

CURRICULUM AND LOGBOOK FOR SUBSPECIALTY TRAINING IN UROGYNAECOLOGY

The program consists of 7 modules. One is common to all subspecialty programs (module 7) with the other 6 being specific to urogynaecology. Aside from the modules, the student must also demonstrate that they have achieved a thorough understanding of the anatomy, physiology and pharmacology of the lower urinary tract and the impact of pregnancy, parturition, menopause and ageing on lower urinary tract function. They must also be aware of the effects of disease, both mental and physical upon the pelvic organs. The conditions, which the trainee must be familiar with, are listed below. An understanding of these is expanded upon within the modules.

Conditions to be familiar with

- Urodynamic stress incontinence
- Detrusor overactivity
- Trauma and congenital abnormalities resulting in incontinence
- Voiding disorders and urinary retention
- Overactive Bladder syndrome
- Pelvic pain
- Lower urinary tract and lower gastro-intestinal tract fistulae
- Pelvic organ prolapse, both primary and recurrent
- Painful Bladder syndrome
- Urethral lesions, eg, diverticulae
- Effects of pelvic surgery and irradiation on the lower bowel urinary tract and pelvic floor
- Urinary disorders in pregnancy
- Evaluation and care of the elderly
- Lesions of the central nervous system affecting urinary, faecal control and pelvic floor
- Difficult defaecation
- Disorders of lower gastro-intestinal tract function including incontinence and motility
- Obstetric anal sphincter injury (OASIS)
- Urinary disorders in childhood;
- The physically or mentally handicapped
- Sexually transmitted diseases
- Emotional and behavioural disorders
- Hormone deficiency states
- Urinary problems secondary to medical disorders and drugs
- Symptoms associated with sexual intercourse e.g. coital incontinence

Module 1 General Urogynaecology Assessment

1. History

Objective Understand the different facets of obtaining a history of the patients condition

- General history
- Urinary / prolapse / faecal history
- Standardised questionnaires
- Quality of life questionnaires

2. Examination

Objective Competent at examination

- General
- Pelvic
- Neurological
- Standardised methods (POPQ or current standard method) for prolapse

3. Investigations

a) Lower urinary tract

Objective To be able to select appropriate test and carry out the test proficiently and interpret the results

- Urinalysis
- Urine culture and cytology
- Frequency/Volume chart
- Pad test
- Bladder scan
- Uroflowmetry
- Cystometry
- VCU
- Urethral function studies
- Ambulatory urodynamics
- Cystoscopy - rigid / flexible

b) Upper tracts

Objective To understand indications for and select correct test and be to interpret meaning of report

- a. Renal USS
- b. Abdominal X-ray
- c. IVU
- d. Isotope renography (eg Mag 3)

c) Neuro-urology

Objective To understand indications for and interpret the results

- a. Pelvic floor EMG

d) Colorectal

Objective To understand indications for and interpret the results

- Ano-rectal function studies
- Barium enema
- Defaecating proctogram
- Endo-anal Ultrasound

e) Pelvic floor

Objective To understand indications for and be able to interpret results

- Perineometry

Module 2 Conservative management of Urogynaecology conditions

1. Fluid management

Objective To understand correct advise on fluid intake and avoidance of certain dietary components
To understand methods of assessment

- Frequency chart
- Frequency volume chart
- Input Output chart

2. Pelvic floor exercises

Objective To understand indications for and have knowledge of the various treatment options

- Pelvic floor exercises
- Cones
- Electrical therapy
- Magnetic stimulator
- Biofeedback

3. Voiding difficulties

Objective To understand indications and be able to teach patient how to carry out / perform oneself

- Intermittent self catheterisation
- Insert a supra-pubic catheter
- Change a permanent supra-pubic catheter

4. Drug treatments

Objective To understand the effect of drugs used in other conditions on lower urinary tract function
To understand the mechanism of action, side effects and interaction of drugs used to treat lower urinary tract dysfunction

- Overactive bladder syndrome
- Nocturnal frequency and nocturia
- Stress urinary incontinence
- Painful bladder syndrome
- Use of HRT

5. Prolapse

Objective To understand and be able to assess and fit

- Ring Pessaries
- Shelf pessaries
- Other pessaries

6. Other

Objective Understand the principles of and possible indications for in the treatment of OAB syndrome

- Biofeedback
- Acupuncture
- Hypnotherapy
- Psychotherapy

Module 3 Surgical treatments

1. Urodynamic stress incontinence

Objective Understand indications for and be able to carry out
 Be able to counsel patient appropriately
 Understand potential complications and be able to deal with them

- Injectables (do one method and understand others)
- Minimally invasive slings (do one method and understand others)
- Colposuspension (open and / or laparoscopic)

2. Voiding difficulties

Objective Understand indications for and be able to carry out
 Be able to counsel patient appropriately
 Understand potential complications and be able to deal with them

- Urethral dilatation

3. Pelvic Organ prolapse

Objective Understand indications for and be able to carry out
 Be able to counsel patient appropriately
 Understand potential complications and be able to deal with them

- Anterior repair
- Vaginal hysterectomy
- Posterior repair
- Paravaginal repair (vaginal and / or open and /or laparoscopic)
- Mesh repairs
- Utero-sacral plication / moskovitz (open and /or laparoscopic), vaginal

4. Vault prolapse

Objective Understand indications for and be able to carry out
 Be able to counsel patient appropriately
 Understand potential complications and be able to deal with them

- One method of vaginal repair
- Sacrocolpopexy (open and /or laparoscopic)
- Aware of other methods used

