

**Pediatric Esophagoscopy And Foreign Body Removal Evaluation Sheet.**

Date: (MM/DD/YY) _____			
Trainee Name: (Last) _____ (First) _____			
Level of Training: _____			
Evaluator Name: (Last) _____ (First) _____			
Task-Specific Items	Not Done or Done Incorrectly	Done Correctly	Not Observed
Surgical goals, preparation and potential challenges			
1. Reviews history, physical examination, imaging (rule out battery) and anatomical and patient factors to identify goal of procedure and whether flexible or rigid esophagoscopy +/- bronchoscopy are indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Appreciates urgency of removal depending on type of foreign body, where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of instruments			
3. Selects appropriate esophagoscope(s) (diameter and length).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Selects appropriate telescope(s) (diameter and length).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Selects appropriate suction (flexible or rigid).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Selects appropriate grasper(s) (type, length, optical telescope, works on duplicate foreign body) and ensures it passes through and beyond esophagoscope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ensures telescope +/- bridge/rubber guide fit in/on esophagoscope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigid Esophagoscopy			
8. Protects lips, teeth, oral mucosa and esophagus from injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Identifies foreign body without accidentally pushing it distally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of items performed correctly: \_\_\_\_\_

Was this a standard case?  Yes  No If not, Why? \_\_\_\_\_

Is this resident competent to perform this procedure?  Yes  No

Global Rating Scale					
1. Respect for tissue	1 Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	2	3 Carefully handled tissue but occasionally caused inadvertent damage	4	5 Consistently handled tissues appropriately with minimal damage
2. Time and motion	1 Many unnecessary moves	2	3 Efficient but some unnecessary moves	4	5 Clear economy of movement and maximum efficiency
3. Instrument handling	1 Repeatedly made tentative or awkward moves by inappropriate use	2	3 Competent use of instruments but occasionally appeared stiff or awkward	4	5 Fluid moves and no awkwardness
4. Knowledge of instruments	1 Frequently asked for wrong instrument or used inappropriate instrument	2	3 Knew names of most instruments and used appropriate instruments	4	5 Obviously familiar with instruments and their names
5. Use of assistants	1 Consistently placed assistants poorly or failed to use assistants	2	3 Appropriate use of assistants most of the time	4	5 Strategically used assistants to the best advantage at all times
6. Flow of operation and forward planning	1 Frequently stopped operating or unsure of next move	2	3 Some forward planning with reasonable progression of procedure	4	5 Obviously planned course of operation with effortless flow from one move to the next
7. Knowledge of specific procedure	1 Deficient knowledge. Needed specific instruction at most steps	2	3 Knew all important steps of operation	4	5 Demonstrated familiarity with all aspects of operation

Total score (sum all numbers): \_\_\_\_\_

Was this a standard case?  Yes  No If not, why? \_\_\_\_\_

Is this resident competent to perform this procedure?  Yes  No