

Please tick the appropriate descriptions of the safety, efficiency, and quality of the end product for each task, according to the key below.

**i) TECHNICAL SAFETY**

- Safe** No adverse events or near misses occurred.
- Near miss** Potential harms were narrowly avoided.
- Unsafe** Adverse event(s) that resulted in reversible harm occurred.
- Dangerous** Adverse event(s) that resulted in permanent harm occurred.

**ii) OPERATIVE EFFICIENCY**

- Optimal** Purposeful and progressive movements throughout.
- Adequate** Some unnecessary movements, but generally progressive.
- Inefficient** Repeated, unproductive, movements.
- Poor** Wrong movements that compromised patient safety.

**iii) QUALITY OF THE END PRODUCT**

- Complete** Anatomical structure is clearly demonstrated following complete dissection of all associated lymphatic (LN) tissue.
- Incomplete** Incomplete LN clearance of the anatomical structure (quantify if possible please)

**TASK 1: DIAPHRAGMATIC HIATUS**

<b>i) Safety</b>	<b>Safe</b>	<b>Near miss</b>	<b>Unsafe</b>	<b>Dangerous</b>	<b>Comments</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>ii) Efficiency</b>	<b>Optimal</b>	<b>Adequate</b>	<b>Inefficient</b>	<b>Poor</b>	<b>Comments</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>iii) Quality of end product</b>	<b>Complete</b>	<b>Incomplete</b>	<b>Not performed</b>	<b>Comments</b>	
Right crus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Left crus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Aorta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Pericardium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Right lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Left lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	

**TASK 2: ABDOMINAL LYMPHADENECTOMY**

<b>i) Safety</b>	<b>Safe</b>	<b>Near miss</b>	<b>Unsafe</b>	<b>Dangerous</b>	<b>Comments</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>ii) Efficiency</b>	<b>Optimal</b>	<b>Adequate</b>	<b>Inefficient</b>	<b>Poor</b>	<b>Comments</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>iii) Quality of end product</b>	<b>Complete</b>	<b>Incomplete</b>	<b>Not performed</b>	<b>Quantify if incomplete</b>	
Portal vein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Proper hepatic artery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Common hepatic artery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Coeliac artery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Left gastric artery (stump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Left gastric vein (stump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Proximal splenic artery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Distal splenic artery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Splenic vein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Splenic hilum (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....	

**TASK 3: THORACIC LYMPHADENECTOMY**

<b>i) Safety</b>	<b>Safe</b>	<b>Near miss</b>	<b>Unsafe</b>	<b>Dangerous</b>	<b>Comments</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>ii) Efficiency</b>	<b>Optimal</b>	<b>Adequate</b>	<b>Inefficient</b>	<b>Poor</b>	<b>Comments</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

iii) Quality of end product	Complete	Incomplete	Not performed	Quantify if incomplete
Carina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Right main bronchus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Left main bronchus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Right pulmonary veins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Left pulmonary veins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Pericardium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Aorta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

**TASK 4: RECONSTRUCTION**

<b>i) Safety</b>	<b>Safe</b>	<b>Near miss</b>	<b>Unsafe</b>	<b>Dangerous</b>	<b>Comments</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>ii) Efficiency</b>	<b>Optimal</b>	<b>Adequate</b>	<b>Inefficient</b>	<b>Poor</b>	<b>Comments</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
<b>iii) Quality of end product</b>		<b>Yes</b>	<b>No</b>	<b>Borderline</b>	<b>Comments</b>
Viable colour of gastric tube		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Lesser curve cleared of LN tissue		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Tension free anastomosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Appropriate approximation of sutures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

**ANY OTHER COMMENTS:**