Module 4 Urology

1. Stress Urinary incontinence

Objective Understand indications for and principles of / be able to counsel patient about

- Fascial slings
- Artificial urinary sphincters

2. Detrusor overactivity / Bladder pain

Objective Understand indications for and principles of / be able to counsel patient about

- Augmentation cytoplasty
- Urinary diversion procedures
- Botulinum toxin injections

3. Fistulae

Objective Understand investigations and the principles of treatment for urinary fistulae

- Vesico-vaginal
- Uretero-vaginal
- Urethro-vaginal

4. Urethral problems

Objective Understand investigations for and have knowledge of the following procedures

- urethral diverticulectomy and excision of para-urethral cysts
- urethral reconstruction
- urethral closure techniques

5. Ureteric problems

Objective Understand principles of treatment for ureteric complications

- Insertion of stents (be able to do)
- Ureteric re-implantation
- Ureteric re-anastomosis
- Nephrostomy

Module 5 Colorectal

1. Incontinence

Objective To understand methods of investigations and principles of treatment

- Anal sphincter repair
- Bulking agents
- Pelvic floor exercises
- Use of constipating agents

2. Emptying problems

Objective To understand methods of investigations and principles of treatment

- Use of laxatives
- Trans-perineal repair of rectocele
- Trans-anal repair of rectocele
- Transanal resection (STARR)

3. Urgency

Objective To understand methods of investigations and principles of treatment

- Biofeedback
- Drug treatment
- Behavioural modification e.g. diet

4. Fistulae

Objective Understand investigations and the principles of treatment for fistulae

- Recto-vaginal

Module 6 Neurology

1. Neurological conditions

Objective Understand effects of neurological conditions on LUT
Understand principles of investigations and treatments

- Spina bifida
- Multiple sclerosis
- Parkinsons disease
- Spinal cord injury
- Lower motor neurone neuropathy

2. Implants

Objective Understand and have knowledge of the principles of specialist treatments for bladder dysfunction

- Sacral nerve stimulation
- Intravesical botulinum toxin

Module 7 Generic (Common to all subspecialties)

7.1 Communication, team working and leadership skills

Objectives: Demonstrate effective communication with patients and colleagues
 Demonstrate good working relationships with colleagues
 Demonstrate the ability to work in clinical teams and have the necessary leadership skills

7.2 Good Medical Practice and maintaining trust

Objectives: To inculcate the habit of life long learning and continued professional development
 To ensure trainee has the knowledge, skills and attitudes to act in a professional manner at all times

7.3 Teaching

Objectives: Understand and demonstrate appropriate skills and attitudes in relation to teaching

7.4 Research

Objectives Understand and demonstrate appropriate skills and attitudes in relation to research relevant to the subspecialty

7.5 Clinical governance (CG) and risk management

Objectives: Understand and demonstrate appropriate knowledge and skills in relation to CG and risk management

7.6 Administration and service management

Objectives: Display knowledge of the structure and organization of the NHS nationally and locally
 Understand and demonstrate appropriate skills and attitudes in relation to administration and management

7.7 Information use and management

Objective Demonstrate competence in the use and management of health information

Module 1 General Urogynaecology assessment

1. History

Learning outcomes: To demonstrate the knowledge, skills and attitudes required to make an appropriate clinical assessment of a urogynaecological patient. To understand the different facets of obtaining a history of the patient's condition.

- Obtain a General history
- Obtain a Urinary / prolapse / faecal history
- Use Standardised questionnaires
- Use Quality of life questionnaires

Knowledge Criteria	Clinical Competency	Professional Skills and Attitudes	Training support	Evidence/ Assessment
<p>Symptoms that patients may complain of.</p> <p>Relationship with other medical conditions.</p> <p>How standardised questionnaires are devised</p> <p>Meaning of quality of life questionnaires</p> <p>Understanding of how questionnaires are validated.</p>	<p>Take an appropriate history</p> <p>Be able to present relevant history for patients with either urinary, prolapse or faecal problems.</p> <p>Arrange for use of appropriate standardised and QOL questionnaires:</p>	<p>Ability to take an appropriate history</p> <p>Ability to use appropriate standardised questionnaires and analyse them.</p> <p>Ability to use appropriate QOL questionnaires and analyse them.</p>	<p>Tailored clinical experience</p> <p>Observation of, assisting and discussion with senior medical staff</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p>	<p>Feedback from trainer</p> <p>Mini CEX RITA</p> <p>Interim / final assessment</p> <p>Attendance at appropriate course</p>

2. Examination

Learning outcomes: Be able to carry out a competent examination

- Undertake a general examination
- Undertake a pelvic examination including standardised methods of assessment
- Undertake a relevant neurological examination

Knowledge Criteria	Clinical Competency	Professional Skills and Attitudes	Training support	Evidence/Assessment
<p>Examination findings relevant to lower urinary tract disorders.</p> <p>Examination findings relevant to patients with prolapse.</p> <p>Neurological findings in patients with denervation of the pelvic floor and neurological conditions affecting the lower urinary tract (eg Multiple sclerosis)</p>	<p>Carry out an appropriate general, pelvic floor and neurological examination.</p>	<p>Ability to:</p> <ul style="list-style-type: none"> • Carry out an appropriate general examination especially abdominal. • Carry out an appropriate pelvic examination including usage of POPQ, or new assessments methods as they are introduced into clinical practice. • Carry out an appropriate neurological examination especially with regards pelvic floor innervation. 	<p>Tailored clinical experience</p> <p>Observation of, assisting and discussion with senior medical staff</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p>	<p>Feedback from trainer</p> <p>Mini CEX</p>

