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| Certification in Urogynaecology (CU)Directly Observed Procedural Skills (DOPS)Surgical Procedural Summary Sheet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Trainee Name ……………………………………………….. **Surgical Procedural:** A minimum of four (4) compulsory Surgical Procedural Summative assessments must be completed in each of the first 2 years of clinical training the remaining to be completed in year 3.

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| **Compulsory Surgical Procedural DOPS**(For all Trainees) | **Formative assessment**Note the date of each Formative assessment against each procedure and keep all Formative assessments for review by the Training Supervisor ) | **Summative assessment** (note date of Summative assessment and give a copy of the Summative assessment to your Training Supervisor and keep original) | **Cumulative Formative totals to carry over to next training year** |
|  |  | **Supervisor’s signature** |  |
| 1 Rigid Cystourethroscopy |  |  |  |
| 2 Bladder biopsy |  |  |  |
| 3 Urethral bulking agents |  |  |  |
| 4 Retropubic sub-urethral sling (synthetic) |  |  |  |
| 5 Botulinum injections to bladder |  |  |  |
| 6 Anterior vaginal repair without mesh |  |  |  |
| 7 Posterior vaginal repair without mesh |  |  |  |
| 8 Sacrospinous fixation for level 1 support defect |  |  |  |
| 9 Sacrocolopopexy – open or laparoscopic |  |  |  |

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| **Compulsory Surgical Procedural DOPS**(For Trainees who commenced CU Training after 1 December 2020) | **Formative assessment**Note the date of each Formative assessment against each procedure and keep all Formative assessments for review by the Training Supervisor ) | **Summative assessment** (note date of Summative assessment and give a copy of the Summative assessment to your Training Supervisor and keep original) | **Cumulative Formative totals to carry over to next training year** |
|  |  | **Supervisor’s signature** |  |
| 10 Hysteropexy – vaginal or laparoscopic |  |  |  |
| 11 Ureteric Stenting |  |  |  |

Trainee Name ………………………………………………..

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| **Non-Compulsory Surgical Procedural DOPS** | **Formative assessment**Note the date of each Formative assessment against each procedure and keep all Formative assessments for review by the Training Supervisor ) | **Summative assessment** (note date of Summative assessment and give a copy of the Summative assessment to your Training Supervisor and keep original) | **Cumulative Formative totals to carry over to next training year** |
|  |  | **Supervisor’s signature** |  |
| 1 Anterior vaginal repair with mesh |  |  |  |
| 2 Posterior vaginal repair with mesh |  |  |  |
| 3 Transobturator (synthetic) |  |  |  |
| 4 Vaginal mesh excision |  |  |  |
| 5 Uterosacral vault suspension – Intraperitoneal or Extraperitoneal |  |  |  |

Training Supervisor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_