#

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 (easily understandable, avoids medical jargon or defines medical jargon in lay terms, uses pictures, asks for feedback and questions, confirms patient’s understanding) with patient. |  |  |
| Uses imaging (USS and/or MRI) to plan and discuss operation. Includes discussion of planned incision with patient. |  |  |
| Establishes benefit of operation with patient and confirms patient expectation (e.g. relief from menorrhagia, improved fertility, and change in bladder or pressure symptoms).  |  |  |
| Discusses adverse events (both acute and long term) associated with operation including method of birth, uterine rupture, placental problems in a subsequent pregnancy, duration of stay, transfusion, other organ complications Includes discussion of symptoms of concern and who to contact in event of suspected complication in the immediate postoperative period. |  |  |
| Demonstrates appropriate pre-operative preparation: Correct agreed incision, bladder empty, considers DVT prophylaxis, IV antibiotics, prep and drape abdomen. |  |  |
| Discusses with patient preoperatively if procedure is to be discussed with NOK and when patient and surgeon will next meet. |  |  |
| **OPERATIVE** |  |  |
| Ensures correct abdominal incision based on fibroid size and uterine mobility and agreement with patient |  |  |
| Appropriate abdominal wall entry |  |  |
| Accurately assesses location and number of fibroids.  |  |  |
| Appropriate uterine incision based on location and number of fibroids |  |  |
| Closure of uterine wall in layers with careful haemostasis |  |  |
| Enucleation of fibroids |  |  |
| Closure of uterine wall in layers with careful haemostasis |  |  |
| Consideration of adhesion barrier (anti adhesives, omentum) |  |  |
| Appropriate closure of abdominal wall layers. |  |  |

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| --- | --- | --- |
| Use of assistants |  |  |
| Manages any intraoperative complications effectively and efficiently |  |  |
| Devises appropriate post-operative management of pain |  |  |
| Devises appropriate post-operative management of fluid balance (oral and intravenous), haemoglobin, electrolytes, infection, Notates when next review of patient will occur and by whom. Speaks to NOK as agreed preoperatively. |  |  |

**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: ……………………..………….