

# **SAC in General Surgery**

## **Operative Competence (“Op Comp”) Forms**

### Explanatory Notes (Last updated February 2003)

At a workshop on the RITA process in General Surgery held in February 2002, Programme Directors, Training Committee Chairmen and members of the SAC in General Surgery, asked that an updated operative competence assessment form be made available, for more widespread use in the UK and Ireland. The assessment form is a modification of the type first introduced by Savage and Darke<sup>1,2</sup>. They were first used by trainees in Vascular Surgery and subsequently underwent further development and evaluation in the South Western and Trent HST programmes by Messrs Beard, Markham, Wilkins and Grant<sup>3</sup>. The experience in these two regions was favourable. Face validity for the system is good, but at the time of writing reliability (inter rater variation) has not been fully established and work is ongoing in this area and will become better defined as data accumulates. These limitations must be recognised when making critical decisions

Clearly, competence across a range of skills is a requirement for any practising surgeon and of these, technical skills are absolutely essential. The operative competence forms should help:

- Trainers understand the existing levels of technical competence in trainees that are new to them;
- Trainers to assess the training in these areas that are required by such newly placed trainees;
- Inform the RITA panel discussions.

Some background notes on how to use the forms follows. Each form contains a list of procedures taken from the curriculum and appropriate to the stage of training. They are available for:

- Surgery in general (Appropriate for the first 3 years of training, but should be used during the subspecialty training years in addition to the subspecialty forms).
- Subspecialty years in:
  - Vascular surgery
  - Upper GI/HPB
  - Coloproctology
  - Transplantation,
  - Breast Surgery
  - Endocrine Surgery
  - Paediatric General Surgery (the General Surgery of Childhood)

### References

1. Savage PEA. Competence assessment of senior house officers in general surgery. *Ann R Coll Surg Eng ( Suppl)* 1995; **77**: 246-7.
2. Darke S. Training in operative vascular surgery: gaining experience and competence. *Ann R Coll Surg Eng ( Suppl)* 2001; **83**: 258-60.
3. 'Evaluation of 'Continuous Assessment of Operative Competence in Higher Surgical Trainees' Chambers E, Maxted M, Owen H, Grant J. *Report publ. Centre for Education in Medicine, Open University, U.K.* Sept 2002

## GENERAL POINTS

1. The forms are designed to assist in charting the progress of higher surgical trainees towards achieving technical competence.
2. The procedures included on each form are based upon the current curriculum for higher surgical training.
3. The lists are not necessarily exhaustive but include a best estimate by the SAC and Specialty Associations of the most useful index procedures. Some procedures may be subdivided into sections that reflect the approach taken during training for that particular operation. As the curriculum evolves, there will undoubtedly be modifications, refinements, additions and subtractions to these lists.
4. Copies of the forms are made available on the JCHST website and also as hard copy from the JCHST office.
5. Programme Directors or Deanery managers are asked to insert details of when and to whom a copy of the forms should be returned on completion. It is requested that one copy is returned to the JCHST office with the other JCHST assessment forms after the RITA panels.
6. The evaluation found that distinctive colouring helps trainers and trainees to identify the form. Pink is suggested for uniformity. It is helpful if the guidance notes are printed on to the back of each form for ease of reference.

### • *Suggestions for using the Forms*

1. It is recommended that either:
  - a) The forms are distributed, in the first instance with a covering note (*vide infra*) to each of the trainees in the higher surgical training scheme, including LATs, FTTAs.
  - b) Or notification is sent to each trainee indicating that the forms should be downloaded from the JCHST (or local Deanery website as appropriate) and returned with the other paperwork required for the RITA panels by the specified date.
2. The forms should be returned as part of the routine paperwork for use by the RITA panel. Three copies should be made by the trainee:
  - a) The top copy should be sent to the Deanery where it can form part of the training record.
  - b) The next should be kept in the trainee's portfolio.
  - c) The third copy should be sent to the JCHST office (SAC in General Surgery) at the Royal College of Surgeons of England.
  - d) It is possible to collect and submit the op. comp forms to the Deaneries on disc if local arrangements can be made. The forms together with the electronic logbook data can then be displayed at the RITA panels, using computer projection, thereby cutting down on the volume of paperwork.\*

(\*Setting up and supervising this process works well if one member of the STC takes on the important role of 'STC Information Tsar' and acts as the supervisor for all matters relating to the data collection for that specialty – including servicing the electronic logbook and attending the RITA panels.)

## NOTES FOR TRAINERS AND TRAINEES ON COMPLETION AND USE OF THE 'OP COMP' FORMS

### *Introduction*

- The operative competency forms are for the use of all Higher Surgical Trainees and their Trainers.
- These forms are intended to help inform trainee and trainer regarding progress in acquiring technical operative competence. They will also help to inform the RITA panels. On both counts they should be taken seriously.
- The forms themselves are available for downloading from the JCHST web site at [jchst.org.uk](http://jchst.org.uk)
- The layout is straightforward and the trainee should be in possession of a form or forms containing a list of procedures that is appropriate to the stage of Higher Surgical Training.
- The reverse of the form contains further guidance notes on the completion of the form.
- In the left hand set of columns it is important that the trainee enters the cumulative total experience against each procedure. **This should include any experience of these procedures obtained during Basic Surgical Training.**
- Early on during each training attachment trainer and trainee should meet and use the information to plan the next stage of training.
- At the end of your attachment or after an appropriate shorter period the trainee should review the position with his/her trainer(s) and have procedures signed off as appropriate.
- Trainers, please consider all aspects of 'competence' when making your assessment. Remember that this assessment is intended to cover those **technical aspects of operative surgery that can be judged in the operating theatre**. Areas such as case selection, the process of taking consent, etc will be assessed elsewhere.
- Criteria will include not only the ability to perform the procedure to a sufficient standard but should also take into account factors such as **the approach to an operation, control of the environment (including handling of assistants), regard for safety factors (operator, assistants and the patient), tissue handling and time taken**. A list of these is included in the guidance notes (*vide infra*), which should be included on the back of each form.
- Two trainers should ideally grade each procedure. Where there is disagreement between two trainers, the lower grading should be the one that is accepted and carried forward. This will act as a fail safe.
- If the trainee feels that the grading is inaccurate, he/she is encouraged to comment on an additional page or by annotating the form before it is signed off.
- The Programme Director/Deanery Specialty Manager will set deadlines for the return of all documents prior to the RITA assessments and it is important that this form, along with the others, is completed and returned in good time. Please note that the trainee should keep a copy for his/her portfolio and must also send a copy to the Specialty Manager in General Surgery at the JCHST offices, at the Royal College of Surgeons of England.

Denis Wilkins  
Chairman SAC in General Surgery

**Name of Trainee:** \_\_\_\_\_ **NTN/VTN/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:        /        /*

[illegible]

<b>Signature of Trainee:</b>	_____	<b>Date:</b>	/	/
<b>Signature of Trainer 1</b>	_____	<b>Date:</b>	/	/
<b>Signature of Trainer 2</b>		<b>Date:</b>	/	/

When completed, please send the top copy to *(Insert Deanery Specialty Manager )*, 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)