

# DIAGNOSTIC LAPAROSCOPY

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					

	Performed independently	Needs help	Not Applicable
PLEASE TICK RELEVANT BOX			
<b>Preparation of the patient:</b>			
Ensures correct positioning of the patient			
Checked or observed catheterisation, pelvic examination and insertion of uterine manipulator where appropriate			
<b>Establishing pneumoperitoneum</b>			
Demonstrates knowledge of instruments and can trouble shoot problems			
Check patency and function of Veress (if used)			
Correct incision			
Controlled insertion of Veress (if used)			
Insufflation to at least 20 mmHg			
Controlled insertion of primary port			
Controlled insertion of secondary port under direct vision			
<b>Operative procedure</b>			
Maintains correct position of optics			
Clear inspection of pelvic and abdominal structures			
Movements: fluid and atraumatic			
Appropriate use of assistants (if applicable)			
Correct interpretation of operative findings			
Removal of ports under direct vision			
Deflation of pneumoperitoneum			
Appropriate skin closure			

*Both sides of this form to be completed and signed*

# GENERIC TECHNICAL SKILLS ASSESSMENT

Assessor, please ring the candidate's performance for each of the following factors:

<b>Respect for tissue</b>	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
<b>Time, motion and flow of operation and forward planning</b>	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
<b>Knowledge and handling of instruments</b>	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
<b>Suturing and knotting skills as appropriate for the procedure</b>	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
<b>Technical use of assistants</b> <b>Relations with patient and the surgical team</b>	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
<b>Insight/attitude</b>	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
<b>Documentation of procedures</b>	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr .....

is competent in all areas included in this OSATS.

is working towards competence.

<p><i>Needs further help with:</i> * *</p> <p>Date</p> <p>Signed (trainer)</p> <p>Signed (trainee)</p>	<p>Competent to perform the entire procedure without the need for supervision</p> <p>Date</p> <p>Signed</p> <p>Signed</p>
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Delete where applicable, and date and sign the relevant box

# DIAGNOSTIC HYSTEROSCOPY

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					

	Performed independently	Needs help	Not Applicable
PLEASE TICK RELEVANT BOX			
<b>Preparation of the patient:</b>			
Supervises positioning of patient – correct as required			
Preps and drapes correctly			
Assembles equipment			
Chooses appropriate distension medium			
Demonstrates knowledge of equipment and can troubleshoot problems			
<b>Operative procedure:</b>			
Correct use of speculum and tenaculum			
Correct use of cervical dilators (if needed)			
Inserts hysteroscope into uterine cavity under direct vision			
Clear inspection of entire uterine cavity			
Correct interpretation of findings			
Correct technique to obtain endometrial biopsy if appropriate			
Careful removal of tenaculum			

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# FETAL BLOOD SAMPLING

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					

	Performed independently	Needs help	Not Applicable
PLEASE TICK RELEVANT BOX			
<b>Preparation of the patient:</b>			
Ensures patient and partner understand procedure			
Establishes level of pain relief and acts appropriately			
Supervises positioning of patient – corrects as required			
Appropriate use of assistants			
Assembles/positions equipment			
Demonstrates knowledge of equipment and can troubleshoot problems			
<b>Operative procedure</b>			
Assesses dilatation and position of cervix			
Obtains clear, well-lit view of fetal scalp			
Collects uncontaminated good-sized sample without air bubbles			
Applies pressure to scalp wound			
Has strategies to overcome technical difficulties such as high head, inadequate bleeding			
Correct interpretation of results			

*Both sides of this form to be completed and signed*

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# MANUAL REMOVAL OF PLACENTA

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
<b>Item under observation</b>		
Ensures adequate analgesia		
Ensures empty bladder/catheterises		
Performs procedure with appropriate abdominal countertraction		
Ensures cavity empty		
Ensures adequate uterine contraction		
Checks blood loss and haemostasis		
Checks for trauma		
<b>Comments:</b>		

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# OPENING AND CLOSING THE ABDOMEN

