East of England Core Surgical Training

Mandatory WPBA Checklist

Below are the details of the Mandatory WPBAs required to be evidenced on ISCP to complete Core Surgical Training as required by the Core Surgery 2017 Curriculum. A minimum of three of each type at the minimum performance level or higher is required to be evidenced on ISCP within your Core Surgical Training time. Please give three examples where you have achieved these.

Please complete this checklist and upload it to your ISCP portfolio under the ‘Miscellaneous’ heading in the ‘Other Evidence’ section prior to **your CT1**  ARCP or Interim Review in CT2 so that the panel can review your progress towards achieving these.

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| **Name:** |  | **Example 1** | **Example 2** | **Example 3** |
| **Date Form Completed/Updated:** |  | **Level Attained** | **Date of WPBA on ISCP** | **Level Attained** | **Date of WPBA on ISCP** | **Level Attained** | **Date of WPBA on ISCP** |
| **Competency** | **WPBA Form to use on ISCP** | **Minimum Level Required** |
| Take a tailored history and perform a relevant examination in an outpatient clinic | CEX (Clinic; history & exam) | 2 |  |  |  |  |  |  |
| Take a tailored history and perform a relevant examination for an acutely unwell patient | CEX (A&E/ward; history & exam) | 2 |  |  |  |  |  |  |
| Effective hand washing, gloving and gowning | DOPS (Surgeon preparation)\* | 4 |  |  |  |  |  |  |
| Accurate, effective and safe administration of local anaesthetic | DOPS (Administration of local anaesthetic)\* | 3 |  |  |  |  |  |  |
| Preparation and maintenance of an aseptic field | DOPS (Preparation of aseptic field)\* | 3 |  |  |  |  |  |  |
| Incision of skin and subcutaneous tissue | DOPS (Incision)\* | 3 |  |  |  |  |  |  |
| Closure of skin and subcutaneous tissue | DOPS (Closure)\* | 3 |  |  |  |  |  |  |
| Completion of WHO check list (time out and sign out) | DOPS (WHO checklist completion)\* | 3 |  |  |  |  |  |  |
| \* Please see Appendix 1 on page 2 |

Appendix 1: Mandatory DOPS for CST

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| **DOPS type: Surgeon preparation** Guidance notes: 1. Bare below the elbow
2. Use of nail brush
3. Effective antibacterial washing of hands and forearms
4. Use of sterile towels without contamination of hands
5. Donning of gown and gloves assuring surface sterility
6. Professional engagement with gown tying assistant
 | **DOPS type: Incision** Guidance notes: 1. Incision planned and marked with appropriate consideration of cosmesis, vascularity and access
2. Checks that team is ready
3. Perpendicular linear incision of dermis with scalpel
4. Continuation through subcutaneous layers using scissors and/or diathermy as appropriate
5. Control of superficial bleeding with diathermy and/or ligation
6. Maintenance of aseptic field throughout
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| **DOPS type: Administration of local anaesthetic** Guidance notes: 1. Reasoned and appropriate choice of agent, concentration and dose
2. Appropriate choice of block
3. Accurate needle placement
4. Aspiration prior to injection
 | **DOPS type: Closure** Guidance notes: 1. Appropriate choice of needle type, suture material and suture method
2. Careful placement of needle with minimal trauma to tissue
3. Appropriate bite and spacing
4. Secure know tying
5. End result satisfactory; layer apposed accurately and without tension
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| **DOPS type: Preparation of aseptic field** Guidance notes: 1. Checks for absence of relevant allergies
2. Selects appropriate solution
3. Protects mucosa/cornea from exposure to alcohol
4. Thorough, adequate & systematic skin coverage
5. Appropriate choice, placement and fixation of drapes
6. Maintains own sterility throughout
 | **DOPS type: WHO checklist completion** Guidance notes: 1. Ensures sign in completed in anaesthetic room
2. Initiates and leads time out
3. Insists on engagement from whole team if necessary
4. Initiates and leads sign out
5. Takes responsibility for completion of each component
6. Documents process appropriately
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| **Structured clinical supervisors report** Please provide your report in the following categories:Performance in clinic: Performance in the provision of acute care: Performance in theatre: Other comments: |