3. Investigations

Learning Outcomes: To be able to select appropriate tests and carry out the test proficiently and interpret the results

Knowledge criteria	Clinical competency	Professional skills and attitudes to be assessed	Training support	Assessment
<p>Investigations of lower Urinary tract</p> <p>Urine culture and cytology FVC</p> <p>Pad test</p> <p>Bladder scan</p> <p>Uroflowmetry</p> <p>Cystometry</p> <p>VCU</p> <p>Ambulatory urodynamics</p> <p>Urethral Function studies</p> <p>Cystourethroscopy</p> <p>Pelvic floor investigation</p> <p>Perineometry</p> <p>MRI</p> <p>Perineal ultrasound</p>	<p>Initiates/understands and interprets results.</p>	<p>Understands impact of results on clinical management.</p>	<p>Direct observation.</p> <p>Multidisciplinary Team meetings</p>	<p>Log book.</p> <p>Interim/final review</p> <p>OSAT Urodynamics</p> <p>OSAT Cystoscopy</p>

For further detailed investigations, see relevant specialist modules

Module 1 - General Urogynaecology Assessment	Number			Competence		
	Observed	Managed under supervision	Managed independently	1	2	3
HISTORY						
Full urogynaecology history						
Interpret quality of life questionnaires						
EXAMINATION						
Appropriate abdominal examination						
Appropriate pelvic examination (including cough stress test)						
Assessment of pelvic floor tone						
Perform pelvic organ prolapse scoring						
Appropriate neurological examination						
INVESTIGATIONS						
Perform bladder scan						
Perform CMG						
Perform VCU						
Perform Ambulatory urodynamics						
Perform Urethral pressure profilometry						
Understands cystourethrography						
Report MRI scan of the pelvic floor						

URODYNAMICS

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

Clinical details of case complexity	
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Item under observation	Done Independently	Needs help
Checks for UTI test results		
Gives antibiotics as appropriate		
Obtains appropriate consent		
Is able to set up machine and check calibration		
Obtains free flow at start of test		
Cleans external urethral meatus		
Inserts bladder line and catheter appropriately		
Checks urinary residual		
Vaginal examination as appropriate		
Inserts rectal line		
Balances pressure lines		
Performs filling cytometry		
Undertakes appropriate provocation tests		
Appropriate stress testing		
Obtains pressure/voiding trace		
Removes lines		
Obtains post-test residual		
Comments		

GENERIC TECHNICAL SKILLS ASSESSMENT

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

Respect for tissue	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.
Time, motion and flow of operation and forward planning	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.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
Suturing & knotting skills as appropriate for the procedure	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.
Technical use of assistants Relations with patient and the surgical team	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
Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation, poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Please complete the relevant box

Needs further help with: * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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CYSTOSCOPY

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

Clinical details of case complexity	
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Item under observation	Done Independently	Needs help
Obtains appropriate consent		
Cleans and drapes correctly		
Chooses correct scope		
Assembles scope correctly		
Visualises whole bladder		
Identifies ureteric orifices		
Observes the urethra		
Appropriate use of antibiotics		
Empties bladder at the end		
Comments		

GENERIC TECHNICAL SKILLS ASSESSMENT

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

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Module 2 Conservative management of Urogynaecology conditions

Learning outcomes: To demonstrate a thorough understanding of the evaluation and treatment of lower urinary tract disorders using conservative measures (including recommendations of International Consultation on Incontinence)

- Anatomy and function of lower urinary tract and pelvis
- Fluid management
- Physical therapies
- Pharmacological therapies
- Catheters and drug therapies for voiding difficulties
- Pessaries for prolapse
- Other therapies

Knowledge Criteria	Clinical Competency	Professional Skills and Attitudes	Training support	Evidence/Assessment
Understand anatomy, physiology and pathophysiology of lower urinary tract / pelvis	Demonstrate ability to take a history and carry out appropriate examination	Able to apply knowledge of anatomy, physiology and function to the clinical situation.	Appropriate courses / training days. Local or national courses	Demonstrates adequate exposure during training. Log book
Understand effects of abnormal anatomy, physiological events and systemic disease	Understand how different charts can be used to assess intake and/or output and therefore how they can be used to assess and treat patients with excessive voiding patterns	Able to tailor treatment taking into consideration underlying condition. Demonstrate ability to take a history, including standardised questionnaire, QOL.	Clinical experience. Observation of, assisting and discussion with senior medical staff	Feedback from trainer Interim / final assessment
Knowledge of related symptoms and clinical findings	Able to analyse charts and give advice from the recordings presented.	Demonstrate how recommendations to the patient depend on charts provided.	Personal study Tailored clinical experience	RITA Attendance at appropriate courses
	Understand the principles of different modalities of pelvic	Able to perform an appropriate general, pelvic floor and	Discussions with physiotherapists	Mini CEX

Knowledge Criteria	Clinical Competency	Professional Skills and Attitudes	Training support	Evidence/Assessment
<p>Principles of pharmacology, and mode of action of substances acting on pelvic organs / lower urinary tract</p> <p>Understand indications for different types of catheters and how to insert catheters and teach intermittent self -catheterisation.</p> <p>Indication and fitting of pessaries</p>	<p>floor exercises</p> <p>Able to assess pelvic floor strength and theoretical knowledge of the different modalities.</p> <p>Awareness of current drugs / compounds.</p> <p>Able to understand clinical trials.</p> <p>Awareness of how clinical trials are conducted</p> <p>Able to insert catheters</p> <p>Able to teach ISC.</p> <p>Fit and change pessaries.</p> <p>Theoretical knowledge of these modalities</p>	<p>neurological examination</p> <p>Knowledge base of different treatment options</p> <p>Able to implement drug management for incontinence</p> <p>Catheter insertion</p> <p>Teaching ISC</p> <p>Fitting pessaries</p>	<p>Working with continence nurse specialist</p>	<p>Mini CEX</p>