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
<b>Items under observation: opening</b>		
Appropriate preoperative preparation: bladder empty, prepare and drape abdomen		
Appropriate skin incision (e.g. length, position) with safe use of surgical knife		
Subcutaneous fascia opened with attention to haemostasis		
Rectus sheath incised either side of linea alba, extended with scissors and dissected off rectus muscle with attention to haemostasis		
Safe entry of peritoneal cavity by either sharp or blunt dissection		
<b>Item under observation: closing</b>		
Identification of peritoneal edge and closure (optional) using appropriate suture material, instruments and technique		
Ensure haemostasis of peritoneum and posterior surface of rectus sheath		
Secure closure of rectus sheath using appropriate suture material, instruments and technique for knot tying and placement of sutures		
Ensure haemostasis before skin closure		
Accurate skin closure using appropriate method, instruments and technique (trainees should demonstrate competence in the full range of closure methods)		
Appropriate and safe use of needle holder: needle loaded correctly, no touch technique, no inappropriate movements		
<b>Comments (please state skin closure method)</b>		

## **Examples of minimum levels of complexity for each stage of training**

### **Basic Training**

patient with no previous lower transverse incision

### **Intermediate Training**

patient with previous lower transverse incision but without suspicion of severe abdominal adhesions

### **Advanced**

patient with previous abdominal surgery and likely severe abdominal adhesions

*Both sides of this form to be completed and signed*

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# OPERATIVE LAPAROSCOPY

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					

	Performed independently	Needs help	Not Applicable
PLEASE TICK RELEVANT BOX			
<b>Preparation of the patient:</b>			
Ensures correct positioning of the patient, catheterisation and insertion of uterine manipulator			
Patient habitus			
<b>Laparoscopic entry:</b>			
Safe use of Veress needle (if used)			
Safe insertion primary port			
Appropriate position of and safe insertion of secondary ports			
<b>Operative procedure:</b>			
Maintains good view of operative field			
Uses appropriate instruments for the task			
Knowledge and safe use of energy modalities in laparoscopic surgery			
Identifies important anatomical structures (ureter, internal iliac artery/vein)			
Shows efficiency of movement and demonstrates good three-dimensional spatial awareness			
Appropriate use of assistants (if applicable)			

**Examples of minimum levels of complexity for each stage of training**

- |                              |  |
|------------------------------|--|
| <b>Basic Training</b>        | laparoscopic clip sterilisation  |
| <b>Intermediate Training</b> | bipolar diathermy to endometriosis<br>aspiration of fluid from pouch of Douglas<br>aspiration of ovarian cyst<br>Ectopic pregnancy |
| <b>Advanced</b>              | salpingectomy<br>oophorectomy  |

*Both sides of this form to be completed and signed*

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# OPERATIVE VAGINAL DELIVERY

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					
<b>Instrument used:</b>					

	Performed independently	Needs help
PLEASE TICK RELEVANT BOX		
<b>Items under observation: opening</b>		
Ensure patient and accompanying partner understand procedure		
Appropriate preoperative preparation: adequate analgesia, bladder empty		
Examination: engagement, position, station, caput, moulding, descent with contraction, pelvic size and shape		
Decision making: choice of instrument		
Correct assembly and checking of equipment		
Correct application of instrument		
Appropriate direction, force and timing of pull. Ensures head descends with traction		
Appropriate alteration of traction with delivery of head		
Protects perineum and assess need for episiotomy		
Checks for cord. Correct delivery of shoulders and body		
Delivery of placenta and membranes		
Checks for uterine laxity and vaginal trauma		
Estimated Blood Loss and manages blood loss		
Appropriate use of team		
Awareness of maternal and fetal wellbeing throughout		
<b>Comments:</b>		

**Examples of minimum levels of complexity for each stage of training**

- Basic Training**                      Uncomplicated. Non rotational
- Intermediate Training**            Rotational ventouse
- Advanced**                              Rotational forceps/ventouse in theatre

