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+ €

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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: Correct site, DVT prophylaxis, IV antibiotics, prep and drap |  |  |  |  |  |
| Appropriate intraoperative assessment and surgical plan for the vault prolapse – including the need to correct other support defects |  |  |  |  |  |
| Sub mucosal infiltration (if using)Vaginal incision with sharp dissection in the avascular plane between the rectum and the vaginal mucosa |  |  |  |  |  |
| Adequate mobilisation of rectovaginal fascia from the vaginal epithelium with attention to haemostasis. Enter the rectovaginal space and pararectal fossa |  |  |  |  |  |
| Dissection is taken up to the level of the ischial spine unilaterally or bilaterally |  |  |  |  |  |
| The ischial spine, iliococcygeus muscle / sacrospinous ligament complex are palpated and individual elements of the complex digitally identified |  |  |  |  |  |
| Sutures are placed through the ligament using an appropriate technique and instrumentation, to prevent injury to neurovascular structures. Encircling the full thickness of the ligament is avoided |  |  |  |  |  |
| Verify haemostasis and the suture stability |  |  |  |  |  |
| Rectovaginal fascial plication |  |  |  |  |  |
| Closure of vagina |  |  |  |  |  |
| Rectal examination |  |  |  |  |  |
| Appropriate bowel and bladder management plan |  |  |  |  |  |
| Management of any intraoperative complications 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 |
|  |  |  |  |

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

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: ……………………..………….