



Trainee Identification: _____

Date: ___/___/___

Program: _____

Evaluator Identification: _____

Global Assessment for Abdominal Colectomy, Ileostomy and Hartmann Closure Rectum

Instructions: Please read each action highlighted in grey. Evaluate the performance of each action according to the 1-5 scale listed below the stated action. Then write the corresponding score in the column labeled "score."

E	Exposure	Score
E1	<p>Demonstrates knowledge of optimum skin incision/portal/access</p> <p>1 Does not extend an incision when struggling for access</p> <p>2</p> <p>3 Makes an incision clearly too small or too large</p> <p>4</p> <p>5 Verbally states or marks with a pen the anatomical landmarks prior to making the incision. Extends incision if necessary for exposure.</p>	
E2	<p>Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly</p> <p>1 Describes the structure encountered in the dissection in the wrong location. Rough blind palpation of abdominal contents causing damage</p> <p>2</p> <p>3 Tries to maintain the standard approach despite the fact that access is proving difficult. Forgets to examine some of the abdominal contents</p> <p>4</p> <p>5 Is able to give a running commentary to the trainer of the structures encountered. Makes a cautious entry through peritoneum. Systematic inspection of contents of abdomen</p>	
E-T	Total Score for Exposure	
ILH-IT Abdominal colectomy with ileostomy and Hartmann Intra-operative Technique		Score
ILH-IT1	<p>Sets up appropriate retraction, including bowel packing as appropriate</p> <p>1 Surgeon switches back and forth between colon segments, needing frequent repositioning of retraction</p> <p>2</p> <p>3 Sets up exposure once; never repositions for best visualization</p> <p>4</p> <p>5 Arranges retraction to expose each segment of colon with minimal adjustment necessary</p>	
ILH-IT2	<p>Mobilizes attachments of R colon including appendix and distal terminal ileum</p> <p>1 Frequently changes location, or plane of mobilization, moves back and</p>	



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	<p>forth along length of R colon</p> <ol style="list-style-type: none"> 2 3 Does not seem to have a plan to find proper plane of dissection 4 5 Starts the mobilization at one end of R colon, finds the appropriate plane, and proceeds to the other end 	
ILH-IT3	<p>Identifies and preserves, R ureter</p> <ol style="list-style-type: none"> 1 Fails to search for or identify ureter 2 3 Observes general area of ureter, but does not positively identify by observing peristalsis 4 5 Positively identifies ureter prior to RLQ dissection by observing peristalsis in ureter, and corroborating this with assisting surgeon 	
ILH-IT4	<p>Takes down hepatic flexure, noting position of duodenum, and avoiding venous injury. Mobilizes mesentery off duodenum</p> <ol style="list-style-type: none"> 1 Causes bleeding from vessels in hepatocolic area. Mobilizes mesentery, but does not recognize duodenum 2 3 Fails to identify the duodenum 4 5 Prevents bleeding while taking down hepatocolic ligaments; carries dissection laterally and down medial to duodenum 	
ILH-IT5	<p>Deals with omentum appropriately (depending on whether it will be preserved or not), to distal transverse colon</p> <ol style="list-style-type: none"> 1 Damages gastroepiploic vessels: fails to enter lesser sac; if removing omentum: encounters excessive bleeding or damages colon 2 3 Fails to make the decision to preserve or resect omentum prior to hepatic flexure takedown 4 5 Enters proper plane to preserve omentum or takes blood supply appropriately 	
ILH-IT6	<p>Mobilizes sigmoid from lateral peritoneal attachments, staying in proper avascular plane</p> <ol style="list-style-type: none"> 1 Mobilizes the sigmoid colon with difficulty, repeatedly causing retroperitoneal and intraperitoneal bleeding 2 3 Multiple attempts to find the correct avascular plane for mobilization 4 5 Mobilizes the sigmoid colon skillfully along the avascular plane, with minimal bleeding 	
ILH-IT7	<p>Identifies and preserves L ureter</p>	