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# CAESAREAN SECTION

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Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
<b>Item under observation</b>		
Appropriate skin incision (e.g. length, position)		
Safe entry of peritoneal cavity		
Careful management of bladder		
Appropriate uterine incision (e.g. length, position)		
Safe and systematic delivery of baby		
Appropriate delivery of placenta		
Check uterine cavity (e.g. intact, empty, configuration)		
Safe securing of uterine angles		
Check for ovarian pathology		
Appropriate closure of rectus sheath		
Attention to haemostasis		
Neatness of skin closure		
Appropriate management of deeply engaged head		
<b>Comments:</b>		

## **Levels of complexity for each stage of training:**

<b>Basic Training</b>	First or second Caesarean section with longitudinal lie
<b>Intermediate Training</b>	Twins/ transverse lie Preterm greater than 28 weeks
<b>Advanced Training</b>	Preterm less than 28 weeks/ Grade 4 Placenta praevia Fibroids in lower uterine segment

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# PERINEAL REPAIR

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					

	Performed independently	Needs help
PLEASE TICK RELEVANT BOX		
<b>Items under observation:</b>		
Assessment of anatomical damage including rectal examination		
Ensures adequate analgesia		
Secures apex of vaginal tear		
Suture of vaginal skin		
Suture of perineal muscles		
Anatomical apposition of vaginal and perineal skin		
Subcuticular suture to perineal skin		
Checks haemostasis		
Needle and swab count		
Vaginal examination		
Rectal examination		
<b>Comments:</b>		

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Assessor, please ring the candidate's performance for each of the following factors:

<b>Respect for tissue</b>	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
<b>Time, motion and flow of operation and forward planning</b>	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
<b>Knowledge and handling of instruments</b>	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
<b>Suturing and knotting skills as appropriate for the procedure</b>	Placed sutures inaccurately or tied knots insecurely and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward.	Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety.
<b>Technical use of assistants</b> <b>Relations with patient and the surgical team</b>	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
<b>Insight/attitude</b>	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
<b>Documentation of procedures</b>	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr .....

is competent in all areas included in this OSATS.

is working towards competence.

<p><i>Needs further help with:</i> * *</p> <p>Date</p> <p>Signed (trainer)</p> <p>Signed (trainee)</p>	<p>Competent to perform the entire procedure without the need for supervision</p> <p>Date</p> <p>Signed</p> <p>Signed</p>
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Delete where applicable, and date and sign the relevant box

# UTERINE EVACUATION

Trainee Name:		StR Year:		Date:	
Assessor Name:		Post:			
<b>Clinical details of complexity/ difficulty of case</b>					

	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
<b>Item under observation:</b>		
Vaginal examination to assess uterine size and cervical size and dilatation		
Careful dilatation of cervix if appropriate		
Appropriate choice of instrument for evacuation		
Safe introduction of instrument		
Ensure cavity is empty		
Ensure adequate uterine contractions		
Check blood loss		
Careful removal of Volsellum		
<b>Comments:</b>		

*Both sides of this form to be completed and signed*

# GENERIC TECHNICAL SKILLS ASSESSMENT

Assessor, please ring the candidate's performance for each of the following factors:

<b>Respect for tissue</b>	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage.	Consistently handled tissues appropriately with minimal damage.
<b>Time, motion and flow of operation and forward planning</b>	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times.	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
<b>Knowledge and handling of instruments</b>	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.
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<b>Technical use of assistants</b> <b>Relations with patient and the surgical team</b>	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team.	Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team.	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team.
<b>Insight/attitude</b>	Poor understanding of areas of weakness.	Some understanding of areas of weakness.	Fully understands areas of weakness.
<b>Documentation of procedures</b>	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating.	Comprehensive legible documentation, indicating findings, procedure and postoperative management.

Based on the checklist and the Generic Technical Skills Assessment, Dr .....

is competent in all areas included in this OSATS.

is working towards competence.

<p><i>Needs further help with:</i> * *</p> <p>Date</p> <p>Signed (trainer)</p> <p>Signed (trainee)</p>	<p>Competent to perform the entire procedure without the need for supervision</p> <p>Date</p> <p>Signed</p> <p>Signed</p>
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Delete where applicable, and date and sign the relevant box