

Ref: AOP 14

Assessment of Operative Process Surgical Approaches to the Mandible – Extraoral WBA FORM 02L

Instructions

- This form is for Oral and Maxillofacial Surgery (OMS) Trainees. Trainees should refer to relevant sections of the <u>Accredited Training in OMS Handbook</u> detailing requirements for assessments.
- Please complete all sections of this form and email to omstrainee@racds.org

| Trainee Details | | | | | | |
|-------------------|-------|----------|-------|-------|-------|-------|
| Trainee name | | Training | OMS 1 | OMS 2 | OMS 3 | OMS 4 |
| Hospital | year | | | | | |
| Clinical problem | | | | | | |
| Date of procedure | Start | time | | | | |
| Duration | End t | ime | | | | |

| Competencies and Definitions | | | | | |
|--|---|---------------------------------|--------------|---|--|
| The trainee should explain what he/she intends throughout the procedure. | | | | | |
| The assessor should provide verbal prompts, if required, and intervene if patient safety is at risk. | | | | | |
| Ratings | N = not observed/not applicable | D = development required | | C = competent (no prompting/intervention required) | |
| | Competencies and Definiti | ons | Rating N/D/C | Comments | |
| Consent | t | | | | |
| | trates sound knowledge of indicati dications including alternatives to s | | | | |
| Demonst | trates awareness of sequelae of o rative management | • • | | | |
| Demonst | trates sound knowledge of complic | cations of surgery | | | |
| Explains the perioperative process to the patient and/or relatives or carers and checks understanding | | | | | |
| Explains likely outcome and time to recovery and checks understanding | | | | | |
| Pre-operative planning | | | | | |
| Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies/techniques to deal with these e.g., nutritional status | | | | | |
| equipme | trates ability to make reasoned ch nt, materials or devices (if any) tal ate investigations | | | | |
| | naterials, equipment and device re g room staff | equirements with | | | |
| Ensures | the operation site is marked where | e applicable | | | |
| Checks patient records, personally reviews investigations | | | | | |



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| Competencies and Definitions | Rating N/D/C | Comments |
|--|-----------------|----------|
| Pre-operative preparation | | |
| Checks in theatre that consent has been obtained and appropriate time out procedures | | |
| Gives effective briefing to theatre team | | |
| Ensures proper and safe positioning of the patient on the operating table | | |
| Demonstrates careful skin or mucosal preparation – as required | | |
| Demonstrates careful draping of the patient's operative field | | |
| Ensures general equipment and materials are deployed safely (e.g., suction, diathermy) | | |
| Ensures appropriate drugs, inc. local anaesthesia are administered where appropriate | | |
| Deploys specialist supporting equipment (e.g., operating microscope) effectively | | |
| Exposure and closure | | |
| Demonstrates knowledge of optimum skin incision/mucosal/portal/access | | |
| Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly | | |
| Completes a sound wound repair where appropriate | | |
| Protects the wounds with dressings, splints and drains where appropriate | | |
| Intra-operative technique | | |
| Follows an agreed logical sequence or protocol for the procedure | | |
| Consistently handles tissue well with minimal damage | | |
| Controls bleeding promptly by appropriate method | | |
| Demonstrates a sound technique of knots and sutures/staples | | |
| Uses instruments appropriately and safely | | |
| Proceeds at appropriate pace with economy of movement | | |
| Anticipates and responds appropriately to variation e.g., anatomy | | |
| Deals calmly and effectively with unexpected events/complications | | |
| Uses assistant(s) to the best advantage at all times | | |
| Communicates clearly and consistently with the scrub team | | |
| Communicates clearly with the anaesthetist | | |
| Incision through skin to subcutaneous tissues | | |
| Wound edges undermined with scalpel or scissors | | |
| Dissection to platysma muscle scissors, scalpel or blunt dissection with gauze | | |
| Platysma muscle divided along full length of incision | | |



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| Competencies and Definitions | Rating N/D/C | Comments | |
|---|-----------------|----------|--|
| Dissection deepened within deep cervical fascia towards mandible | | | |
| Facial artery and vein identified and tied if necessary | | | |
| Mandibular branch of facial nerve identified | | | |
| Incises muscle and periosteum depending on location | | | |
| Periosteum swept of mandible | | | |
| Pathology appropriately treated | | | |
| Controls bleeding | | | |
| Placement of drain | | | |
| Debrides wound and closes in layers | | | |
| Post-operative management | | | |
| Ensures the patient is transferred safely from the operating table to bed | | | |
| Constructs a clear operation note | | | |
| Records clear and appropriate post-operative instructions | | | |
| Deals with specimens. Labels and orientates specimens appropriately | | | |

| Procedure Outcome (completed by assessor) | | | | |
|---|--|------------------------|--|--|
| Level at v | which completed elements of the AOP were performed on this occasion | Tick as appropriate | | |
| Level 0 | Insufficient evidence observed to support a summary judgment | | | |
| Level 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 minimum supervision (needed occasional help) | | | |
| Level 4 | Competent to perform the procedure unsupervised (could deal with complications that arose) | | | |



| Comments by Trainee | | | | |
|---------------------|--|-------|--|--|
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| | | | | |
| | | | | |
| | | | | |
| Trainee name | | | | |
| Trainee signature | | Date: | | |

| Comments by Assessor | | | | |
|----------------------|--|------|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Assessor name | | | | |
| Assessor signature | | Date | | |