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 <u>your CT1</u> ARCP or Interim Review in CT2 so that the panel can review your progress towards achieving these.

Name:			Example 1		Example 2		Example 3	
Date Form Completed/Updated: Competency	WPBA Form to use on ISCP	Minimum Level Required	Level Attained	Date of WPBA on ISCP	Level Attained	Date of WPBA on ISCP	Level Attained	Date of WPBA on ISCP
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						
	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

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