



Trainee:		Year of training:	
Hospital/venue:		Month/ Year:	
Trainer:		Rank of Trainer:	
PBA details			
Name of procedure			
Specialty		Previously operated	Y/N
Focus	Consent/ Planning/ Preparation/ Exposure/ Intra-op Technique/ Post-op Mx		

Trainee's reflection:
Specific area in which I wish to receive feedback:
What I had done well?
What can be improved and how to achieve that?
What did I learn from this experience?
Trainer's feedback: (Please focus at least one and at most three domains)
Feedback 1:
Feedback 2:
Feedback 3:

General Feedback		
N = not applicable; I = improvement required ; C = compatible with level of training ; E = excellent		
Six Core domains	Rating (N/I/C/E)	Remarks
1. Consent		
2. Pre-operation planning		
3. Pre-operative preparation		
4. Exposure and closure		
5. Intra-operative technique		
6. Post-operative management		
Leadership		
Team Work		
Interpersonal communication		
Professionalism		

Entrustment level recommended		Please tick
Level 1	Allowed to observe or assist only in the next similar WBA	
Level 2	Allowed to execute next similar WBA with direct or proactive supervision	
Level 3	Allowed to execute next similar WBA with indirect or quickly available supervision	
Level 4	Allowed to carry out next similar WBA unsupervised	
Level 5	Allowed to supervise junior learners in next similar WBA	

Signature of Trainee: _____

Signature of Trainer: _____