|  |  |
| --- | --- |
| Trainee name | *Click or tap here to enter text.* |
| Trainee GMC number | *Click or tap here to enter text.* |
| Training year | ST4 |
| Assessor name | *Click or tap here to enter text.* |
| Assessor status | Consultant |
| *If Assessor is Other, please specify* | *Click or tap here to enter text.* |
| Date | Click or tap to enter a date. |

|  |  |
| --- | --- |
| Level of training | Level 3 |
| Details of operation | Lateral cantholysis during excision & primary repair of LL BCC |
| Overall difficulty of case | Intermediate |
| Number of complete procedures of this type done by trainee to date | 2 |
| Procedure performed on | Patient |

**Please grade the following areas using the scale below.**

| **Criterion** | **Please choose major concerns, minor concerns or meets expectations from the drop-down list** |
| --- | --- |
| **Safe surgery**  **V good trainees** use the WHO surgical safety checklist correctly.  **Poor trainees**. Fail to undertake the sign in, time out and sign out phases. | **Meets expectations** |
| **Respect for tissue**  **V good trainees** consistently handle tissues appropriately with minimal damage.  **Poor trainees** frequently use unnecessary force on tissue or cause damage by inappropriate use of instruments. | **Meets expectations** |
| **Instrument handling**  **V good trainees** are confident with instruments and make no awkward movements.  **Poor trainees** make many tentative or awkward moves with instruments. | **Meets expectations** |
| **Knowledge of instruments**  **V good trainees** are obviously familiar with the instruments required and their names.  **Poor trainees** frequently ask for the wrong instrument or use an inappropriate instrument. | **Meets expectations** |
| **Flow of operation and forward planning**  **V good trainees** obviously plan the course of the operation with effortless flow from one move to the next, show economy of movement with maximum efficiency. Anticipating potential problems and taking appropriate action.  **Poor trainees** frequently stop operating and/or need to discuss the next move. Make many unnecessary moves and frequently seem to do nothing. They fail to anticipate the consequences of poor/inappropriate technique. | **Meets expectations** |
| **Knowledge of specific procedure**  **V good trainees** demonstrate familiarity with all aspects of the operation and potential complications.  **Poor trainees** oftenhave deficient knowledge and need specific instructions at most operative steps. | **Meets expectations** |
| **Use of operating microscope**  **V good trainees** have obvious complete control and mastery of the microscope. Surgeon and patient positioning is optimal.  **Poor trainees** do not set up themicroscope properly at the start of procedure. The operative field is rarely central. They show poor use of foot-pedals and appear uncomfortable. The patient is often poorly positioned. | **Meets expectations** |
| **Use of procedure specific equipment (e.g. phaco machine)**  **V good trainees** show obvious mastery of the equipment.  **Poor trainees** have no or minimal understanding of the machine settings. They often need specific instructions on use of the machine throughout the procedure. They do not appreciate the status of the machine (e.g. they phaco when there is nothing to phaco or aspirate as they leave the eye) | **Meets expectations** |
| **Management of laboratory specimens**  **V good trainees** take full responsibility for ensuring that any laboratory specimens (biopsies, cultures, etc.) are correctly identified (regarding site and patient), packaged and transported, that all necessary written and verbal communication with the laboratory takes place and that arrangements are made for follow-up of the results.  **Poor trainees** pay little attention to the correct management of laboratory specimens, being careless about their correct identification and transportation and in regard to communication with the laboratory and timely follow-up of results. | **Meets expectations** |
| **Communication with patient**  **V good trainees** confirm the patient’s identity at the start of the procedure and ensure the patient’s comfort and privacy throughout. They maintain excellent and appropriate communication with the patient during the procedure when local anaesthesia is used; this includes warnings about noises, fluids etc, and progress reports. They provide calm reassurance, especially when the procedure is complicated or unexpectedly prolonged. At the completion of the procedure they reassure the patient that all has gone well, or if there have been problems they explain these in clear layman’s terms, without jargon and give as accurate a prognosis as possible.  **Poor trainees** pay little or no attention to confirmation of the patient’s identity, comfort or privacy. Theyoftenmake no attempt at communication with the patient before, during or after the procedure or they do so with inappropriate words and jargon. They do not warn the patient about noises or fluids. | **Meets expectations** |
| **Communication with nursing and other medical staff (teamwork)**  **V good trainees** show excellent verbal and non-verbal communication with theatre staff. They promote a coordinated team approach in an unhurried and calm environment.  **Poor trainees** oftenhave poor communication skills leading to misunderstanding during procedure. They create a rushed or tense atmosphere and work in isolation. | **Meets expectations** |

|  |  |
| --- | --- |
| **Overall assessment** | **Meets expectations** |

**Please use the boxes below for free-text comments and recommendations for further training.**

|  |  |
| --- | --- |
| Please note any aspects which were especially good  Identified correct tissue plane and divided lower limb of lat canthus. Checked that this allowed apposition at site of excised tumour | Please note any suggestions for improvement and action points – this is essential where any section is rated below ‘meets expectations’  Blood! Use diathermy and try to minimize bleeding so that you can see what you are doing. This was an easy case, doing this in a patient with an orbital haemorrhage will be more difficult |

**Signature of assessor: Signature of trainee:**