Module 2 -	Number			Competence		
	Observed	Managed under supervision	Managed independently	1	2	3
Conservative treatments						
Analyse frequency volume charts						
Teaching of PFE						
Teach Clean intermittent self catheterisation						
Insert supra-pubic catheter						
Change supra-pubic catheter						
Fit ring pessary						
Change ring pessary						
Fit shelf pessary						
Change shelf pessary						
Medical management of detrusor overactivity						
Medical management of stress incontinence						

MODULE 3 Surgical Treatments

Learning Outcomes: To demonstrate the knowledge and skills to understand the indications for, and the ability to, carry out the required surgical procedures. This includes the skills and attitudes to counsel patients appropriately, have an understanding of potential surgical complications and how to deal with them when they occur.

Knowledge criteria	Clinical Competency	Professional Skills and Attitudes	Training Support	Evidence/Assessment
Urodynamic Stress Incontinence Colposuspension Midurethral slings Bladder neck injections	Counsel patients appropriately Be able to understand indications for, and perform the procedures. Manage complications	Good interpersonal skills Have good surgical skills	Training programme Direct observation/supervision	Log book Feedback from trainer OSAT Colposuspension OSAT Midurethral slings
Awareness, and Experience of Secondary Surgery for USI	Counsel patients with failed previous surgery Outline management plan Be aware of complications	Ability to work with other professionals	Training Programme Direct observation	RITA Interim / final assessment Multi professional team meetings Log book

Knowledge criteria	Clinical competency	Professional Skills and Attitudes	Training support	Evidence/Assessment
<p>Voiding Problems</p> <p>Urethral dilatation</p> <p>Post-operative</p> <p>Pelvic organ prolapse</p> <p>Anterior repair</p> <p>Para-vaginal repairs</p> <p>Vaginal hysterectomy</p> <p>Posterior repair</p> <p>Utero-sacral plication/ Moskovitz</p> <p>Mesh repairs</p>	<p>Management of acontractility as well as obstruction</p> <p>Understand advantages/disadvantages of the different techniques</p> <p>Able to instruct patients in techniques</p> <p>Able to perform techniques</p> <p>Counsel patients</p> <p>Indications for, and Ability to perform the procedures.</p> <p>Manage complications</p>	<p>Counselling skills</p> <p>Ability to formulate a management plan</p> <p>Communication skills</p> <p>Surgical skills</p> <p>Management skills</p>	<p>Within training programme</p> <p>Training programme</p>	<p>Log book</p> <p>RITA</p> <p>OSAT Vaginal Hysterectomy and anterior repair</p> <p>OSAT Posterior repair</p> <p>Log book</p> <p>RITA</p>

Knowledge criteria	Clinical competency	Professional Skills and Attitudes	Training support	Evidence/Assessment
<p>Vault Prolapse</p> <p>Sacrospinous fixation</p> <p>Sacrocolpopexy</p> <p>Other vaginal procedures</p>	<p>Counsel patients</p> <p>Indications for/ able to perform surgical procedures</p> <p>Manage complications</p>	<p>Communication skills</p> <p>Surgical skills</p> <p>Management skills</p>	<p>Within training programme</p>	<p>Log book</p> <p>RITA</p> <p>OSAT Sacrospinous fixation</p> <p>OSAT Sacrocolpopexy</p>

Module 3 -	Number			Competence		
	Observed	Managed under supervision	Managed independently	1	2	3
Surgical						
Rigid cystoscopy						
Flexible cystoscopy						
Bladder biopsy						
Bladder Neck Injection						
Colposuspension						
Urethral dilatation						
Otis urethrotomy						
Anterior repair						
Posterior repair						
Hysterectomy for prolapse						
Uterus conserving uterine prolapse surgery						
Para-vaginal repair						
Mesh prolapse repair						
Utero-sacral plication						
Vaginal vault suspension						
Sacrocolpopexy						
Management of intra-operative bladder injury						

COLPOSUSPENSION

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

Clinical details of case complexity	
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Item under observation	Done Independently	Needs help
Obtains appropriate consent		
Correct use of antibiotics		
Patient positioned correctly on the operating table		
Cleans and drapes correctly		
Patient catheterised throughout		
Correct incisions		
Opens retro-pubic space		
Identifies bladder neck		
Mobilises bladder neck from vagina		
Visualises ileo-pectineal ligament		
Appropriate choice and placement of sutures		
Sutures tied with appropriate tension		
Drains retro-pubic space if appropriate		
Appropriate closure of wounds		
Drains bladder appropriately		
Cystoscopy intra-operatively as appropriate		
Comments		

GENERIC TECHNICAL SKILLS ASSESSMENT

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

Respect for tissue	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.
Time, motion and flow of operation and forward planning	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.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
Suturing & knotting skills as appropriate for the procedure	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.
Technical use of assistants Relations with patient and the surgical team	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
Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation, poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Please complete the relevant box

Needs further help with: * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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MIDURETHRAL SLING

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

Clinical details of case complexity	
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Item under observation	Done Independently	Needs help
Obtains appropriate consent		
Correct use of antibiotics		
Patient positioned correctly on the operating table		
Cleans and drapes correctly		
Chooses appropriate tape		
Catheterises throughout the operation		
Appropriate infiltration		
Appropriate vaginal incision		
Appropriate dissection		
Identifies exit points and incises skin as appropriate		
Passes needles correctly		
Adjusts tension correctly		
Repairs incisions		
Carries out intra-operative cystoscopy with 70° scope as appropriate for the procedure		
Comments		

