

Procedure-Based Assessment Validation (To be used for training assessors)

| | |
|-------------------------------------|--|
| Specialty: All surgical specialties | Procedure: All surgical index procedures |
|-------------------------------------|--|

Trainees should carry out the procedure, explaining what they intend to do throughout. If the trainee is in danger of harming the patient at any point s/he must be warned or stopped by the trainer immediately.

| Competencies and Definitions | | Positive Behaviours (doing what should be done) |
|-------------------------------------|--|--|
| I. Consent | | |
| C1 | Demonstrates sound knowledge of indications and contraindications including alternatives to surgery | Explains using examples relevant to the patient: <ul style="list-style-type: none"> ▪ Principle benefit of operation ▪ Subsequent improvement of function ▪ Limitations of surgery ▪ Consequences of not having surgery |
| C2 | Demonstrates awareness of sequelae of operative or non operative management | Describes consequences, agrees expectations and checks patient understanding |
| C3 | Demonstrates sound knowledge of complications of surgery | Explains in priority order the complications likely to occur in terms of commonality and in terms of seriousness |
| C4 | Explains the perioperative process to the patient and/or relatives or carers and checks understanding | Describes what will happen throughout the management of the condition, indicating clear post operative milestones, giving a rough idea of time involved and specifying who will do what. Questions the patient to check that their expectations are realistic and they have understood fully |
| C5 | Explains likely outcome and time to recovery and checks understanding | Expresses sensible prognosis and clearly has knowledge of the current outcome data |
| II. Pre operative planning | | |
| PL1 | Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies/techniques to deal with these e.g. nutritional status | Articulates the realistic clinical findings against any investigative findings and achieves a balance between the two |
| PL2 | Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account appropriate investigations e.g. x-rays | Draws, writes or iterates a pre operative plan |
| PL3 | Checks materials, equipment and device requirements with operating room staff | Either personally visits or rings up the operating theatre to check on equipment availability |

Trainees should carry out the procedure, explaining what they intend to do throughout. If the trainee is in danger of harming the patient at any point s/he must be warned or stopped by the trainer immediately.

| Competencies and Definitions | | Positive Behaviours (doing what should be done) |
|---------------------------------------|--|---|
| PL4 | Ensures the operation site is marked where applicable | Personally marks the site |
| PL5 | Checks patient records, personally reviews investigations | Ensures that the relevant information such as investigative findings are present, checks wristband |
| III. Pre operative preparation | | |
| PR1 | Checks in theatre that consent has been obtained | Checks the consent form in the notes |
| PR2 | Gives effective briefing to theatre team | Checks with nurse that they have all equipment needed ready to hand and discusses planned actions |
| PR3 | Ensures proper and safe positioning of the patient on the operating table | Prior to scrubbing supervises the positioning of the patient |
| PR4 | Demonstrates careful skin preparation | Supervises painting of the operative field, ensures the material covers the whole surface |
| PR5 | Demonstrates careful draping of the patient's operative field | Drapes (or supervises draping of) the operative field to adequately expose site ensuring only prepared site is exposed |
| PR6 | Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy) | Checks with the anaesthetic nurse that the diathermy has been placed well away from any existing metal implants |
| PR7 | Ensures appropriate drugs administered | Checks notes, liaises with anesthetic team to ensure prescribed drugs administered |
| PR8 | Arranges for and deploys specialist supporting equipment (e.g. image intensifiers) effectively | Briefs and discusses with the team where equipment is to be placed relative to the operative field |
| IV. Exposure and closure | | |
| E1 | Demonstrates knowledge of optimum skin incision / portal / access | Verbally states or marks with a pen the anatomical landmarks prior to making the incision |
| E2 | Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly | Gives a running commentary to the trainer of the structures encountered |
| E3 | Completes a sound wound repair where appropriate | Closes each layer without tension |
| E4 | Protects the wound with dressings, splints and drains where appropriate | Personally supervises the application of the wound dressing |
| V. Intra operative Technique | | |
| IT1(G) | Follows an agreed, logical sequence or protocol for the procedure | Justifies actions at any point in procedure |
| IT2(G) | Consistently handles tissue well with minimal damage | Personally places self retaining retractors and checks whether the skin is under tension |
| IT3(G) | Controls bleeding promptly by an appropriate method | Responds calmly by applying pressure initially. Briefs the team about what will need to be done – e.g. asks assistant to be ready for diathermy |

Trainees should carry out the procedure, explaining what they intend to do throughout. If the trainee is in danger of harming the patient at any point s/he must be warned or stopped by the trainer immediately.

| Competencies and Definitions | | Positive Behaviours (doing what should be done) |
|-------------------------------------|---|--|
| IT4(G) | Demonstrates a sound technique of knots and sutures/staples | Draws soft tissue together without tension and forms proper reef knots |
| IT5(G) | Uses instruments appropriately and safely | Asks for instruments in a timely manner anticipating what is needed |
| IT6(G) | Proceeds at appropriate pace with economy of movement | Lets the nurse know what is to be done or needed next |
| IT7(G) | Anticipates and responds appropriately to variation e.g. anatomy | When encountering something unexpected stops and verbalises concerns with the team |
| IT8(G) | Deals calmly and effectively with unexpected events/complications | Verbalises that there is a problem and briefs the team on what needs to happen next |
| IT9(G) | Uses assistant(s) to the best advantage at all times | Briefs assistants and places them and the instruments where they are needed |
| IT10(G) | Communicates clearly and consistently with the scrub team | Sets positive tone with appropriate greeting. Asks for instruments clearly. Informs as to next steps. Asks for instruments by correct name |
| IT11(G) | Communicates clearly and consistently with the anaesthetist | Sets positive tone with appropriate greeting. Sets clear goals and expectations |
| VI. | Post operative management | |
| PM1 | Ensures the patient is transferred safely from the operating table to bed | Personally takes part in the transfer of the patient from the operating table to the bed. |
| PM2 | Constructs a clear operation note | Makes a legibly written or clearly dictated note |
| PM3 | Records clear and appropriate post operative instructions | Writes in clear text a list of post operative instructions in the notes |
| PM4 | Deals with specimens. Labels and orientates specimens appropriately | Personally arranges specimens for pathologist |