# 

TRAINING DETAILS

Formative € Summative €

Trainee Name: ………………………………………………………………… Date:…………………………………………….

Assessor Name: …………………………………………………………………………………………………… Training Supervisor € Consultant €

Second Assessor Name: ……………………………………………………………............................... Training Supervisor € Consultant €

(If applicable, for example preoperative and operative assessors)

CREI Year Level of Training: Year 1 € Year 2 € Year 3 €

Hospital: ……………………………………………………………………………………………………………………………………………………………………………

Clinical Details:

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Number of times previously performed this procedure: 0-3 € 3-6 € 6-10 € 10+ €

Please rate the trainee in the domains below using the following scale:

* **N**  =Not observed or not appropriate
* **D**  = Development required
* **S =** Satisfactory standard for completion of this procedure (no prompting or intervention required)

|  |  |  |
| --- | --- | --- |
| **Domain** | **Rating**  **N/D/S** | **Comments** |
| **PREOPERATIVE** |  |  |
| Communicates appropriately with patient |  |  |
| Demonstrates appropriate pre-operative preparation: IV antibiotics, prep and drape |  |  |

|  |  |  |
| --- | --- | --- |
| **OPERATIVE** |  |  |
| Devises appropriate intra-operative assessment and surgical plan |  |  |
| Knowledge of appropriate modalities to demonstrate endometrial adhesions  (3D US, hysteroscopy, saline sonography) |  |  |
| Knowledge of appropriate timing of procedure / endometrial pre-treatment |  |  |
| Knowledge of appropriate method of fluid balance |  |  |
| Safe cervical dilatation |  |  |
| Consideration of concurrent laparoscopy or ultrasound monitoring of safe uterine instrumentation if dense adhesions |  |  |
| Safe division of adhesions (either scissors or with electrode) |  |  |
| Appropriate use of fluid irrigation to maintain good view |  |  |
| Knowledge of management of complications |  |  |
| Appropriate use of post-operative oestrogens / further hysteroscopy / postoperative advice |  |  |
| Manages any complications effectively and efficiently |  |  |

**GENERIC ASSESSMENT OF SURGICAL SKILL (Place a tick in the appropriate box)**

|  |  |  |  |
| --- | --- | --- | --- |
| Variable | 0 | 1 | 2 |
| Respect for tissue | Often used unnecessary force on tissue or caused damage by inappropriate use of instruments  □ | Careful handling of tissue but occasionally caused inadvertent damage  □ | Consistently handled tissues appropriately, with minimal damage  □ |
| Time and motion | Many unnecessary moves  □ | Efficient time and motion, but some unnecessary moves  □ | Economy of movement and maximum efficiency  □ |
| Instrument handling | Repeatedly makes tentative or awkward moves with instruments  □ | Competent use of instruments, although occasionally appeared stiff or awkward  □ | Fluid moves with instruments and no awkwardness  □ |
| Knowledge of instruments | Frequently asked for the wrong instrument or used an inappropriate instrument  □ | Knew the names of most instruments and used appropriate instrument for the task  □ | Obviously familiar with the instruments required and their names  □ |

|  |  |  |  |
| --- | --- | --- | --- |
| Use of assistants | Consistently placed assistants poorly or failed to use assistants  □ | Good use of assistants most of the time  □ | Strategically used assistant to the best advantage at all times  □ |
| Flow of operation and forward planning | Frequently stopped operating or needed to discuss next move  □ | Demonstrated ability for forward planning with steady progression of operative procedure  □ | Obviously planned course of operation with effortless flow from one move to the next □ |
| Knowledge of specific procedure | Deficient knowledge. Needed specific instruction at most operative steps  □ | Knew all important aspects of the operation  □ | Demonstrated familiarity with all aspects of the operation □ |
| Generic surgical skill assessment is provided as feedback for areas requiring improvement | | | |

**Verbal Feedback is a mandatory component of this assessment.**

Please use this space to record areas of strength which were highlighted during discussion with the trainee:

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Please use this space to record suggestions for development which were highlighted during discussion with the trainee:

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After summarising the discussion with the trainee in the boxes above, please complete the level at which the procedure was performed on this occasion.

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| --- | --- | --- |
| **GLOBAL RATING** | | |
| Assessment | Descriptors | Tick |
| Level 0 | Insufficient evidence observed to support a summary judgement |  |
| Level 1 | Able to perform the procedure under supervision |  |
| Level 2 | Able to perform the procedure with minimum supervision (needed occasional help) |  |
| Level 3 | Competent to perform the procedure, including complications, unsupervised and independently |  |

NOTE: To be deemed competent in a SUMMATIVE ASSESSMENT, the trainee must gain an ‘S’ rating in all domains and be assessed as Level 3 in the Global rating.

Assessor signature: …………………………………………………………………. Date: ……………………………..….

Second Assessor’s signature: …………………………………………………………………. Date: ………………………..……….

*(If applicable, for example preoperative and operative assessors*)

Trainee signature: …………………………………………………………………. Date: ……………………..………….