



SPR Trainee GAS form

FILL IN SECTIONS A-D IMMEDIATELY AFTER THE OPERATION !

A. SURGEON

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

B1 Patient identification number <input type="text"/>	B2 Initials <input type="text"/>	B3 DOB mm <input type="text"/> dd <input type="text"/> yyyy <input type="text"/>	B4 Gender <input type="radio"/> male <input type="radio"/> female
B5 Operating date mm <input type="text"/> dd <input type="text"/> yyyy <input type="text"/>	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 ○1 ○2 ○3 ○4 ○5 ○6	D2 Appropriate patient positioning ○1 ○2 ○3 ○4 ○5 ○6	D3 Safe access technique ○1 ○2 ○3 ○4 ○5 ○6	D4 Exposure of operating field ○1 ○2 ○3 ○4 ○5 ○6
VASCULAR			
D5 Safe dissection of vascular pedicle ○1 ○2 ○3 ○4 ○5 ○6	D6 Dissection of mesentery ○1 ○2 ○3 ○4 ○5 ○6	D7 Identification of ureter or duodenum ○1 ○2 ○3 ○4 ○5 ○6	
MOBILISATION			
D8 Dissection of hepatic or splenic flexure ○1 ○2 ○3 ○4 ○5 ○6	D9 Mesorectal dissection (where applicable) ○1 ○2 ○3 ○4 ○5 ○6	D10 Safe dissection of bowel ○1 ○2 ○3 ○4 ○5 ○6	
ANASTOMOSIS			
D11 Safe evacuation of specimen ○1 ○2 ○3 ○4 ○5 ○6	D12 Anastomosis ○1 ○2 ○3 ○4 ○5 ○6		
OVERALL PERFORMANCE			
D13 Overall performance ○1 ○2 ○3 ○4 ○5 ○6	D14 How difficult was this operation (1=very easy, 6=very difficult) ○1 ○2 ○3 ○4 ○5 ○6		

D15 Comments

E. POSTOPERATIVE COURSE

E1 Post operative complication ○Yes ○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 <input type="text"/> Other			
E3 Medical complication <input type="checkbox"/> Chest infection <input type="checkbox"/> UTI <input type="checkbox"/> Cardiac event <input type="checkbox"/> Stroke	E4 Reoperation ○Yes ○No	E5 Readmission for complication ○Yes ○No	E6 Hospital stay <input type="text"/> days
E7 Intra-hospital death ○Yes ○No	Date of death mm <input type="text"/> dd <input type="text"/> yyyy <input type="text"/>		

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? <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
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Submit