowledge and choice of different surgical procedures to repair/reconstruct urethral lesion	Poor knowledge of surgical procedures to repair/reconstruct urethral lesion and made incorrect choice of procedure	Sufficient knowledge of surgical procedures to repair/reconstruct urethral lesion but made incorrect choice of procedure	Good knowledge of surgical procedures to repair/reconstruct urethral lesion and made correct choice of procedure
14. Understanding of the risk of ongoing incontinence	Limited understanding of the risk of ongoing incontinence	Partial understanding of the risk of ongoing incontinence	Complete understanding of the risk of ongoing incontinence
15. Execution of procedure and application of anti-incontinence mechanisms	Needed guidance to execute appropriate procedure and apply any anti-incontinence mechanisms	Adequately executed appropriate procedure and applied anti-incontinence mechanisms	Executed appropriate procedure and applied anti-incontinence mechanisms well
16. Consideration of possible use of vaginal flaps, if applicable	Needed prompting to consider the possible use of vaginal flaps	Considered the possible use of vaginal flaps, but needed some assistance	Independently considered the possible use of vaginal flaps
17. Documentation of the procedure	Insufficient written documentation	Sufficient documentation, but with some omissions	Clear, comprehensive documentation, with all necessary information
Complications			
18. Understanding of potential complications, including how to identify and manage them	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

Postoperative Management									
19. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned			Adequate postoperative management planned			Good postoperative management planned		
20. 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 (Y/N)	Trainer signature and date		
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Module 13 Ongoing Incontinence

Performance-Based Assessment – Ongoing Incontinence

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Understanding the pathology	Incomplete understanding of ongoing incontinence	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 the specific surgical steps to treat ongoing incontinence
13. Planning of appropriate procedure	Insufficiently planned the procedure	Planned the appropriate procedure adequately	Planned the appropriate procedure very well

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	Needed prompting to consider the possible use of vaginal flaps			Considered the possible use of vaginal flaps, but needed some assistance			Independently considered the possible use of vaginal flaps		
16. Documentation of the procedure	Insufficient written documentation			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	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		
Postoperative Management									
18. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned			Adequate postoperative management planned			Good postoperative management planned		
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		

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

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer.**

	Unsatisfactory	Satisfactory	Good
General			
1. Planning and preparation	Incorrect diagnosis with unsuitable preoperative preparation	Correct diagnosis with suitable preoperative preparation, but with some mistakes	Correct diagnosis with suitable preoperative preparation
2. Consent	Obtained consent after prompting	Obtained consent adequately	Obtained consent appropriately
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	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Consideration of patient suitability for urinary diversion	Needed help to adequately consider the suitability of the patient	Considered the suitability of the patient but needed prompting to make the correct decision	Considered the suitability of the patient thoroughly and came to an appropriate decision
12. Investigations and workup	Needed considerable guidance to carry out investigations and workup, as well as to interpret results	Sufficient investigations and workup, but required help interpreting results	Good investigations and workup and accurate interpretation of results

13. Counselling of patient, and attendant(s) if applicable, on the specific procedure and consequences	Needed assistance to adequately counsel the patient and attendant(s) on the specific procedure and consequences	Satisfactorily counselled the patient and attendant(s) on the specific procedure and consequences	Thoroughly counselled the patient and attendant(s) on the specific procedure and consequences
14. Consideration of options for diversions	Needed help to fully consider the options and make a suitable decision	Considered options but needed some guidance to make a decision	Considered options well and made a suitable decision independently
15. Specific surgical steps for Mainz pouch II	Limited or incorrect knowledge of the specific surgical steps for Mainz pouch II	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	Needed guidance to expose and identify the ureters	Adequately exposed and identified the ureters	Exposed and identified the ureters well
17. Mobilisation of the sigmoid colon and construction of pouch	Required help to mobilise the sigmoid colon and construct the pouch	Mobilised the sigmoid colon and constructed the pouch, but required some prompting	Mobilised the sigmoid colon and constructed the pouch independently and well
18. Mobilisation of the ureters	Needed help to mobilise the ureters	Adequately mobilised the ureters	Mobilised the ureters well
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

20. Closure and drainage of pouch	Required help to close and drain pouch	Adequately closed and drained pouch	Closed and drained pouch well
21. Closure of abdomen	Required help to close the abdomen	Adequately closed the abdomen	Closed the abdomen well
22. Planning of postoperative clinical, dietary, psychological follow-up for diversion	Needed considerable help to plan postoperative clinical, dietary, psychological follow-up for diversion	Adequate planning of clinical, dietary, psychological follow-up for diversion	Good planning of clinical, dietary, psychological follow-up for diversion
23. Documentation of the procedure	Insufficient written documentation	Sufficient documentation, but with some omissions	Clear, comprehensive documentation, with all necessary information
Complications			
24. Understanding of potential short-term complications, including how to identify and manage them	Limited understanding of short-term complications and/or unclear of their management	Adequate understanding of short-term complications and plans for their management	Good understanding of short-term complications, with clear plans for management
25. Understanding of potential long-term complications, including anal incontinence and acid-base imbalance	Limited understanding of long-term complications and/or unclear of their management	Adequate understanding of long-term complications and plans for their management	Good understanding of long-term complications, with clear plans for management
Postoperative Management			
26. Planning of postoperative management, including diet	Inadequate postoperative management planned	Adequate postoperative management planned	Good postoperative management planned

