

Eligibility Report – Procedural Skills and Professional Capabilities Application to the General Surgery SET Training Program

Applicants to the Royal Australasian College of Surgeons, Surgical Education and Training Program in General Surgery must demonstrate proficiency in a range of procedural skills and professional capabilities, in order to be eligible for selection. This report can be used to verify an applicant’s proficiency against a minimum set of skills and capabilities, based on direct observations of an applicant’s performance over time whilst undertaking terms in surgery. The report must be completed by the Consultant supervising the surgical term. Each skill and capability must be verified in order to meet minimum eligibility requirements for selection.

Applicant’s Name: _____

Id Number _____

Please print clearly

Instructions to Consultant Surgeon

By signing against a **procedural skill**, you confirm that, based on your direct observations and, or the consensus opinion of other consultant surgeons, the applicant consistently performs the skill safely, reliably and efficiently.

Procedural skills	Name of Rotation	Start Date	End Date	Consultant Name	Consultant Signature
<i>Please print clearly</i>					
Hand knot-tying <ul style="list-style-type: none"> ▪ Selects appropriate ligature material ▪ Correctly forms secure knot; lays square throws; applies appropriate tension ▪ Handles ligature efficiently and with dexterity; ties knot effectively with either hand ▪ Communicates and coordinates effectively with assistant ▪ Leaves appropriate ligature tail length 					
Instrument knot-tying <ul style="list-style-type: none"> ▪ Handles needle holder correctly and efficiently; avoids suture trauma ▪ Correctly forms secure knot; lays square throws; applies appropriate tension ▪ Achieves meticulous tissue apposition ▪ Leaves appropriate suture tail length 					
Excision of skin lesion with primary closure <ul style="list-style-type: none"> ▪ Orientates incision according to lines of tension, creases, anatomy, pathology and cosmesis ▪ Selects and safely administers local anaesthetic; achieves effective anaesthesia ▪ Obtains appropriate macroscopic margins; makes single, perpendicular skin incision to correct depth ▪ Achieves haemostasis ▪ Selects appropriate suture material for closure ▪ Achieves meticulous skin apposition ▪ Correctly labels specimen for histopathology 					
Drainage of subcutaneous abscess <ul style="list-style-type: none"> ▪ Incises and adequately de-roofs abscess cavity ▪ Accurately identifies extent of abscess formation ▪ Debrides macroscopically infected and necrotic tissue ▪ Selects wound dressing regimen to ensure effective ongoing drainage of the abscess cavity ▪ Orders appropriate post-operative management; justifies treatment plan; considers role of antibiotics 					
Proctoscopy <ul style="list-style-type: none"> ▪ Explains procedure and obtains verbal consent from the patient ▪ Correctly assembles proctoscope ▪ Inspects peri-anus and performs digital rectal examination; assesses anal tone ▪ Positions patient to adequately visualise anal canal and beyond ano-rectal junction ▪ Assesses and accurately grades haemorrhoidal complex 					

