

SPR Trainee GAS form

FILL IN SECTIONS A-D IMMEDIATELY AFTER THE OPERATION !

A. SURGEON

A1 Operating Hospital <input type="text"/>	A2 Trainer <input type="text" value="Please Select"/>
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B. PATIENT

NB: B1 - 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.

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

C. OPERATION

C1 Urgency <input type="radio"/> Elective <input type="radio"/> Emergency	C2 Diagnosis <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"/>	C3 Prior abdominal surgery <input type="radio"/> Yes <input type="radio"/> No
C4 Resection <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"/>		
C5 Anastomosis <input type="radio"/> None <input type="radio"/> Intracorporeal <input type="radio"/> Extracorporeal	C6 Intraoperative findings <input type="checkbox"/> Abscess <input type="checkbox"/> Fistula <input type="checkbox"/> Phlegmon <input type="checkbox"/> Adhesions	C7 Conversion to open <input type="radio"/> Yes <input type="radio"/> No
C8 Reason for conversion <input type="checkbox"/> N/A <input type="checkbox"/> Equipment problems <input type="checkbox"/> Bleeding <input type="checkbox"/> Exposure/Anatomy <input type="checkbox"/> Bowel perforation		C9 Stoma <input checked="" type="radio"/> None <input type="radio"/> Ileostomy <input type="radio"/> Colostomy
C10 Intra-operative event <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

EXPOSURE			
D1 Correct theatre setup <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D2 Appropriate patient positioning <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D3 Safe access technique <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	D4 Exposure of operating field <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	
MOBILISATION			
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	
ANASTOMOSIS			
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		
OVERALL PERFORMANCE			
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: 200px; width: 100%;"></div>			
E. POSTOPERATIVE COURSE			
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 mm dd yyyy			
F. EVALUATION OF TRAINER (Mini-STAR)			
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

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

Submit