A. SURGEON / PATIENT

**NB: A3 - 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.**

A1 Training Centre	A2 Trainee	A3 Case Reference	A4 Operating date	A5 In Reach (at trainers base) or Out Reach (at trainers base) Session ?
Please Select	Please Select	☐ Cadaveric	mm dd yyyy	○ Inreach ○ Outreach

B. ASSESSMENT

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

B1 Correct theatre setup	B2 Appropriate patient positioning	B3 Safe access technique	B4 Exposure of operating field
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6

VASCULAR

B5 Safe dissection of vascular pedicle	B6 Dissection of mesentry	B7 Identification of ureter or duodenum
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6

MOBILISATION

B8 Dissection of hepatic or splenic flexure	B9 Mesorectal dissection (where applicable)	B10 Safe dissection of bowel
⦿ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6	⦿ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6

ANASTOMOSIS

B11 Safe evacuation of specimen	B12 Anastomosis
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6

OVERALL PERFORMANCE

B13 Overall performance	B14 Comments
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6	

C. ASSESSING THE ASSESSMENT

C1 How dificult was this operation (1=very easy, 6=very difficult) ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6	**C2 How useful was this form for the assessment of this particular case?** ○ Not useful ○ Mainly not useful ○ Partly not useful ○ Partly useful ○ Mainly useful ○ Very useful
C3 How long did it take you to fill in this form? [_____] minutes	

[Submit]