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| **Plastic Surgery Procedure-based Assessment Form:** **Laser Surgery - application and safety** |

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| Trainee: | Year in HST training: | Assessor: |
| Hospital:  | Duration of operative procedure assessed : hrs mins |
| Operative procedure(s): |

**Score: G = Good (2) S = Satisfactory (1) F = Fail (0) N = Not applicable (-)**

***Trainee should give commentary and explain what he/she intends to do throughout the procedure. If the trainee is in***

***danger of harming the patient at any point, the assessor should warn or stop the trainee immediately.***

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| **Competencies and Definitions** | **Score****G/S/F/N** | **Comments** |
| 1. ***Consent***
 |
| C1 | Demonstrate principle knowledge of indications and choice of skin lasers | 2 | 1 | 0 | N |  |
| C2 | Demonstrate goals or sequelae of laser management of the selected diagnosis with sound knowledge of the mechanism of action | 2 | 1 | 0 | N |  |
| C3 | Demonstrate sound knowledge of complications of laser surgery and preventive measures  | 2 | 1 | 0 | N |  |
| C4 | Able to explain to patient and/or carers the laser process and check understanding | 2 | 1 | 0 | N |  |
| C5 | Able to explain likely outcomes, limitations, recovery and check expectation and understanding | 2 | 1 | 0 | N |  |
| 1. ***Pre-operative preparation***
 |
| PR1 | Ensure relevant patient records, investigations and imaging are available and reviewed appropriately  | 2 | 1 | 0 | N |  |
| PR2 | Check that consent, operative site marking, anaesthesia, positioning, safety measures and safety checking are in order | 2 | 1 | 0 | N |  |
| PR3 | Demonstrate ability to ensure laser safety measures e.g. appropriate protective eyeglasses, eye-shields, signage, fumes suction are in place and communicated with operation room staff effectively  | 2 | 1 | 0 | N |  |
| PR4 | Demonstrate effective skin preparation and draping of operative field with adequate exposure and protection as appropriate | 2 | 1 | 0 | N |  |
| PR5  | Demonstrate competence and confidence in the pre-operative preparation and respond appropriately to unexpected events | 2 | 1 | 0 | N |  |
| 1. ***Intra-operative technique***
 |
| IT1 | Demonstrate principle knowledge of the laser machine and its setting  | 2 | 1 | 0 | N |  |
| IT2 | Demonstrate good choice of the laser setting based on the indication, skin type of patient, severity and extent of the diagnosis and other identifiable risk factors | 2 | 1 | 0 | N |  |
| IT3 | Demonstrate good handling of laser probe with appropriate tissue contact and avoidance of unintended pointing and firing | 2 | 1 | 0 | N |  |
| IT4 | Demonstrate testing of laser effect and application of cooling agents as appropriate  | 2 | 1 | 0 | N |  |
| IT5 | Demonstrate good handling of laser device appropriately and safely during and in between the laser application e.g. use of standby mode | 2 | 1 | 0 | N |  |
| IT6 | Demonstrate ability and knowledge to assess the laser effect on tissue, set the end point and adjust laser treatment appropriately | 2 | 1 | 0 | N |  |
| IT7 | Demonstrate ability and knowledge to recognize relevant anatomy and their variants  | 2 | 1 | 0 | N |  |
| IT8 | Demonstrate ability to avoid and deal with complications during the procedures  | 2 | 1 | 0 | N |  |
| IT9 | Demonstrate appropriate wound care and dressing (if necessary) | 2 | 1 | 0 | N |  |
| IT10  | Be able to handle effectively unexpected events and react appropriately and safely | 2 | 1 | 0 | N |  |
| 1. ***Post-operative management***
 |
| PO1 | Demonstrate sound knowledge of the recovery, skin changes and short-term & long-term outcomes after laser | 2 | 1 | 0 | N |  |
| PO2 | Construct a clear and appropriate operation record | 2 | 1 | 0 | N |  |
| PO3 | Write up a clear and appropriate post-operative instructions | 2 | 1 | 0 | N |  |
| PO4 | Discuss alternative treatment if laser fails to achieve expected effect | 2 | 1 | 0 | N |  |
| PO5 | Able to discuss expected recovery process and special precautions / complications / instructions to patient | 2 | 1 | 0 | N |  |
| 1. ***Overall assessment***
 |
| OV1 | Operation more difficult than usual (If yes, state reason:  | Yes / No |  |
| OV2 | Operation proceeds at appropriate pace and time? (If no, state reason: | Yes / No |  |
| OV3 | Candidates overall grading of competenceLevel 1: Unable to perform the procedure, or part observed, under supervision 🞏Level 2: Able to perform the procedure, or part observed, under supervision 🞏 Level 3: Able to perform the procedure with minimal supervision 🞏Level 4: Competent to perform the procedure unsupervised 🞏 |  |
| OV4 | Overall rating Score: G = Good S = Satisfactory U= unsatisfactory and need to repeat  |  |
| OV5 | Additional comments / advice to trainee |

**Signatures:**

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| --- | --- | --- |
| **Trainee:**  |  | **Assessor(s):**  |
| **Date:**  |  | **Date:**  |