# 

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:

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

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** | | | | |
| Demonstrates appropriate pre-operative preparation: Evidence of counselling on   1. Reproductive intent 2. Risk of injury to other structures such as bowel, ureter, bladder, ovary, uterus 3. Risk of future ectopic 4. Possible need for further or alternative treatment.   (All must be covered, written evidence in medical record adequate) |  | |  | |
| **OPERATIVE** | |  | |  |
| Devises appropriate intra-operative assessment and surgical plan | |  | |  |
| Employs appropriate safe entry techniques | |  | |  |
| Inserts secondary ports under direct vision and in optimal location for safety and access | |  | |  |
| Checks and records status of both fallopian tubes | |  | |  |
| Arranges adequate post-operative and post discharge analgesia | |  | |  |
| Appropriate development of tissue planes | |  | |  |
| Safe division of adhesions | |  | |  |
| Checking of ostia and opening ostia if necessary | |  | |  |
| Use of assistants | |  | |  |
| Manages any complications effectively and efficiently | |  | |  |
| Devises appropriate post-operative management plan | |  | |  |

**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:

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

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

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………..

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

|  |  |  |
| --- | --- | --- |
| **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: ……………………..………….