

**Fellow GAS form**

FILL IN SECTIONS A-D IMMEDIATELY AFTER THE OPERATION !

**A. SURGEON**

<b>A1 Operating Hospital</b> <input type="text"/>	<b>A2 Trainer</b> <input type="text" value="Please Select"/>	<b>A3 No Trainer - Performed Independently</b> <input type="checkbox"/> Yes
--	---	--

**B. PATIENT**

**NB: Use Trainees Initials and an agreed number for each following case eg JBB01, 02, 03 etc, Hospital Patient ID Number is NOT to be used or form will become invalid.**

<b>B1 Case Reference</b> <input type="text"/>	<b>B2 Initials</b> <input type="text"/>	<b>B3 DOB</b> mm dd yyyy	<b>B4 Gender</b> <input type="radio"/> male <input type="radio"/> female
<b>B5 Operating date</b> mm dd yyyy	<b>B6 Height</b> <input type="text"/> cm	<b>B7 Weight</b> <input type="text"/> kg	<b>B8 ASA Grade</b> <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV

**C. OPERATION**

<b>C1 Urgency</b> <input type="radio"/> Elective <input type="radio"/> Emergency	<b>C2 Diagnosis</b> <input type="radio"/> Benign polyps <input type="radio"/> Cancer <input type="radio"/> IBD <input type="radio"/> Diverticulitis <input type="radio"/> Other - Specify <input type="text"/>	<b>C3 Prior abdominal surgery</b> <input type="radio"/> Yes <input type="radio"/> No
<b>C4 Resection</b> <input type="radio"/> R/hemi <input type="radio"/> L/hemi <input type="radio"/> Transverse Colectomy <input type="radio"/> Sigmoid Colectomy <input type="radio"/> Hartmann <input type="radio"/> Anterior Resection <input type="radio"/> Low Anterior Resection <input type="radio"/> Total Colectomy <input type="radio"/> Proctocolectomy <input type="radio"/> Abdomino-perineal Resection <input type="radio"/> Panproctocolectomy <input type="radio"/> Subtotal Colectomy <input type="radio"/> Other Other - please state <input type="text"/>		
<b>C5 Anastomosis</b> <input type="radio"/> None <input type="radio"/> Intracorporeal <input type="radio"/> Extracorporeal	<b>C6 Intraoperative findings</b> <input type="checkbox"/> Abscess <input type="checkbox"/> Fistula <input type="checkbox"/> Phlegmon <input type="checkbox"/> Adhesions	<b>C7 Conversion to open</b> <input type="radio"/> Yes <input type="radio"/> No
<b>C8 Reason for conversion</b> <input type="checkbox"/> N/A <input type="checkbox"/> Equipment problems <input type="checkbox"/> Bleeding <input type="checkbox"/> Exposure/Anatomy <input type="checkbox"/> Bowel perforation		<b>C9 Stoma</b> <input checked="" type="radio"/> None <input type="radio"/> Ileostomy <input type="radio"/> Colostomy
<b>C10 Intra-operative event</b> <input type="checkbox"/> None <input type="checkbox"/> Emphysema <input type="checkbox"/> Pulmonary insufficiency <input type="checkbox"/> Bleeding hematoma <input type="checkbox"/> Duodenal injury <input type="checkbox"/> Small bowel injury <input type="checkbox"/> Ureteric injury <input type="checkbox"/> Major vessel injury <input type="checkbox"/> Gross faecal contamination <input type="checkbox"/> Bladder injury <input type="checkbox"/> Injury by trocar <input type="checkbox"/> Other <input type="text"/>		

**D. SELF-ASSESSMENT (DOPS)**

- 1 Not performed, step had to be done by trainer
- 2 Partly performed, step had to be partly done by trainer
- 3 Performed, with substantial verbal support
- 4 Performed with minor verbal support
- 5 Competent performance, safe (without guidance)
- 6 Proficient performance, couldn't be better

<b>EXPOSURE</b>			
<b>D1 Correct theatre setup</b> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<b>D2 Appropriate patient positioning</b> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<b>D3 Safe access technique</b> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<b>D4 Exposure of operating field</b> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6

**VASCULAR**

D5 Safe dissection of vascular pedicle <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D6 Dissection of mesentry <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D7 Identification of ureter or duodenum <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
<b>MOBILISATION</b>			
D8 Dissection of hepatic or splenic flexure <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D9 Mesorectal dissection (where applicable) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D10 Safe dissection of bowel <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
<b>ANASTOMOSIS</b>			
D11 Safe evacuation of specimen <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D12 Anastomosis <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		
<b>OVERALL PERFORMANCE</b>			
D13 Overall performance <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D14 How difficult was this operation (1=very easy, 6=very difficult) <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		
D15 Comments <div style="border: 1px solid black; height: 250px; width: 100%;"></div>			
<b>E. POSTOPERATIVE COURSE</b>			
E1 Post operative complication <input type="radio"/> Yes <input type="radio"/> No			
E2 Abdominal complication <input type="checkbox"/> anastomotic leak <input type="checkbox"/> bleeding/hematoma <input type="checkbox"/> abdominal sepsis (superficial/deep) <input type="checkbox"/> postoperative ileus <input type="checkbox"/> bowel obstruction <input type="checkbox"/> other <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div> Other			
E3 Medical complication <input type="checkbox"/> Chest infection <input type="checkbox"/> UTI <input type="checkbox"/> Cardiac event <input type="checkbox"/> Stroke	E4 Reoperation <input type="radio"/> Yes <input type="radio"/> No	E5 Readmission for complication <input type="radio"/> Yes <input type="radio"/> No	
E7 Intra-hospital death <input type="radio"/> Yes <input type="radio"/> No	E6 Hospital stay <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> days	Date of death <div style="display: flex; gap: 5px;"><div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">mm</div><div style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">dd</div><div style="border: 1px solid black; width: 30px; height: 15px; text-align: center;">yyyy</div></div>	
<b>F. EVALUATION OF TRAINER (Mini-STAR)</b>			
1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree			
F1 Had a structured approach to the training <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	F2 Agreed clear aims for this training episode <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	F3 Adjusted training appropriately to level of trainee <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	F4 Was encouraging <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

<b>F5 Was non-threatening</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F6 Was patient</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F7 Provided opportunities to ask questions</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F8 Communicated well</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>F9 Took over procedure when appropriate</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F10 Provided too much verbal input (e.g. difficult to concentrate on procedure)</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F11 Provided too little verbal input (e.g. didn't always give guidance when required)</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F12 Provided too much physical input (e.g. didn't stretch trainee's abilities)</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>F13 Provided too little physical input (e.g. trainee's abilities over-stretched)</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F14 Provided corrective critique during procedure (e.g. criticised but with explanation)</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F15 Provided positive critique during procedure (e.g. praised but with explanation)</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F16 Encouraged team awareness</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>F17 Was patient-focussed</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F18 Encouraged self-reflection on performance</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F19 Derived and agreed learning points from the case</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F20 Is a good role model with respect to their attitude and behaviour (for trainees in general)</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
<b>F21 Overall is an excellent teacher</b> <input type="radio"/> N/A <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<b>F22 Overall, please indicate the extent to which the training met your expectations</b> <input type="radio"/> Below <input type="radio"/> Met <input type="radio"/> Exceeded		
<b>F23 Comments</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			
<b>F24 Overall, how useful did you find this form?</b> <input type="radio"/> Not at all useful <input type="radio"/> Not useful <input type="radio"/> Neutral <input type="radio"/> Useful <input type="radio"/> Very Useful			<b>F25 How long did it take you to complete Section F?</b> <input type="text"/> minutes

Submit