



Lapco Trainee GAS Form

FILL IN SECTIONS A-D IMMEDIATELY AFTER THE OPERATION !

A. SURGEON

This is my <input type="text"/> th laparoscopic colorectal resection and the <input type="text"/> th within the programme			
A2 Training Centre <input type="text" value="Please Select"/>	A3 Trainer <input type="text" value="Please Select"/>	A4 Was this procedure shared ? <input type="radio"/> Yes <input type="radio"/> No	A5 Video Included <input type="radio"/> Yes <input type="radio"/> No

B. PATIENT

B1 Patient identification number <input type="text"/> <input type="checkbox"/> Cadaveric	B2 Initials <input type="text"/>	B3 DOB <input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="yyyy"/>	B4 Gender <input type="radio"/> male <input type="radio"/> female
B5 Operating date <input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="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 - Specify <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"/> 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>
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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 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
E2 Medical complication <input type="checkbox"/> Chest infection <input type="checkbox"/> UTI <input type="checkbox"/> Cardiac event <input type="checkbox"/> Stroke	E3 Reoperation <input type="radio"/> Yes <input type="radio"/> No	E4 Readmission for complication <input type="radio"/> Yes <input type="radio"/> No	E5 Hospital stay <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> days
E6 Intra-hospital death <input type="radio"/> Yes <input type="radio"/> No	Date of death <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">mm ▾</div> <div style="border: 1px solid black; padding: 2px;">dd ▾</div> <div style="border: 1px solid black; padding: 2px;">yyyy ▾</div> </div>		

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