GENERIC TECHNICAL SKILLS ASSESSMENT

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

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Time, motion and flow of operation and forward planning	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.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
Suturing & knotting skills as appropriate for the procedure	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.
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Documentation of Procedures	Limited documentation, poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Please complete the relevant box

Needs further help with: * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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VAGINAL HYSTERECTOMY AND ANTERIOR REPAIR

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

Clinical details of case complexity	
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Item under observation	Done Independently	Needs help
Obtains appropriate consent		
Correct use of antibiotics		
Patient positioned correctly on the operating table		
Cleans and drapes correctly		
Able to assess prolapse under anaesthesia		
Appropriate infiltration		
Appropriate vaginal incision		
Mobilises the bladder		
Enters Pouch of Douglas properly		
Clamps, divides and ligates pedicles as appropriate		
Checks for haemostasis		
Closes vault and peritoneum as appropriate		
Incorporates adequate vaginal vault support		
Inserts appropriate bladder supporting sutures		
Excises excess tissue correctly		
Closes anterior vaginal wall		
Drainage of bladder as appropriate		
Pack inserted as appropriate		
Comments		

GENERIC TECHNICAL SKILLS ASSESSMENT

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

Respect for tissue	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.
Time, motion and flow of operation and forward planning	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.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
Suturing & knotting skills as appropriate for the procedure	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.
Technical use of assistants Relations with patient and the surgical team	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
Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation, poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Please complete the relevant box

Needs further help with: * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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POSTERIOR REPAIR

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

Clinical details of case complexity	
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Item under observation	Done Independently	Needs help
Obtains appropriate consent		
Correct use of antibiotics		
Patient positioned correctly on the operating table		
Cleans and drapes correctly		
Able to assess prolapse under anaesthesia		
Appropriate infiltration		
Appropriate vaginal incision		
Mobilises the rectum		
Inserts appropriate supporting sutures		
Excises appropriately excess vaginal tissue		
Drainage of bladder as appropriate		
Pack inserted as appropriate		
Intra-operative rectal examination as appropriate		
Comments		

GENERIC TECHNICAL SKILLS ASSESSMENT

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

Respect for tissue	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.
Time, motion and flow of operation and forward planning	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.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
Suturing & knotting skills as appropriate for the procedure	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.
Technical use of assistants Relations with patient and the surgical team	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
Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation, poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Please complete the relevant box

Needs further help with: * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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SACROSPINOUS FIXATION

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

Clinical details of case complexity	
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Item under observation	Done Independently	Needs help
Obtains appropriate consent		
Patient positioned correctly on the operating table		
Cleans and drapes correctly		
Able to assess prolapse under anaesthesia		
Appropriate infiltration		
Appropriate vaginal incision		
Mobilises the rectum		
Opens the para-rectal space to identify sacrospinous ligament		
Places suture through ligament		
Checks correct hold of suture		
Attaches sutures to vault		
Excise appropriate excess tissue		
Does posterior repair as required		
Closes vagina		
Pack and catheter as appropriate		
Comments		

GENERIC TECHNICAL SKILLS ASSESSMENT

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

Respect for tissue	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.
Time, motion and flow of operation and forward planning	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.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
Suturing & knotting skills as appropriate for the procedure	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.
Technical use of assistants Relations with patient and the surgical team	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
Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation, poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Please complete the relevant box

Needs further help with: * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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SACROCOLPOPEXY

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

Clinical details of case complexity	
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Item under observation	Done Independently	Needs help
Obtains appropriate consent		
Correct use of antibiotics		
Patient positioned correctly on the operating table		
Cleans and drapes correctly		
Patient catheterised throughout		
Correct incisions		
Deals with adhesions as necessary		
Identifies ureters		
Identifies vaginal vault, bladder and rectum		
Reflects peritoneum off the vault / bladder / rectum as appropriate		
Opens peritoneum over promontory		
Chooses appropriate mesh and sutures for operation		
Attaches mesh to vagina and promontory appropriately with correct tension		
Buries mesh as appropriate		
Drain if appropriate		
Closes incisions correctly		
Drains bladder appropriately		
Comments		

GENERIC TECHNICAL SKILLS ASSESSMENT

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

Respect for tissue	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.
Time, motion and flow of operation and forward planning	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.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
Suturing & knotting skills as appropriate for the procedure	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.
Technical use of assistants Relations with patient and the surgical team	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
Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation, poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Please complete the relevant box

Needs further help with: * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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Module 4. Urology

Learning outcomes:

To understand and demonstrate a knowledge of specialist surgical treatments for USI and Detrusor overactivity.

Have an understanding of fistula management, and be able to diagnose and treat urethral diverticulae

Be able to diagnose ureteric problems and utilise stents appropriately. Understand the principles of ureteric reimplantation, anastomosis and nephrostomy.

