

Appendix 3: Critical Skills

Basic critical skills have been identified which are of significant importance for patient safety and demonstration of safe practice. Across surgery, these generic skills lie at the heart of patient assessment and good practice in the operating theatre, where mistakes can be associated with devastating consequences for patients. These critical skills are assessed individually by means of WBA. They provide formative feedback to the trainee and collectively contribute to the summative assessment of the trainee's performance in the clinical environment and should inform the AES report and ARCP.

Competency	Form to use	Indicative number	Level of performance required
Take a tailored history and perform a relevant examination in an outpatient clinic	CEX (Clinic; history & exam)	3	2
Take a tailored history and perform a relevant examination for an acutely unwell patient	CEX (A&E/ward; history & exam)	3	2
Effective hand washing, gloving and gowning	DOPS (Surgeon preparation)	3	4
Accurate, effective and safe administration of local anaesthetic	DOPS (Administration of local anaesthetic)	3	3
Preparation and maintenance of an aseptic field	DOPS (Preparation of aseptic field)	3	3
Incision of skin and subcutaneous tissue	DOPS (Incision)	3	3
Closure of skin and subcutaneous tissue	DOPS (Closure)	3	3
Completion of WHO check list (time out and sign out)	DOPS (WHO checklist completion)	3	3

Description of performance levels

1. Has observed. At this level the trainee:

- Has adequate knowledge of the steps through direct observation
- Demonstrates that he/she can handle instruments relevant to the procedure appropriately and safely
- Can perform some parts of the procedure with reasonable fluency

2. Can do with assistance. At this level the trainee:

- Knows all the steps - and the reasons that lie behind the methodology
- Can carry out a straightforward procedure fluently from start to finish
- Knows and demonstrates when to call for assistance/advice from the supervisor (knows personal limitations)

3. Can do whole but may need assistance. At this level the trainee:

- Can adapt to well- known variations in the procedure encountered, without direct input from the trainer
- Recognises and makes a correct assessment of common problems that are encountered
- Is able to deal with most of the common problems
- Knows and demonstrates when he/she needs help
- May requires advice rather than hands on help

4. Competent to do without assistance, including complications. At this level the trainee:

- With regard to the common clinical situations in the specialty, can deal with straightforward and difficult cases to a satisfactory level and without the requirement for external input
- Is at the level at which one would expect a UK consultant surgeon to function
- Is capable of supervising more junior trainees