



Basic Surgical Procedures Assessment of Trainee Competence

TRAINEE DETAILS (please print clearly)

SURNAME

GIVEN NAME

HOSPITAL

PROCEDURE BEING ASSESSED (please tick)

Gynaecology

- | | | |
|--------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> | <i>Abdominal Procedures</i> | laparotomy (not a caesarean section) |
| <input type="checkbox"/> | <i>Laparoscopic Procedures</i> | diagnostic laparoscopy |
| <input type="checkbox"/> | <i>Hysteroscopic Procedures</i> | hysteroscopy D&C |

Obstetric

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | <i>Vaginal Delivery</i> | normal vaginal delivery |
| <input type="checkbox"/> | <i>Episiotomy/Major Perineal Repair</i> | repair of episiotomy or other perineal trauma |
| <input type="checkbox"/> | <i>Low Instrumental Delivery</i> | vacuum or forceps |
| <input type="checkbox"/> | <i>Caesarean Section</i> | LUSCS |

PLEASE NOTE

- This form can ONLY be used for an assessment of trainee competence in a BASIC surgical procedure
- Each procedure MUST be assessed on a separate form

Note to Assessors

For all procedures except one, the assessor must be a RANZCOG Fellow - either the Training Supervisor or an appropriate consultant who has worked with the trainee. A nominated senior midwife can assess competence in performing a normal vaginal delivery. You are asked to rate the trainee on the six criteria that comprise this assessment and assess the trainee as either:

- **COMPETENT** to perform the procedure as the primary operator
- **NOT COMPETENT** to perform the procedure as the primary operator

Basic procedures are assessed by the end of Year 2 of training.

Once the Form is Completed

- Assessor discusses assessment with trainee
- Form is signed by assessor, trainee and Training Supervisor
- Form is sent to College House and a copy retained in the trainee's TAR

Where a trainee experiences multiple assessments in any particular procedure that result in an assessment of 'Not competent' a remedial plan must be prepared and put into place for the trainee.



Basic Surgical Procedures Assessment of Trainee Competence

TRAINEE DETAILS (please print clearly)

SURNAME

GIVEN NAME

PROCEDURE BEING ASSESSED

ASSESSMENT (please circle one rating per criterion)

Respect of Tissue:	1 Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	2	3 Careful handling of tissue	4	5 Consistently handled tissues appropriately with minimal damage
Time and motion:	1 Many unnecessary moves	2	3 Efficient time/motion but some unnecessary moves	4	5 Clear economy of movement and maximum efficiency
Instrument handling/ knowledge of instruments & sutures:	1 Inappropriate use of instruments (including tentative or awkward moves) and/or frequently requested wrong instrument	2	3 Competent use of appropriate instruments but occasionally appears stiff or awkward; knows names of most instruments	4	5 Fluid moves with instruments, no awkwardness; obviously familiar with the instruments and their names
Flow of operation:	1 Frequently stopped procedure and seemed unsure of next move	2	3 Demonstrated some forward planning with reasonable progression of procedure	4	5 Obviously planned course of procedure with effortless flow from one move to the next
Professional behaviour theatre with theatre staff:	1 Underutilised staff and demonstrated consistently inappropriate professional interactions	2	3 Appropriate and professional interaction with staff most of the time	4	5 Strategically used assistants to the best advantage at all times and demonstrated effective and appropriate professional interactions
Knowledge of specific procedure, including positioning the patient and setting up equipment:	1 Deficient knowledge. Needed specific instruction at most steps	2	3 Knew all important steps of procedure	4	5 Demonstrated familiarity with all aspects of operation

Global rating scale developed from Moorthy et al. BMJ 2003;327:1032-7; originally from Reznick et al. Am J Surg 1997; 173: 226 -30.

Trainee is: (please tick)

COMPETENT to perform the procedure as the primary operator

_____ Number of assessments (including this one) required to achieve this outcome

_____ Number of times procedure performed prior to this assessment

NOT COMPETENT to perform the procedure as the primary operator

Comments:

The assessor **MUST** discuss this assessment with the trainee following the procedure and upon completion of the form to this point. **THE FORM SHOULD NOT BE SIGNED IF THIS HAS NOT OCCURRED.**

ASSESSOR'S NAME

ASSESSOR'S SIGNATURE

Relationship to Trainee (Please tick)

Training Supervisor Consultant

TRAINEE'S NAME

TRAINEE'S SIGNATURE

DATE OF ASSESSMENT

TRAINING SUPERVISOR'S NAME

TRAINING SUPERVISOR'S SIGNATURE

DATE

THE COMPLETED ASSESSMENT FORM SHOULD BE SENT TO COLLEGE HOUSE.

Trainees are advised to retain a copy in their TAR.