Knowledge Criteria	Clinical Competency	Professional Skills and Attitudes	Training support	Evidence/ Assessment
<p>Understand the indications for and have a theoretical knowledge of the surgical principles for the treatment of complex USI and DO. Procedures include:</p> <p>Fascial slings</p> <p>Artificial urinary sphincters</p> <p>Augmentation cytoplasty</p> <p>Urinary diversion procedures</p> <p>Botulinum toxin injections</p> <p>Fistulae</p>	<p>Ability to determine correct indications for referral</p> <p>Have an understanding of the procedures</p> <p>Counsel patients.</p>	<p>Correct indication for referral</p> <p>Patient counselling</p>	<p>Observation of, assisting and discussion with senior medical staff</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Feedback from trainer</p> <p>Work with other disciplines e.g. urology</p>	<p>RITA</p> <p>Interim / final assessment</p>

<p>Understand the investigation, and diagnostic criteria for fistulae. Understand the surgical principles of the repair and complications that may occur.</p> <p>Ability to diagnose and treat urethral diverticulae.</p> <p>Upper tract investigations: Renal u/s Abdominal x-ray IVU</p> <p>Isotope renography</p> <p>Treatments for ureteric obstruction and ureteric injury.</p> <p>Knowledge of when and how to insert ureteric stents.,</p> <p>Surgical principles of ureteric re-anastomoses and re-implantation techniques.</p>	<p>Ability to diagnose fistulae and order</p> <p>Able to initiate and interpret results</p> <p>Undertake appropriate investigations. Able to counsel patients appropriately.</p> <p>Management of urethral diverticulae</p> <p>Theoretical knowledge of management of ureteric problems.</p> <p>Ability to insert appropriate ureteric stents.</p>	<p>Assessment of patients and appropriate counselling.</p> <p>Understand and use tests appropriately</p> <p>Management of ureteric injury and obstruction.</p> <p>Use of ureteric stents.</p>	<p>Tailored clinical experience</p> <p>Attachment to Radiology department</p>	
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Module 4 -	Number			Competence		
	Observed	Managed under supervision	Managed independently	1	2	3
Specialist urology						
Fascial sling						
Artificial sphincter						
Clam cystoplasty						
Urinary diversion						
Vesico-vaginal fistula repair						
Urethro-vaginal fistula repair						
Urethral diverticulum						
Nephrostomy						
Ureteric stenting						
Ureteric re-implantation						
Ureteric re-anastomoses						
Renal ultrasound						
Isotope renography						
Report Abdominal X-Ray						
Report IVU						

<p>Emptying problems</p> <p>Use of laxatives</p> <p>Trans-perineal repair of rectocele</p> <p>Trans-anal repair of rectocele</p> <p>Urgency</p> <p>Biofeedback</p> <p>Drug therapy</p> <p>Fistulae</p> <p>Recto-vaginal</p>	<p>Appropriate counselling.</p> <p>Understands principles of management.</p> <p>Understand principles of management.</p> <p>Understands potential causes of fistulae.</p> <p>Principles of management</p>	<p>Communication skills.</p> <p>Knowledge of surgery</p> <p>Communication skills.</p> <p>Ability to work in multi-disciplinary team.</p> <p>Work with other disciplines e.g. colo-rectal.</p>	<p>Appropriate rotation on training programme.</p>	<p>Feedback from multidisciplinary team meetings</p>
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Module 5 -	Number			Competence		
	Observed	Managed under supervision	Managed independently	1	2	3
Specialist colorectal						
Anorectal function studies						
Barium enema reporting						
Defaecating proctogram						
Endo-anal ultrasound						
Anal sphincter repair						
Trans-anal / transperianal repair of rectocele						
Recto-vaginal fistula repair STARR PROCEDURE						

Module 6 Neurology

Learning outcomes:

Understand the effects of neurological conditions on the Lower Urinary Tract(LUT)

Understand and have knowledge of the principles of specialist assessment and treatments for bladder dysfunction

Knowledge Criteria	Clinical Competency	Professional skills to be assessed	Training support	Assessment
<p>Understand the effects of neurological conditions on LUT function.</p> <p>Knowledge of LUT manifestations of:</p> <p>Spina bifida</p> <p>Multiple sclerosis</p> <p>Parkinsons disease</p> <p>Spinal cord injury</p> <p>Lower motor neurone neuropathy</p> <p>Stroke</p> <p>Pelvic floor EMG</p> <p>Knowledge of the use of sacral nerve stimulators</p> <p>Intravesical botulinum toxin</p>	<p>Ability to carry out an appropriate neurological examination and order appropriate investigations.</p> <p>Theoretical understanding</p> <p>Understand indications for, and interpretation of test results</p>	<p>Appropriate assessment of the patient and ability to understand relationship between neurological conditions and LUT function.</p> <p>Knowledge base</p>	<p>Tailored clinical experience</p> <p>Observation of, assisting and discussion with senior medical staff</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Work with other disciplines e.g. neurology</p>	<p>Log Book</p> <p>Interim / Final Review</p> <p>RITA</p>

Module 6 -	Observed	Performed under supervision	Performed independently			
				1	2	3
Management of patients with neurological conditions affecting the bladder						
Botulinum injections to bladder						

7 Generic Module

7.1 Communication, team working and leadership skills

Objectives: Demonstrate effective communication with patients and colleagues
 Demonstrate good working relationships with colleagues
 Demonstrate the ability to work in clinical teams and have the necessary leadership skills

Knowledge Criteria	Clinical Competency	Professional skills and attitudes	Training support	Evidence / Assessment
Communication - how to structure an interview to identify patient's concerns & priorities expectations	Be able to communicate both verbally and in writing with patients & relatives including; <ul style="list-style-type: none"> • breaking bad news • appropriate use of 	Ability to communicate effectively with: <ul style="list-style-type: none"> • colleagues • patients and relatives 	Observation of and discussion with senior medical staff	TPD report Team observations