27. 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 (Y/N)	Trainer signature and date		
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Module 15 Colonic Neovagina**Performance-Based Assessment – Colonic Neovagina**

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
11. Understanding of the indications for colonic neovagina	Incomplete understanding of the indications for colonic neovagina	Adequate understanding of the indications for colonic neovagina	Good understanding of the indications for colonic neovagina
12. Specific surgical steps to construct a colonic neovagina	Limited or incorrect knowledge of the specific surgical steps to construct a colonic neovagina	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

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	Satisfactorily divided the vaginal scar but required assistance to avoid injury	Successfully divided the vaginal scar, with no injury to the bladder or rectum
14. Identification and mobilisation of the sigmoid and descending colon	Required help to identify and mobilise the sigmoid and descending colon	Satisfactorily identified and mobilised the sigmoid and descending colon, but required some help	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	Required guidance to identify the inferior mesenteric, left colic and superior haemorrhoidal arteries supplying the sigmoid colon	Adequately identified the inferior mesenteric, left colic and superior haemorrhoidal arteries supplying the sigmoid colon	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	Required help to isolate sigmoid loop for neovagina, with blood supply, and rotated into ante peristaltic position	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 segment	Needed assistance to anastomose the bowel	Adequately anastomosed the bowel	Anastomosed the bowel well

18. Placement of sutures proximally between the colonic wall and cervix (or, if no uterus identified, close this end and suspend it to uterosacral ligaments) and suturing the distal end of the colonic neovagina to the introitus	Required prompting to place sutures appropriately on both ends of the sigmoid neovagina and, if cervix present, to maintain drainage of the cervix	Adequately placed sutures on both ends of the neovagina and, if cervix present, maintained drainage of the cervix	Placed sutures suitably and well on both ends of the colonic neovagina and, if cervix present, maintained drainage of the cervix
19. Suspension to the anterior longitudinal spinal ligament at the level of the promontory	Required help to suspend to the anterior longitudinal spinal ligament at the level of the promontory	Adequately suspended to the anterior longitudinal spinal ligament at the level of the promontory	Suspended to the anterior longitudinal spinal ligament at the level of the promontory well
20. Closure of abdomen	Required help to close the abdomen	Adequately closed the abdomen	Closed the abdomen well
21. Documentation of the procedure	Insufficient written documentation	Sufficient documentation, but with some omissions	Clear, comprehensive documentation, with all necessary information
Complications			
22. Understanding of potential complications, including how to identify and manage them	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
Postoperative Management			
23. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned	Adequate postoperative management planned	Good postoperative management planned
24. Knowledge of assessment of outcomes	Limited knowledge of assessment of outcomes	Adequate knowledge of assessment of outcomes	Good knowledge of assessment of outcomes

Comments per PBA						Pass (Y/N)	Trainer signature and date		
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Module 16 Circumferential/Stenosed Rectovaginal Fistula

Performance-Based Assessment – Circumferential/Stenosed Rectovaginal Fistula

The Performance-Based Assessment is used for each module to assess trainees' skills and progress. It must be **completed, signed and dated by the trainer**.

	Unsatisfactory	Satisfactory	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	Insufficient counselling and obtained consent after prompting	Adequate counselling and did obtain consent	Counselled the patient 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	Followed the standard surgical steps independently and well
4. Flow of operation and forward planning	Stopped/hesitated regularly with insufficient forward planning	Adequate progression, but with some hesitation in forward planning	Smooth progression and good forward planning
5. Knowledge and handling of instruments	Handled instruments poorly and required significant help choosing instruments	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	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			
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

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

19. Repair of vagina with no tension and covering of the rectal wall	Required help to repair the vagina without tension and to adequately cover the rectal wall	Adequately repaired the vagina, but required prompting to prevent tension, and adequately covered the rectal wall	Good tension-free repair of the vagina and covered the rectal wall
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	Required help to close the abdomen	Adequately closed the abdomen	Closed the abdomen well
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 them	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
Postoperative Management			
24. Planning of postoperative management, including catheterisation and diet	Inadequate postoperative management planned	Adequate postoperative management planned	Good postoperative management planned
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 (Y/N)	Trainer signature and date

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