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Rigid sigmoidoscopy <ul style="list-style-type: none"> ▪ Explains procedure and obtains verbal consent from the patient ▪ Correctly assembles sigmoidoscope ▪ Performs adequate digital rectal examination prior to sigmoidoscope insertion ▪ Positions patient to adequately visualise the whole rectum/rectosigmoid ▪ Advances sigmoidoscope to at least the upper rectum ▪ Recognises normal and abnormal mucosal appearances 					
Preparing and draping for sterile procedure <ul style="list-style-type: none"> ▪ Prepares skin appropriately (e.g. selects and applies bactericidal solution, uses adhesive barrier, cleans umbilicus, minimises shaving) ▪ Drapes appropriate operative area using correct sequence for square or free draping technique ▪ Establishes and maintains sterile field; allows for adequate surgical access 					
Patient positioning <ul style="list-style-type: none"> ▪ Correctly secures patient in supine, prone, lateral and Lloyd-Davies positions; uses aids as required (e.g. sandbags, stirrups, table tilt) ▪ Positions patient to avoid injury (e.g. protects against neuropraxia, vascular compromise, venous stasis, pressure points, electrical burns). ▪ Positions patient to accommodate for specific requirements (e.g. use of image intensifier in operative cholangiogram; access to perineum; access to antero-lateral neck) 					
Using diathermy <ul style="list-style-type: none"> ▪ Selects appropriate diathermy application (monopolar or bipolar) ▪ Correctly secures inactive electrode for monopolar circuit; checks circuit is safely grounded ▪ Checks relevant patient factors (e.g. pacemaker, joint prosthesis, surface scar tissue) ▪ Selects coagulation, cutting or blended modality appropriate for purpose ▪ Selects lowest power setting for safe and effective diathermy in each modality ▪ Uses diathermy carefully, precisely and judiciously; prevents ignition hazards, inadvertent coupling and remote thermal injury; minimises power setting, duration of activation, charring, and plume 					
Surgical assisting (as first assistant; open and laparoscopic) <ul style="list-style-type: none"> ▪ Follows instructions promptly and accurately; attentive to task at hand ▪ Anticipates need for and maintains adequate surgical access and visualisation ▪ Handles tissue carefully and with correct tension (e.g. retraction, counter-traction, following suturing) ▪ During laparoscopy, maintains clear, steady, oriented, focused image; keeps operative view in frame ▪ Adopts safe and ergonomically correct posture; avoids tremor, cramping, fatigue 					
Handling surgical instruments <ul style="list-style-type: none"> ▪ Selects appropriate instruments ▪ Identifies instruments by correct names ▪ Handles and employs instruments correctly and efficiently ▪ Receives, handles and passes instruments safely ▪ Uses a 'no touch' technique when handling scalpels and needles 					
Writing operative notes <ul style="list-style-type: none"> ▪ Records procedure clearly and legibly; adopts orderly and structured format ▪ Documents key and relevant information; accurately draws and labels diagrams where necessary ▪ Documents a clear postoperative plan and includes specific requirements 					

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Establishing pneumo-peritoneum for laparoscopy <ul style="list-style-type: none"> ▪ Demonstrates safe technique for peri-umbilical peritoneal access ▪ Correctly identifies pre-peritoneal plane, peritoneal layer and intra-peritoneal space ▪ Describes strategies to safely enter the abdomen in the presence of scars and adhesions ▪ Determines appropriate settings on gas insufflator (rate and pressure) ▪ Obtains air-tight seal at port sites ▪ Closes port site safely 					
Closure of laparotomy or abdominal wall incision <ul style="list-style-type: none"> ▪ Selects appropriate instruments, sutures and needles for myo-facial and cutaneous closure ▪ Handles tissue carefully; protects tissue from injury ▪ Places sutures meticulously and with appropriate tension ▪ Re-approximates anatomical layers accurately using mass or layered closure technique 					
Appendicectomy (open or laparoscopic) <ul style="list-style-type: none"> ▪ Obtains adequate surgical exposure and visualisation ▪ Identifies correct anatomical planes and structures; recognises pathology ▪ Handles tissue carefully; minimises contamination; avoids injury ▪ Secures appendiceal stump ▪ Achieves haemostasis 					

Instructions to Consultant Surgeon

By signing against a **professional capability**, you confirm that, based on your direct observations and, or the consensus opinion of other consultant surgeons, the applicant can be trusted to undertake the professional activity safely, reliably and efficiently.

Professional Capabilities	Name of Rotation	Start Date	End Date	Consultant Name	Consultant Signature
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Presentation and handover of surgical patients <ul style="list-style-type: none"> ▪ Presents information in a timely, structured, succinct, accurate and complete manner ▪ Identifies and prioritises key issues ▪ Discusses relevance of key findings including investigation results ▪ Justifies decisions and management plans ▪ Discusses and hands over patients as a matter of routine 					
Obtaining informed consent for minor procedures <ul style="list-style-type: none"> ▪ Identifies and addresses material risk ▪ Ensures patient understanding of information ▪ Discusses possible outcomes, risks, alternatives, operator capability, option of second opinion. ▪ Recognises and addresses needs of the individual patient (e.g. physical, psychosocial, cultural, linguistic, cognitive) ▪ Effectively manages barriers to communication (e.g. impaired cognition, impaired hearing, use of interpreter, distress) 					

