

GENERAL SURGERY EMERGENCY 2

JOINT COMMITTEE ON HIGHER SURGICAL TRAINING

General Surgery Operative Experience and Competence Summary

Name of Trainee: _____ NTN/FTN/LAT/Other
 Hospital/Post: _____ Year:1 / 2 / 3 / 4 / 5 / 6/7
 Name(s) of Trainer(s): _____ CCST DATE / /
 This form covers the period starting: / / and ending: / /

Total Experience (BST & HST)			Comp. Level	Procedure	Experience this post			Competence Level*	
P	PA	A			P	PA	A	Tr 1	Tr 2
				Exploration of Scrotum					
				Reduction of Paraphimosis					
				Balloon Thromo-embolectomy					
				Fasciotomy					

Full instructions for the completion of this form can be found on the reverse side
 (*Where trainers disagree on the level of competence, the lowest level should be accepted)

Signature of Trainee: _____ Date: / /

Signature of Trainer 1 _____ Date: / /

Signature of Trainer 2 _____ Date: / /

When completed, please send the top copy to.....,retain a copy for your portfolio, and send the third copy to the Specialty Manager in General Surgery, Offices of the SAC in General Surgery, Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PN.

Operative experience

Trainee: Enter your electronic logbook totals* for the total number of procedures that you have performed since you began surgical training (BST and HST) in the first three columns

Enter your electronic logbook totals* for the number of procedures that you have performed during this training period in the three 'Experience this period' columns.

- * **P** Performed without direct supervision (**or supervising a junior trainee**)
 PA Performed with supervision by a senior trainee or consultant (supervisor at table or in the theatre ie a consolidation of all logbook categories apart from P & A)
 A Assisting a senior trainee or consultant

(Note: Regardless of their level of competence, trainers are reminded that trainees can only operate under the direction of a named consultant.)

Operative competence grading

Trainer(s): Rate the trainee's competence to perform each procedure at the end of this training period according to the following rating scale:

- U** Unknown (not assessed) during this training period
A Competent to perform the procedure unsupervised (can deal with complications)
B Does not usually require supervision but may need help occasionally
C Able to perform the procedure under supervision
D Unable to perform the entire procedure under supervision

Use the following checklist of core skills to help you when making your assessment*:

- Checks patient case record and that **consent** has been obtained
- **Communicates** well with the theatre team
- Thorough **preparation** (marking, catheter, antibiotics etc)
- Good **scrub** and aseptic technique
- **Positions** patient correctly on operating table
- Makes appropriate **incision(s)**
- Purposeful **dissection** in correct tissue planes
- Demonstrates sound knowledge of **anatomy**
- Familiar with all the **steps** of the procedure
- Uses the correct **instruments** efficiently
- Handles dangerous instruments **safely**
- Uses **assistant(s)** to the best advantage
- Possesses good hand-eye **co-ordination**
- Handles tissues **gently and dextrously**
- Reliable **suturing and knotting** techniques
- **Sound repair** or anastomosis
- Uses **diathermy** appropriately and safely
- Able to **control bleeding** by suction, clips or sutures
- **Closes wound** neatly and securely
- **Timeliness:** the procedure is unhurried but with no unnecessary delay
- Good documentation (**operation note and postop. instructions**)
 (*Not all of these will apply to every procedure)