**CAESAREAN SECTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Trainee Name: |  | Assessor Name: |  | Date: |
| Level of training: Grade/Year |  | Post: |  |  |

|  |  |
| --- | --- |
| Clinical details of complexity/difficulty of case |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item under observation** |  | **Performed independently** | **Needs help** |
|  | **PLEASE TICK RELEVANT BOX** |
| Appropriate skin incision (e.g. length, position) |  |  |  |
| Safe entry of peritoneal cavity |  |  |  |
| Careful management of bladder |  |  |  |
| Appropriate uterine incision (e.g. length, position) |  |  |  |
| Safe and systematic delivery of baby |  |  |  |
| Appropriate delivery of placenta |  |  |  |
| Check uterine cavity (e.g. intact, empty, configuration) |  |  |  |
| Safe securing of uterine angles |  |  |  |
| Check for ovarian pathology |  |  |  |
| Appropriate closure of rectus sheath |  |  |  |
| Attention to haemostasis |  |  |  |
| Neatness of skin closure |  |  |  |
| **Comments:** |  |  |  |

**Levels of complexity for each stage of training:**

**ST1** First or second caesarean section with longitudinal lie

**Core Training** Twins/transverse lie

 Preterm at gestation over 28 weeks

**CCT** Preterm less than 28 weeks or grade 4 placenta praevia

 Fibroids in lower uterine segment

Both sides of this form to be completed and signed

|  |  |  |
| --- | --- | --- |
|  | **Performed independently** | **Needs help** |
| **PLEASE TICK RELEVANT BOX** |
| **Item under observation: opening** |
| Appropriate preoperative preparation: bladder empty, prepare and drape abdomen |  |  |
| Appropriate skin incision (e.g. length, position) with safe use of surgical knife |  |  |
| Subcutaneous fascia opened with attention to haemostasis |  |  |
| Rectus sheath incised either side of linea alba, extended with scissors and dissected off rectus muscle with attention to haemostasis |  |  |
| Safe entry of peritoneal cavity by either sharp or blunt dissection |  |  |
| **Item under observation: closing** |
| Identification of peritoneal edge and closure (optional) using appropriate suture material, instruments and technique |  |  |
| Ensure haemostasis of peritoneum and posterior surface of rectus sheath |  |  |
| Secure closure of rectus sheath using appropriate suture material, instruments and technique for knot tying and placement of sutures |  |  |
| Ensure haemostasis before skin closure |  |  |
| Accurate skin closure using appropriate method, instruments and technique (trainees should demonstrate competence in the full range of closure methods) |  |  |
| Appropriate and safe use of needle holder: needle loaded correctly, no touch technique, no inappropriate movements |  |  |
| Comments (please state skin closure method) |  |  |

**Examples of minimum levels of complexity for each stage of training:**

|  |  |
| --- | --- |
| **ST1****Intermediate Training****CCT** | Patient with no previous lower transverse incisionPatient with previous lower transverse incision but without suspicion of severe abdominal adhesionsPatient with previous abdominal surgery and likely severe abdominal adhesions |

**GENERIC TECHNICAL SKILLS ASSESSMENT
Assessor, please ring the candidate's performance for each of the following factors:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Respect for tissue** | Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments. | Careful handling of tissue but occasionally caused inadvertent damage. | Consistently handled tissues appropriately with minimal damage. |
| **Time, motion and flow of operation and forward planning** | Many unnecessary moves. Frequently stopped operating or needed to discuss next move. | Made reasonable progress but some unnecessary moves. Sound knowledge of operation but slightly disjointed at times. | Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next. |
| **Knowledge and handling of instruments** | Lack of knowledge of instruments. | Competent use of instruments but occasionally awkward or tentative. | Obvious familiarity with instruments. |
| **Suturing and knotting skills as appropriate for the procedure** | Placed sutures inaccurately or tied knots insecurely andlacked attention to safety. | Knotting and suturing usually reliable but sometimes awkward. | Consistently placed sutures accurately with appropriate and secure knots and with proper attention to safety. |
| **Technical use of assistants Relations with patient and the surgical team** | Consistently placed assistants poorly or failed to us assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team. | Appropriate use of assistant most of the time. Reasonable communication and awareness of the needs of the patient and/or of the professional team. | Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team. |
| **Insight/attitude** | Poor understanding of areas of weakness. | Some understanding of areas of weakness. | Fully understands areas of weakness |
|  | Limited documentation, poorly written. | Adequate documentation but with some omissions or areas that need elaborating. | Comprehensive legible documentation, indicating findings, procedure and postoperative management. |

Please complete the relevant box:

|  |  |  |  |
| --- | --- | --- | --- |
| Needs further help with: |  | Competent to perform the entire procedure without the need for supervision |  |
| Date: |  | Date: |  |
| Signed Trainer |  | Signed Trainer |  |
| Signed Trainee |  | Signed Trainee |  |