North West Core Surgical Training

Core Specialty and ST3 Preparation Module Checklists – General Surgery

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Hospital Site:** | **Post Specialty:** | **Educational Supervisor:** | **Date completed:** |
| **Post 1** |  |  |  |  |
| **Post 2** |  |  |  |  |
| **Post 3** |  |  |  |  |
| **Post 4** |  |  |  |  |
| **Post 5** |  |  |  |  |

Description of the levels (stated as a prefix for each procedure) expected for clinical and technical skills; e.g. 2 Appendicectomy

Each topic within a stage has a competence level ascribed to it in the areas of clinical and technical skills ranging from 1 to 4:

1. **Has observed. At this level the trainee: equates to logbook O or A**
2. **Can do with assistance: equates to logbook STS**
3. **Can do whole but may need assistance: equates to logbook STU**
4. **Competent to do without assistance, including complications: equates to logbook P, or level of CCT**

| **Core Specialty Module**General Surgery | **Type of evidence (WPBA, MRCS, reading, course, logbook)** | **Total No. of Procedures****- If applicable** | **No. of Procedures****(STS, STU & P)** | **Highest Level of competency achieved on WPBA/MCR** |
| --- | --- | --- | --- | --- |
| **Core Specialty** | Assessment and planning the investigation of new and follow-up patients in general surgical outpatient clinics |  |  |  |  |
| **Core Specialty** | Contribution to the trauma team as general surgical representative |  |  |  |  |
| **Core Specialty** | Interpretation of abdominal CT scans |  |  |  |  |
| **Core Specialty** | Assessment and early management of acutely unwellpatients presenting with an acute abdomen |  |  |  |  |
| **Core Specialty** | **2** - Outpatient treatment of haemorrhoids |  |  |  |  |
| **Core Specialty** | **2** - Rigid sigmoidoscopy |  |  |  |  |
| **Core Specialty** | **2** - Excision biopsy of skin lesion |  |  |  |  |
| **Core Specialty** | **1** - Repair of primary abdominal wall hernia |  |  |  |  |
| **Core Specialty** | **1** - Open and close midline laparotomy incision |  |  |  |  |
| **Core Specialty** | **1** - Placement of laparoscopic ports |  |  |  |  |
| **Core Specialty** | **1** - Appendicectomy |  |  |  |  |
| **Core Specialty** | **2 -** Superficial abscess drainage |  |  |  |  |

| **ST3 Preparation Module** General Surgery | **Type of evidence (WPBA, MRCS, reading, course, logbook)** | **Total No. of Procedures****- If applicable** | **No. of Procedures****(STS, STU & P)** | **Highest Level of competency achieved on WPBA/MCR** |
| --- | --- | --- | --- | --- |
| **ST3 Preparation** | To be able to diagnose and manage a range of elective conditions presenting to general surgeons including appropriate investigation. This should include primary abdominal wall hernias, lesions of the cutaneous and subcutaneous tissues |  |  |  |  |
| **ST3 Preparation** | To be able to assess and initiate management of patients presenting with common conditions electively to subspecialty clinics. This should include gall stones, upper and lower gastrointestinal tract cancers |  |  |  |  |
| **ST3 Preparation** | To be able to assess and provide the early care of a patient presenting with acute abdominal symptoms and signs. This should include localised and generalised peritonitis (Acute cholecystitis, acute diverticulitis, acute pancreatitis, visceral perforation, acute appendicitis and acute gynaecological conditions), obstruction (small and large bowel-obstructed hernias, adhesions, colonic carcinoma)and localised abdominal pain (biliary colic, non-specificabdominal pain) |  |  |  |  |
| **ST3 Preparation** | To be able to assess and provide the early care of a patient with suspected abdominal trauma. This should include primary and secondary survey |  |  |  |  |
| **ST3 Preparation** | To be able to recognise assess and provide the early care of a patient presenting with ruptured abdominal aortic aneurysm and acute arterial insufficiency |  |  |  |  |
| **ST3 Preparation** | To be able to provide the early care of a patientspresenting with acute urological conditions including acute urinary retention, ureteric colic, urinary tract infection and acute testicular pain |  |  |  |  |
| **ST3 Preparation** | To be able to diagnose and manage with appropriateinvestigations superficial and common acute septicconditions including subcutaneous abscess, cellulitis, perianal and pilonidal abscess and breast abscess. To be aware of gas gangrene and necrotising fasciitis |  |  |  |  |
| **ST3 Preparation** | **3** - Chest drain insertion |  |  |  |  |
| **ST3 Preparation** | **3 -** Needle biopsy including Fine needle aspiration |  |  |  |  |
| **ST3 Preparation** | **3 -** Rigid sigmoidoscopy |  |  |  |  |
| **ST3 Preparation** | **4** - Excision biopsy of benign skin or subcutaneous lesions |  |  |  |  |
| **ST3 Preparation** | **2** - Outpatient treatment of haemorrhoids |  |  |  |  |
| **ST3 Preparation** | **2** - Induction of pneumoperitoneum for laparoscopy with port placement |  |  |  |  |
| **ST3 Preparation** | **2** - Open and close midline laparotomy incision |  |  |  |  |
| **ST3 Preparation** | **3** - Appendicectomy |  |  |  |  |
| **ST3 Preparation** | **2** - Inguinal hernia repair |  |  |  |  |
| **ST3 Preparation** | **2** - Primary abdominal wall hernia repair |  |  |  |  |