Formative € Summative €

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

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

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

(If applicable, for example preoperative and operative assessors)

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

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

Clinical Details:

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Case Complexity: Low □ Medium □ High □

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

Please indicate how you rate this Trainee by ticking the appropriate box.

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| --- | --- |
| Procedural skills under observation:  | Performance Scale |
| 1 | 2 | 3 | 4 | N/A |
| Able to perform the skill(s) under supervision | Able to perform the skill(s) with minimal supervision (needed occasional help) | Competent to perform the skill(s) without supervision (required help when complication arose) | Competent to perform the skill(s) without supervision (did not require help when complication arose) |
| Appropriate patient selection, pre-operative advice, consent and preparation: DVT prophylaxis, IV antibiotics, appropriate prep and drape |  |  |  |  |  |
| Appropriate intraoperative assessment and surgical plan for prolapse |  |  |  |  |  |
| Sub mucosal LA infiltration Midline vaginal incision with sharp dissection in the avascular plane between the bladder/urethra and the vaginal mucosa, attempting to leave as much fascia on vaginal mucosa as possible |  |  |  |  |  |
| Dissection continued laterally to full exposure below pubic ramus with haemostasis and ensuring no cystotomy. Safe dissection to the sacrospinous ligament |  |  |  |  |  |
| Insertion of appropriately sized mesh graft in a sterile tension-free fashion with or without absorbable fixing sutures, consistent with manufacturer’s recommendations and instructions for use. If transobturator arms – trainee should demonstrate guarding of the bladder during passage of trocars |  |  |  |  |  |
| Ensure haemostasis and closure of vagina |  |  |  |  |  |
| Cystoscopy to ensure ureteric patency and no intravesical sutures or mesh/trocar |  |  |  |  |  |
| Appropriate postoperative bladder and bowel management plan and potential continuing antibiotic prophylaxis |  |  |  |  |  |
| Management of any intraoperative complication which may arise |  |  |  |  |  |
| Appropriate postoperative management plan, explanation and counselling |  |  |  |  |  |
|  |  |  |  |  |  |
| Global rating(Overall impression of professional behaviours) \*\* The global rating is separate  to the procedural skill score | Below Expectation | Just Meets Expectation | Meets Expectation | Well Above Expectation |
|  |  |  |  |

Aspects of the procedure that were performed well:

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Aspects of the procedure where improvement is required:

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Recommendations:

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 Please tick this box if the trainee is deemed competent.

(Trainee must achieve a score of 3 or 4 against each of the listed criteria and a minimum Global rating of ‘Meets Expectation’ to be deemed competent)

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

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