

Objectives Structured Assessment of Technical Skills (OSATS) / Direct Observation of Procedural Skills (DOPS) for Internal Periodic In-Service Training Assessments

Please refer to the prospectus and logbook for details of expected competences

OPENING AND CLOSING THE ABDOMEN

Trainee Name:		Date of Assessment :		
Post:		Batch Year:		
Assessor Name:		Type of ISTA:	Internal	3 6 15 18
			External	10 22
Clinical details of complexity/ difficulty of case				

Levels of complexity for each stage training: Internal

- | | |
|----------------------------------|---|
| Basic Training (3 months) | Level I - patient with no previous lower transverse incision <input type="checkbox"/> |
| Intermediate Training (6 months) | Level II- patient with previous lower transverse incision <input type="checkbox"/> |
| Advanced Training (15 months) | Level III- patient with previous abdominal surgery and likely severe abdominal adhesions <input type="checkbox"/> |
| Advanced Training (18 months) | Level IV- patient with previous abdominal surgery and likely severe abdominal adhesions <input type="checkbox"/> |

Levels of complexity for each stage training: External

- | | |
|-----------|-----------------------------------|
| 10 months | Level I <input type="checkbox"/> |
| 22 months | Level II <input type="checkbox"/> |

PLEASE CIRCLE RELEVANT NUMBER

1 Very poor 2 Poor 3 Average 4 Good 5 Very Good

	Performed independently	Needs help
Item under observation: planning	1 2 3 4 5	
Scrutiny of case notes & identification of problems	1 2 3 4 5	
Appropriate preoperative preparation: bladder empty, prepare, clean and drape abdomen	1 2 3 4 5	
Appropriate skin incision (e.g. length, position) with safe use of surgical knife	1 2 3 4 5	
Rectus sheath incised either side of linea alba, extended with scissors and dissected off rectus muscle with attention to haemostasis	1 2 3 4 5	
Safe entry of peritoneal cavity by either sharp or blunt dissection	1 2 3 4 5	
Item under observation: closing		
Identification of peritoneal edge and closure (optional) using appropriate suture material, instruments and technique	1 2 3 4 5	
Ensure haemostasis of peritoneum and posterior surface of rectus sheath	1 2 3 4 5	
Secure closure of rectus sheath using appropriate suture material, instruments and techniques for knot tying and placement of sutures	1 2 3 4 5	

Ensure haemostasis before skin closure	1 2 3 4 5	
Accurate skin closure using appropriate method, instruments and technique	1 2 3 4 5	
Appropriate and safe use of needle holder: needle loaded correctly, correct needle handling technique	1 2 3 4 5	
Gentle tissue handling	1 2 3 4 5	
Fluency in English and Powers of expression (oral and written)	No marks are given. Feedback to be given to the Trainee	
Other	1 2 3 4 5	
Comments (please state skin closure method)		

GENERIC TECHNICAL SKILLS ASSESSMENT

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

	1	2-3	4-5	Given Mark
Respect for tissue	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.	1 2 3 4 5
Time, motion and flow of operation and forward planning	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 operating with effortless flow from one move to the next	1 2 3 4 5
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative.	Obvious familiarity with instruments.	1 2 3 4 5
Suturing and knotting skills as appropriate for the procedure	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.	1 2 3 4 5
Technical use of assistants Relations with patient and the surgical team	Inappropriate use of assistants most of the time or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patients and/ or the professional team.	Appropriate use of assistants 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.	1 2 3 4 5
Insight/ attitude	Poor understanding of areas of weakness.	Some understating of areas of weakness.	Fully understands areas of weakness.	1 2 3 4 5
Documentation of procedures	Limited documentation, poorly written.	Adequate documentation but with some omissions or areas that need elaborating .	Comprehensive legible documentation, indicating findings, procedure and postoperative management.	1 2 3 4 5

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

☐ is competent in all areas included in the OSATS.

☐ is working towards competence.

<p>Needs further help with:</p> <p>*</p> <p>*</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(trainer)</p> <p>Signed (trainee)</p>
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PLEASE RETURN COMPLETED FORM TO DIRECTOR, PGIM ALONG WITH THE MARKS SHEET

It is advisable to keep a copy with you.