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Peri-operative preparation of patients <ul style="list-style-type: none"> ▪ Ensures timely implementation of relevant prophylactic measures (e.g. VTE, infection) ▪ Confirms completion of informed consent ▪ Reviews available investigation results including imaging ▪ Ensures availability of blood products and specific equipment as required ▪ Confirms and marks operative site ▪ Anticipates and organises for appropriate level of post-operative care ▪ Ensures fluid, analgesic, nutritional and mobility requirements are adequately managed ▪ Anticipates and plans discharge requirements 					
Arranging urgent theatre case <ul style="list-style-type: none"> ▪ Identifies factors to justify urgency of a case ▪ Discusses key and relevant aspects of the case with anaesthetist ▪ Discusses operative requirements with theatre nursing staff ▪ Negotiates urgent access to theatre; is assertive; avoids or resolves conflict ▪ Anticipates requirements for post-operative care; organises access to appropriate level of care 					
Participation in surgical check list <ul style="list-style-type: none"> ▪ Prepares for and routinely contributes to surgical check list process ▪ Identifies, confirms and marks correct surgical side and site ▪ Informs anaesthetic and theatre nursing staff of specific requirements ▪ Acknowledges input from other team members; maintains integrity of the surgical check list process 					
Assessing and managing a deteriorating surgical patient <ul style="list-style-type: none"> ▪ Reviews and correctly interprets relevant clinical data ▪ Recognises evidence of deterioration in a timely manner ▪ Acts promptly to manage critical threats to patient ▪ Escalates intervention in a timely manner and as required ▪ Communicates effectively with relevant members of the clinical team; seeks assistance in a timely manner 					
Conducting a daily ward round <ul style="list-style-type: none"> ▪ Adopts a systematic, thorough approach to assessing patients ▪ Is familiar with clinical information relevant to each patient ▪ Recognises and considers clinical findings in decision-making ▪ Prioritises and organises workload; manages time effectively ▪ Develops good rapport with patients and relatives ▪ Works well and communicates effectively with team members; provides clear instruction 					
Managing fluid requirements <ul style="list-style-type: none"> ▪ Accurately assesses fluid requirements relating to resuscitation, ongoing losses (including 3rd space losses) and maintenance ▪ Reviews and correctly interprets relevant information (e.g. electrolytes, renal function, cardiac function, fluid balance, haemodynamic status) ▪ Correctly prescribes daily fluid and electrolyte orders 					

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Assessment of surgical wounds <ul style="list-style-type: none"> ▪ Recognises features of infection ▪ Recognises features of impaired perfusion ▪ Recognises features of a wound collection ▪ Removes sutures in a timely manner; causes minimal trauma and pain ▪ Differentiates granulation and viable tissue from necrotic tissue in open wounds ▪ Considers wound size, depth, location, necrosis, infection and discharge when ordering wound dressing regimen for open wounds ▪ Considers systemic factors when managing wounds 					
Peri-operative management of anti-coagulants and anti-platelet agents <ul style="list-style-type: none"> ▪ Able to list anti-coagulant and anti-platelet agents ▪ Identifies when patients are on anti-coagulant / anti-platelet agents ▪ Considers relative risk of bleeding compared to risk of cessation of anti-coagulant / anti-platelet agents for individual patients ▪ Documents appropriate instructions and investigations to manage anti-coagulant / anti-platelet agents, compliant with local protocols ▪ Orders appropriate reversal agents in acute situations, compliant with local protocols ▪ Communicates instructions to relevant persons 					
Peri-operative management of diabetes mellitus <ul style="list-style-type: none"> ▪ Assesses diabetic status of patients; recognises hypoglycaemic agents, insulin and its analogues ▪ Documents appropriate management of hypoglycaemic agents, insulin and insulin analogues in fasting and, or critically unwell patients, compliant with local protocols ▪ Prescribes appropriate regimen to closely control blood sugar levels, compliant with local protocols ▪ Recognises and treats episodes of hypoglycaemia, hyperglycaemia and diabetic ketoacidosis, compliant with local protocols ▪ Seeks medical input and involves diabetic team where necessary 					