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	<ol style="list-style-type: none"> 1 Fails to look for or positively identify the left ureter 2 3 Verbalizes that identification of ureter is being/ has been done without positively demonstrating its presence to assistant 4 5 Identifies left ureter (inter-sigmoidal fossa) by demonstrating its anatomical presence and the presence of visible peristalsis to assistant 	
ILH-IT8	<p>Mobilizes splenic flexure from descending colon towards spleen, ensuring no traction on spleen, and from L transverse colon towards spleen, preserving spleen from harm</p> <ol style="list-style-type: none"> 1 Damages the spleen or its hilum, or avulses the splenic capsule during splenic flexure mobilization 2 3 Fails to recognize the potential for damage to the spleen during splenic flexure mobilization 4 5 Mobilizes the splenic flexure skillfully, making sure to avoid the spleen and its hilum, and avoiding any traction on the spleen 	
ILH-IT9	<p>Identify appropriate site of transaction of rectosigmoid and does not enter the presacral plane</p> <ol style="list-style-type: none"> 1 Transect the rectum below the level of the sacral promontory 2 3 Carries distal dissection too low and enters the presacral plane 4 5 Transects the rectosigmoid colon at the appropriate location, at/above sacral promontory, without breaching the presacral plane 	
ILH-IT10	<p>Divide major vascular pedicles safely, as well as mesentery of colon</p> <ol style="list-style-type: none"> 1 Fails to identify major vascular pedicles and to gain vascular control, resulting in bleeding of the pedicles 2 3 Unnecessarily ligates excessive number of vascular branches by failing to take major vessels 4 5 Accurately and carefully identifies, divides and ligates major vascular pedicles after ensuring vascular control 	
ILH-IT11	<p>Transects rectosigmoid, and distal ileum near cecum</p> <ol style="list-style-type: none"> 1. Divides bowel too far from cecum / too high or low in rectosigmoid 2. 3.No regard or discussion of where bowel should be divided at either site 4. 5. Identifies proper site for transection of bowel in both places 	
ILH-IT12	<p>Creates opening for ileostomy at predetermined site, ensuring aperture is correct size</p>	



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	<ol style="list-style-type: none"> 1 Uses different site without discussion of rationale/creates inappropriate size opening and location 2 3 Uses chosen site without regard to any changes based on surgery/anatomy 4 5 Re-evaluates chosen stoma site and uses appropriate size for ileostomy 	
ILH-IT13	<p>Delivers distal ileum through ileostomy opening with mesentery correctly oriented</p> <ol style="list-style-type: none"> 1 Twists ileum and mesentery / tears mesentery upon delivery 2 3 Does not check orientation of ileum and mesentery before delivery 4 5 Orients ileum with mesentery correctly and carefully pulls through defect 	
ILH-IT14	<p>After wound closure completed, matures stoma in Brooke fashion</p> <ol style="list-style-type: none"> 1 Creates a flat ileostomy 2 3 Everts but does not get adequate length for bud 4 5 Creates good bud with seromuscular sutures 	
ILH-IT-T	<p>Total Score for Abdominal colectomy, Ileostomy and Hartmann Intraoperative Technique</p>	
C	Closure	Score
	<p>Completes a sound wound repair where appropriate</p> <ol style="list-style-type: none"> 1 Ties very tight sutures, clearly strangulating soft tissue 2 3 Leaves too large a gap between sutures so that sutures are not properly opposed 4 5. Closes each layer without tension 	
	<p>Protects the wound with dressings, splints and drains where appropriate</p> <ol style="list-style-type: none"> 1. Walks away from the operating table without briefing the assistant or the nurse about required dressing 2 3. Fails to specify required dressing 4. 5. Personally supervises the application of the wound dressing 	
C-T	Total Score for Closure	



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ILH			
Exposure	Intraoperative	Closure	Technique
Total			

GLOBAL RATING SCALE OF OPERATIVE PERFORMANCE

Domain of Surgical Performance	Notes	UNSAT	GEN SURG	BRD CR SURG	COMP CR SURG	CR Surg
Respect for Tissue	Appropriate handling of tissue, minimizes tissue damage through appropriate use of instruments and appropriate force	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Time and Motion	Efficient and economic movement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Instrument Handling	Competent use of instruments, fluid movements without stiffness or awkwardness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Knowledge of Instruments	Familiar with names and uses of instrument required for this procedure, does not ask for wrong instrument or use incorrect names when asking for instruments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Flow of Operation	Demonstrates forward planning; course of operation demonstrated through effortless flow from one move to the next	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Assistant (if applicable)	Strategically used assistants to the best advantage at all times	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Knowledge of Specific Procedure	Demonstrated familiarity with all steps of the operation /procedure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quality of Final Product		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



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<p>Based on the OVERALL performance, the candidate's current competence</p>	<p>Unsatisfactory – Below the level of a general surgeon.</p> <p>Gen SURG – Could function as a general surgeon. Basic competence in technical skills.</p> <p>BRD CR SURG– Borderline CR surgeon.</p> <p>COMP CR SURG – Competent as an independent CR surgeon. More advanced competence in technical skills.</p> <p>CR SURG– Could practice without supervision as a colorectal surgeon. Could function as an independent practitioner. Professionally sophisticated. At an exemplary level would also imply the person is competent enough to act as a resource to other health care professionals.</p>	✓	✓	✓	✓	✓
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Con

EXAMINER STICKER

CANDIDATE STICKER

Comments