

Lapco Trainee GAS Form

FILL IN SECTIONS A-D IMMEDIATELY AFTER THE OPERATION !

A. SURGEON

This is my th laparoscopic colorectal resection and the th within the programme

A2 Training Centre

Please Select

A3 Trainer

Please Select

A4 Was this procedure shared ?

Yes No

A5 Video Included

Yes No

B. PATIENT

B1 Patient identification number

Cadaveric

B2 Initials

B3 DOB

mm dd yyyy

B4 Gender

male female

B5 Operating date

mm dd yyyy

B6 Height

cm

B7 Weight

kg

B8 ASA Grade

I II III IV

C. OPERATION

C1 Urgency

Elective Emergency

C2 Diagnosis

Benign polyps Cancer IBD Diverticulitis Other - Specify

C3 Prior abdominal surgery

Yes No

C4 Resection

R/hemi L/hemi Transverse Colectomy Sigmoid Colectomy Hartmann Anterior Resection Low Anterior Resection Total colectomy Proctocolectomy Abdomino-perineal resection Panproctocolectomy Subtotal Colectomy Other

Other - Specify

C5 Anastomosis

None Intracorporeal Extracorporeal

C6 Intraoperative findings

Abscess Fistula Phlegmon Adhesions

C7 Conversion to open

Yes No

C8 Reason for conversion

N/A Equipment problems Bleeding Exposure/Anatomy Bowel perforation

C9 Stoma

None Ileostomy Colostomy

C10 Intra-operative event

None Emphysema Pulmonary insufficiency Bleeding hematoma Duodenal injury Small bowel injury Ureteric injury Major vessel injury Gross faecal contamination Bladder injury Injury by trocar Other

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"/> N/A <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"/> N/A <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"/> N/A <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"/> N/A <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"/> N/A <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"/> N/A <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"/> N/A <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"/> N/A <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"/> N/A <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"/> N/A <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"/> N/A <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"/> N/A <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"/> N/A <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"/> N/A <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: 300px; width: 100%; margin-top: 5px;"></div> |
|--|

E. POSTOPERATIVE COURSE

| | | | |
|--|---|--|---|
| E1 Post operative complication | | | |
| <input type="radio"/> Yes <input type="radio"/> No - Please click on 'Yes' or 'No' as applicable in this section to complete | | | |
| E1 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 | | | |
| <input style="width:100%;" type="text"/> | | | Other |
| E2 Medical complication | E3 Reoperation | E4 Readmission for complication | E5 Hospital stay |
| <input type="checkbox"/> Chest infection <input type="checkbox"/> UTI <input type="checkbox"/> Cardiac event <input type="checkbox"/> Stroke | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input style="width:50px;" type="text"/> days |
| E6 Intra-hospital death | Date of death | | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="yyyy"/> | | |

F. EVALUATION OF TRAINER (Mini-STTAR)

- 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

F24 Overall, how useful did you find this form?

- Not at all useful Not useful Neutral Useful Very Useful

F25 How long did it take you to complete Section F?

minutes

Submit