<p>understanding & acceptance breaking bad news bereavement process and behavior</p> <p>Team working</p> <ul style="list-style-type: none"> - how a team works effectively - ways of improving team working incl. objective setting & planning motivation and organization respect <p>Leadership</p> <ul style="list-style-type: none"> - qualities and behaviors - styles - implementing change / change management (see 7.5) 	<p>interpreters</p> <p>Be able to communicate both verbally and in writing with colleagues</p>	<p>Ability to break bad news appropriately and support distress</p> <p>Ability to work effectively within a subspecialty team</p> <p>Ability to lead a clinical team</p>		
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7.2 Good Medical Practice and maintaining trust

Objectives: To inculcate the habit of life long learning and continued professional development
To ensure trainee has the knowledge, skills and attitudes to act in a professional manner at all times

Knowledge Criteria	Clinical Competency	Professional skills and attitudes	Training support	Evidence / Assessment
<p>Continuing professional development</p> <p>Doctor-patient relationship</p> <p>Personal health</p> <p>Understand relevance of:</p> <ul style="list-style-type: none"> • RCOG • GMC, Defence Unions, BMA 	<p>Be able to recognize and use learning opportunities</p> <p>Be able to gain informed consent for:</p> <ul style="list-style-type: none"> • patient care & procedures • research 	<p>Ability to recognize and use learning opportunities</p> <p>Ability to:</p> <p>learn from:</p> <ul style="list-style-type: none"> • colleagues • experience <p>work independently but seek advice appropriately</p> <p>deal appropriately with challenging behavior</p>	<p>Observation of and discussion with senior medical staff</p>	<p>TPD report</p> <p>Team observations</p>

<ul style="list-style-type: none"> specialist societies STC & postgraduate dean Defence unions <p>Ethical principles</p> <ul style="list-style-type: none"> respect for autonomy beneficence & non maleficence justice <p>Informed consent</p> <p>Confidentiality</p> <p>Legal issues</p> <ul style="list-style-type: none"> death certification mental illness advance directives, living wills 		<p>Understand:</p> <p>ethical issues relevant to subspecialty</p> <p>legal responsibilities</p> <p>Recognize:</p> <p>own limitations</p> <p>when personal health takes priority over work pressure</p> <p>Ability to gain informed consent</p>		
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7.3 Teaching

Objectives: Understand and demonstrate appropriate skills and attitudes in relation to teaching

Knowledge Criteria	Clinical Competency	Professional skills and attitudes	Training support	Evidence / Assessment
Teaching strategies appropriate to adult learning	Prepare and deliver a teaching session small group (<10)	Ability to communicate effectively	Observation of and discussion with senior medical staff	Log of experience and competence
RCOG core and advanced training relevant to subspecialty	large group (>20) at the bedside	Ability to teach postgraduates on topic(s) relevant to subspecialty using appropriate teaching resources	Appropriate postgraduate courses	
Identification of learning principles, needs and styles	Teach practical procedures (incl. ultrasound)			
Principles of evaluation		Ability to organize a		

		programme of postgraduate education e.g. short course or multidisciplinary meeting		
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7.4 Research

Objectives Understand and demonstrate appropriate skills and attitudes in relation to research relevant to the subspecialty

Knowledge Criteria	Clinical Competency	Professional skills and attitudes	Training support	Evidence / Assessment
<p>Epidemiological techniques, population parameters, sampling techniques and bias</p> <p>Randomised trials and meta-analysis</p> <p>Statistical tests</p> <ul style="list-style-type: none"> • parametric tests • non-parametric tests • correlation & regression • multi-variate analysis • chi-squared analysis 	<p>Perform a scientific experiment:</p> <p>review evidence</p> <p>develop a hypothesis and design experiment to test hypothesis</p> <p>define sample</p> <p>conduct experiment</p> <p>perform statistical analysis of data</p> <p>draw appropriate conclusions from results</p>	<p>Ability to design and conduct a scientific experiment</p> <p>Ability to write up research (as evidenced by award of MD or PhD thesis or 2 first author papers in citable journals)</p> <p>Ability to present a piece of scientific research</p>	<p>Discussion with senior staff (clinicians, scientists, statisticians)</p> <p>Attendance at scientific meetings</p> <p>Personal study</p> <p>Appropriate postgraduate courses (e.g. research methods, statistics)</p>	<p>Peer-reviewed publications and or higher degree</p>

7.5 Clinical governance (CG) and risk management

Objectives: Understand and demonstrate appropriate knowledge and skills in relation to CG and risk management

Knowledge Criteria	Clinical Competency	Professional skills and attitudes	Training support	Evidence / Assessment
<p>Clinical Governance organizational framework at local, SHA and national levels standards e.g. NSF, NICE, RCOG guidelines clinical effectiveness</p> <ul style="list-style-type: none"> principles of evidence based practice types of clinical trial/evidence classification grades of recommendation <p>guidelines and integrated care pathways</p> <ul style="list-style-type: none"> formulation advantages and disadvantages <p>clinical audit patient / user involvement</p> <p>Risk management incidents/near miss reporting complaints management litigation and claims management</p> <p>Appraisal and revalidation principles process</p>	<p>Perform clinical audit</p> <ul style="list-style-type: none"> define standard based on evidence prepare project & collate data re-audit and close audit loop formulate policy <p>Develop and implement a clinical guideline</p> <ul style="list-style-type: none"> purpose and scope identify and classify evidence formulate recommendations identify auditable standards <p>Participate in risk management</p> <ul style="list-style-type: none"> investigate a critical incident assess risk formulate recommendations debrief staff <p>Perform appraisal</p>	<p>Ability to practice evidence based medicine</p> <p>Ability to perform a clinical audit relevant to subspecialty</p> <p>Ability to develop and implement a clinical guideline relevant to subspecialty</p> <p>Ability to report and investigate a critical incident</p> <p>Ability to respond to a complaint in a focused and constructive manner.</p> <p>Ability to perform appraisal</p>	<p>Observation of and discussion with senior medical staff and clinical governance team.</p> <p>Attendance at risk management meetings</p> <p>DH, RCOG and Trust publications</p>	<p>Log of experience and competence</p> <p>TPD report</p>

