

**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

VH & R /AP Repair

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

Levels of complexity for each stage training: Internal

Basic Training (3 & 6 months) Not applicable ☐

Intermediate Training (15 months) Level I - Anterior & Posterior repair ☐

Advanced Training (18 months) Level II - 2⁰ UVP without previous pelvic surgery ☐

Levels of complexity for each stage training: External

22 months Level I or II ☐

PLEASE CIRCLE RELEVANT NUMBER				
1 Very poor	2 Poor	3 Average	4 Good	5 Very Good
ITEM UNDER OBSERVATION		Performed independently	Needs help	
1. Preparation				
Scrutiny of case notes & identification of problems		1 2 3 4 5		
Checking the availability of necessary facilities		1 2 3 4 5		
Getting OT organized		1 2 3 4 5		
Counseling the patient/ relatives		1 2 3 4 5		
Attention to sterility		1 2 3 4 5		
Proper cleaning and draping		1 2 3 4 5		
2. Procedure				
Assessing the pelvic organs before starting the dissection		1 2 3 4 5		

Technique of incision (e.g. confident, hesitant)	1 2 3 4 5	
Considering sexual activeness in planning the incision	1 2 3 4 5	
Careful dissection of bladder	1 2 3 4 5	
Careful dissection of rectocoele	1 2 3 4 5	
Safe technique in opening the peritoneum	1 2 3 4 5	
Technique of using retractors	1 2 3 4 5	
Safe technique in delivering the uterus	1 2 3 4 5	
Safe technique in securing pedicles	1 2 3 4 5	
Suturing technique	1 2 3 4 5	
Rechecking all pedicles	1 2 3 4 5	
Technique of the closure of the peritoneum	1 2 3 4 5	
Technique of the closure of the vault	1 2 3 4 5	
Attention to swab count	1 2 3 4 5	
Prevention of needle stick injury	1 2 3 4 5	
Attention to hemostasis	1 2 3 4 5	
Sterility at dressing	1 2 3 4 5	
Sterility at V.E.	1 2 3 4 5	
Postoperative Plan- Immediate	1 2 3 4 5	
Postoperative Plan - Follow-up	1 2 3 4 5	
Documentation	1 2 3 4 5	
Obtaining informed consent for management plan	1 2 3 4 5	
Professionalism	1 2 3 4 5	
Organization and efficiency	1 2 3 4 5	
Ability to choose appropriate operation / treatment	1 2 3 4 5	
Risk management	1 2 3 4 5	
Theoretical knowledge	1 2 3 4 5	
Participation in the discussion	1 2 3 4 5	
Ability to think independently and rationally	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:		

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	Consistently placed assistants poorly 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 assistant most of the time. Reasonable communication and awareness of the needs of the patient and/ or 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.