



Operative Competency Evaluation

Trainee Identification: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Program: \_\_\_\_\_

Evaluator Identification: \_\_\_\_\_

**Global Assessment for Fistulae**

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". There are separate sections below for fistulotomy, insertion of fistula plug and endorectal advancement flap.

FF-IT	Fistulotomy-Fistula Repair	Score
<b>FF-IT1</b>	<p><b>Assesses sphincter muscle during fistulotomy</b></p> <ol style="list-style-type: none"> <li>1 Passes probe and begins fistulotomy without any assessment of sphincter involvement</li> <li>2</li> <li>3 Tries to assess sphincter muscle while performing fistulotomy</li> <li>4</li> <li>5 Palpates and assesses sphincter muscle prior to beginning fistulotomy</li> </ol>	
<b>FF-IT2</b>	<p><b>Divides fistula tract over probe</b></p> <ol style="list-style-type: none"> <li>1 Divides over probe without respect for tissue involved</li> <li>2</li> <li>3 Assesses muscle prior to fistulotomy but fails to reassess for muscle during fistulotomy</li> <li>4.</li> <li>5. Assesses for muscle involvement prior to fistulotomy and continues to reassess muscle during fistulotomy</li> </ol>	
<b>FF-IT3</b>	<p><b>Aborts fistulotomy if more muscle involved than predicted</b></p> <ol style="list-style-type: none"> <li>1 Realizes significant muscle involvement only after fistulotomy is complete</li> <li>2</li> <li>3 Stops after beginning fistulotomy and plans for alternate therapy</li> <li>4</li> <li>5 Realizes muscle involvement prior to or very early into fistulotomy, stops and plans for alternate therapy</li> </ol>	
<b>FF-IT4</b>	<p><b>Removes granulation tissue</b></p> <ol style="list-style-type: none"> <li>1 Does no debridement</li> <li>2</li> <li>3 Does minimal debridement and leaves some granulation/necrotic tissue in place. Does not send tissue sent to pathology if complex fistula</li> <li>4</li> <li>5 Debrides tract completely of granulation and necrotic tissue and sends specimens to pathology for complex fistula</li> </ol>	
<b>FF-IT5</b>	<p><b>Achieves hemostasis</b></p> <ol style="list-style-type: none"> <li>1 Makes no attempt to achieve hemostasis</li> </ol>	

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	<p><b>2</b></p> <p><b>3</b> Makes some effort at hemostasis with cautery but does not recheck site for bleeding prior to completion of procedure</p> <p><b>4</b></p> <p><b>5</b> Achieves good hemostasis and rechecks site for bleeding prior to completion of procedure.</p>	
<b>FF-IT-T</b>	<b>Total Score for Fistulotomy</b>	

<b>FP-IT</b>	<b>Fistula Plug- Fistula Repair</b>	<b>Score</b>
<b>FP-IT1</b>	<p><b>Ensures there is no associated cavity</b></p> <p><b>1</b> Does not assess perianal area for associated abscess cavity</p> <p><b>2</b></p> <p><b>3</b> Identifies cavity only after beginning to insert plug. Realizes plug not appropriate with fistula associated cavity and converts to seton</p> <p><b>4</b></p> <p><b>5</b> Carefully assesses perianal tissues for associated abscess cavity and converts to seton placement if cavity present. If no cavity present, continues with plug placement.</p>	
<b>FP-IT2</b>	<p><b>Adequately hydrates the plug</b></p> <p><b>1</b> Does not hydrate plug prior to placement.</p> <p><b>2</b></p> <p><b>3</b> Hydrates plug only after prompting by operating room technician.</p> <p><b>4</b></p> <p><b>5</b> Plans for plug hydration in advance and hydrates plug properly prior to insertion.</p>	
<b>FP-IT3</b>	<p><b>Places plug with proper orientation</b></p> <p><b>1</b> Does not understand that plug is created with "internal" and "external" ends and must be properly oriented to insure correct insertion</p> <p><b>2</b></p> <p><b>3</b> Initially orients plug incorrectly, then realizes orientation important and correctly inserts plug.</p> <p><b>4</b></p> <p><b>5</b> Understands proper plug orientation and plans for correct placement of internal end smoothly and efficiently.</p>	
<b>FP-IT4</b>	<p><b>Adequately secures the plug</b></p> <p><b>1</b> Does not plan to secure internal portion of fistula plug.</p> <p><b>2</b></p> <p><b>3</b> Places plug without stitch to secure internal portion to IAS, realizes plug</p>	

