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:

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

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

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

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

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

Case Complexity: Low □ Medium □ High □

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

|  |  |
| --- | --- |
| 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 explanation and consent (including discussion of additional procedures in case of under staging of prolapse at the time of surgery booking), need for concomitant continence surgery |  |  |  |  |  |
| Prior surgical history and examination from patient or from patient file |  |  |  |  |  |
| Pre-operative preparation: suitability GA, bowel preparation, IV antibiotics, prep, positioning and drape appropriately |  |  |  |  |  |
| Intraoperative assessment and surgical plan for prolapse |  |  |  |  |  |
| Entry technique appropriate, safe and correctly sited trocars or choice of incision (e.g. Pfannenstiel or vertical midline) |  |  |  |  |  |
| Division of adhesions and handling of tissue as may be required |  |  |  |  |  |
| Traction and counter traction techniques by use of vaginal probes and forceps to facilitate dissection of peritoneum and bladder from vaginal vault with attention to tissue planes, integrity of bladder and haemostasis |  |  |  |  |  |
| Retroperitoneal dissection from the vaginal vault to sacral promontory between the large bowel and right ureter to allow clear exposure of sacral promontory and retroperitoneal space |  |  |  |  |  |
| Choice and crafting of mesh |  |  |  |  |  |
| Placement and fixation of mesh in tension free fashion to the vaginal vault and sacral promontory |  |  |  |  |  |
| Closure of peritoneum from sacrum to vaginal vault  |  |  |  |  |  |
| Cystoscopy to exclude bladder or ureteric injury; rectal exam to exclude rectal injury. Consider use of indigo carmine dye |  |  |  |  |  |
| Haemostasis and closure |  |  |  |  |  |
| Completion of any additional procedures as might be required |  |  |  |  |  |
| Management of any complications that might arise intraoperatively |  |  |  |  |  |
| Postoperative management plan of bladder and bowel function and potential continuing antibiotic prophylaxis, explanation and counselling |  |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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:

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

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

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

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

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

Aspects of the procedure where improvement is required:

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

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

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

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

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

Recommendations:

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

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

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

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

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

 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: ……………………..………….