7.6 Administration and service management

Objectives: Display knowledge of the structure and organization of the NHS nationally and locally
Understand and demonstrate appropriate skills and attitudes in relation to administration and management

Knowledge Criteria	Clinical Competency	Professional skills and attitudes	Training support	Evidence / Assessment
<p>Organization of NHS services</p> <ul style="list-style-type: none"> • Directorate, Trust • PCT, SHA <p>Managed clinical network for subspecialty service</p> <p>Health and safety</p> <p>Management</p> <ul style="list-style-type: none"> • strategy development • business planning • project management <p>Financial resource management</p> <p>Human resources</p> <ul style="list-style-type: none"> • team building • appointments procedures • disciplinary procedures <p>Scrutiny of organization</p> <ul style="list-style-type: none"> • Healthcare Commission • PMETB / educational inspection visits 	<p>Develop and implement organizational change</p> <ul style="list-style-type: none"> • development of strategy • formulate a business plan • manage project <p>Be able to participate in recruitment</p> <ul style="list-style-type: none"> • job specification • interview and selection 	<p>Ability to develop and implement organizational change</p> <p>Ability to collaborate with:</p> <ul style="list-style-type: none"> • other professions • other agencies <p>Develop interviewing techniques and those required for performance review</p>	<p>Observation of and discussion with senior medical and management staff</p> <p>Attendance at Directorate management meetings / interviews</p> <p>Management course</p>	<p>Log of experience and competence</p> <p>TPD report</p>

7.7 Information use and management

Objective Demonstrate competence in the use and management of health information

Knowledge Criteria	Clinical Competency	Professional skills and attitudes	Training support	Evidence / Assessment
<p>Input, retrieval and utilization of data recorded on clinical systems relevant to subspecialty</p> <p>Main local and national projects and initiatives in IT and its applications NPfIT and Connecting for Health</p> <p>Confidentiality of data</p> <ul style="list-style-type: none"> • principles and implementation • role of Caldicott guardian 	<p>Be able to use relevant</p> <ul style="list-style-type: none"> • software • databases • web sites 	<p>Ability to apply principles of confidentiality in context of IT</p>	<p>Observation and discussion with senior medical staff</p> <p>World wide web</p>	<p>TPD report</p>

Module 7 - Generic										
Communication, team working and leadership	Year 1					Year 2				
	Unable to comment	Un-satisfactory	Improvement needed	Satisfactory	Good	Unable to comment	Un-satisfactory	Improvement needed	Satisfactory	Good
Summary of team observations										
Treats patients politely and considerately										
Involves patient in decisions about their care										
Respects patients' privacy and dignity										
Respects confidentiality										
Responds when asked to review a patient										
Liaises with colleagues about continuing care of patient										
Works as a member of a team										
Accepts criticism and responds constructively										
Keeps records of acceptable quality										
Keeps up to date with administrative tasks										
Acts within own capability, seeks advice appropriately										
Delegates work/supervises junior staff appropriately										
Manages time efficiently										
Comments										

Teaching	Signature of assessor		Date	Comments
Prepare and deliver a teaching session - small group - large group				
Organise short course or multidisciplinary meeting				
Research	Full reference			
Papers published in citable journals during training				

Other publications during training	

Scientific presentations during training	

Clinical governance and risk management			
Audit(s)	Title(s)	Signature of assessor	Date
Guideline(s) developed	Title(s)	Signature of assessor	Date
	Details	Signature of assessor	Date
Report and investigation of a critical incident			
Respond to a complaint in focused and constructive manner			
Performance of appraisal			

How to use the Subspecialty Training Logbook

The first section of the logbook provides a summary of your training. This includes a weekly timetable and a description of any modules you have completed and also information about your on-call commitments.

The next section records the experience, skills and competencies acquired during subspecialty training.

- The left hand columns (**Experience**) record your experience of a range of relevant clinical cases. You should complete the number of relevant cases you have:
 - (a) Observed someone else manage
 - (b) Managed under supervision
 - (c) Managed independently

Where a column is blanked out, you do not need to record your experience

- The right hand columns (**Competence**) record the level of competence you have achieved. This part of the logbook will be completed by your trainers who should sign and date the level of competence when this has been achieved. There are 3 levels:
 - (1) **Observe or assist** a colleague perform a procedure or manage a case
 - (2) Perform a procedure or manage a case **under direct supervision**
 - (4) Perform a procedure or manage a case without the need for supervision

Most skill / competence targets will either be at:

- Level 1 - where the trainee needs to have observed a case managed by, or procedure undertaken by, a colleague (usually from another specialty) in order that they can counsel future patients more appropriately or
- Level 3 - where the trainee needs to be able to manage a case or perform a procedure independently.

Where a column is blanked out either you are expected to have achieved this level of competence during core training (usually Levels 1) or you are not expected to have achieved this level of competence during subspecialty training (usually Levels 3).

The final section records aspects of general training including evidence of communication, team working, teaching, research and clinical governance. Your trainers should sign relevant sections when these have been completed successfully.

Timetable - From to

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
AM					
PM					
PM					

Modules completed:

Module	Duration	Signature