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	<p>must be secured and eventually secures plug to IAS</p> <p>4</p> <p>5 Efficiently places securing suture through IAS and then plug resulting in well secured internal portion of fistula plug.</p>	
<b>FP-IT5</b>	<p><b>Closes the internal opening</b></p> <p>1 Fails to close internal opening</p> <p>2</p> <p>3 Fails to adequately close the internal opening</p> <p>4</p> <p>5 Effectively closes the internal opening and uses a mini-advancement flap if needed</p>	
<b>FP-IT6</b>	<p><b>Achieves hemostasis</b></p> <p>1 Makes no effort to obtain hemostasis in fistula tract.</p> <p>2</p> <p>3 Uses undirected cautery of bleeding tissue</p> <p>4</p> <p>5 Efficiently uses cautery in directed fashion to achieve hemostasis.</p>	
<b>FP-IT-T</b>	<b>Total Score for Fistula Plug Insertion for Fistula Repair</b>	
<b>EAF-IT</b>	<b>Endorectal Advancement Flap</b>	<b>Score</b>
<b>EAF-IT1</b>	<p><b>Creates flap of mucosa, submucosa and circular muscle</b></p> <p>1 Does not understand appropriate depth for formation of flap. Unable to start procedure without direction.</p> <p>2</p> <p>3 Creates flap of only mucosa.</p> <p>4</p> <p>5 Creates flap of even depth including mucosa, submucosa and circular muscle.</p>	
<b>EAF-IT2</b>	<p><b>Creates a flap with an adequate base to preserve viability</b></p> <p>1 Creates flap with the width of the base more narrow than the width of the apex</p> <p>2</p> <p>3 Creates a rectangular shaped flap with the width of the base and the apex equal</p> <p>4</p> <p>5 Creates flap with the width of the base two to three times the width of the apex to ensure adequate blood supply.</p>	

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<p><b>EAF-IT3</b></p>	<p><b>Mobilizes sufficient length of flap to avoid tension</b></p> <ol style="list-style-type: none"> <li>1 Mobilizes only one or two centimeters of flap above the apex</li> <li>2</li> <li>3 Mobilizes flap so that after the fistula opening excised the resulting apex reaches to beyond the internal opening only when under tension.</li> <li>4</li> <li>5 Mobilizes flap so that after fistula opening excised the resulting apex reaches beyond the internal opening easily without tension for at least one centimeter.</li> </ol>	
<p><b>EAF-IT4</b></p>	<p><b>Excises and closes Internal Opening</b></p> <ol style="list-style-type: none"> <li>1 Fails to excise or close the internal opening</li> <li>2</li> <li>3 Realizes after starting to suture the flap in place that internal opening should be excised and closed.</li> <li>4</li> <li>5 Excises the internal opening and then closes the internal opening and checks that opening is securely closed.</li> </ol>	
<p><b>EAF-IT5</b></p>	<p><b>Achieves hemostasis</b></p> <ol style="list-style-type: none"> <li>1. Leaves base of wound or flap edge bleeding with no attempt to achieve hemostasis.</li> <li>2.</li> <li>3. Makes some effort at hemostasis with cautery but does not recheck site for bleeding prior to completion of procedure</li> <li>4.</li> <li>5. Achieves good hemostasis and rechecks site for bleeding prior to completion of procedure.</li> </ol>	
<p><b>EAF-IT6</b></p>	<p><b>Sutures the flap to distal mucosa with minimal tissue trauma</b></p> <ol style="list-style-type: none"> <li>1 Handles flap in rough manner resulting in small tears. Places minimal number of sutures with large bites and ties suture tightly enough to risk ischemia of the edges.</li> <li>2</li> <li>3 Handles flap gently and carefully places appropriate number of sutures. However bites of tissue are large and sutures are tied too tightly.</li> <li>4</li> <li>5 Handles flap gently, places appropriate number of sutures including appropriate amount of tissue. Ties sutures securely but not so tight as to risk ischemia.</li> </ol>	
<p><b>EAF-IT7</b></p>	<p><b>Ensures the flap is well perfused with no signs of ischemia</b></p> <ol style="list-style-type: none"> <li>1 Does not inspect flap for adequate perfusion</li> <li>2</li> </ol>	

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	3 Inspects flap but does not address areas of clear ischemia/necrosis 4 5 Inspects flap for adequate perfusion. Addresses any areas of ischemia/hematoma or necrosis in an appropriate manner.	
<b>EAF-IT-T</b>	<b>Total for Endorectal Advancement Flap</b>	

<b>Specific Intraoperative Technique</b>	
<b>Total</b>	

### 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 <b>OVERALL</b> performance, the candidate's current competence</p>	<p><b>Unsatisfactory</b> – Below the level of a general surgeon.</p> <p><b>Gen SURG</b> – Could function as a general surgeon. Basic competence in technical skills.</p> <p><b>BRD CR SURG</b>– Borderline CR surgeon.</p> <p><b>COMP CR SURG</b> – Competent as an independent CR surgeon. More advanced competence in technical skills.</p> <p><b>CR SURG</b>– 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>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments