



## CAESAREAN SECTION

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

<b>Clinical details of complexity/ difficulty of case</b>	
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Item under observation	Done independently	Needs help
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		
<b>Comments</b>		

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

<b>ST1</b>	First or second Caesarean section with longitudinal lie
<b>Core Training</b>	Twins/ transverse lie
	Preterm greater than 28 weeks
<b>CCT</b>	Preterm less than 28 weeks/ Grade 4 Placenta praevia
	Fibroids in lower uterine segment

Signed.....



## GENERIC TECHNICAL SKILLS ASSESSMENT

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

<b>Respect for tissue</b>	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage	Consistently handled tissues appropriately with minimal damage.
<b>Time, motion and flow of operation and forward planning</b>	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes 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.
<b>Knowledge and handling of instruments</b>	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
<b>Suturing &amp; knotting skills</b>	Placed sutures inaccurately or tied knots insecurely, and lacked 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.
<b>Technical use of assistants Relations with patient and the surgical team</b>	Consistently placed assistants poorly or failed to use 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
<b>Insight/Attitude</b>	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
<b>Documentation of Procedures</b>	Limited documentation Poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Based on the checklist and the Generic Technical Skills Assessment, Dr .....has achieved/failed\* to achieve the OSAT competency

<p style="text-align: center;">Needs further help with:</p> <p>* * *</p> <p>Date</p> <p>Signed</p>	<p>Competent to perform the entire procedure without the need for supervision</p> <p>Date</p> <p>Signed</p>
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\* Delete where applicable, and date and sign the relevant box