Ref: AOP 15

## Assessment of Operative Process Surgical Approaches to the Zygomatic-Orbital WBA FORM 02M Complex

## Instructions

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

| Trainee   | Details  |  |   |           |   |               |       |       |  |
|---|--|--|---|-----------|---|---------------|-------|-------|--|
| Trainee r   | Trainee name   |  |   | Training  | OMS 1   | OMS 2         | OMS 3 | OMS 4 |  |
| Hospital  |  |  |   |           | year  |               |       |       |  |
| Clinical p  | oroblem  |  |   |           |   |               |       |       |  |
| Date of p   | rocedure   |  |   | S         | tart time   |               |       |       |  |
| Duration  |  |  |   | E         | nd time   |               |       |       |  |
|   |  | nd Definitions explain what he/she int   | ends throughout the   | e procedi | ure   |               |       |       |  |
|   |  | ld provide verbal promp  | -   | -         |   | ety is at ris | sk.   |       |  |
| Ratings   | N = not ob   | oserved/not applicable   | <b>D</b> = development r  | equired   | <b>C</b> = competent (no prompting/intervention required) |               |       |       |  |
|   |  |  | Rating  |           |   |               |       |       |  |
|   |  | posonoro ana 20111111  | Olio  | N/D/C     |   |               |       |       |  |
| Consen  |  |  |   | N/D/C     |   |               |       |       |  |
| Demons  | t<br>trates soun   | nd knowledge of indicati   | ions and  | N/D/C     |   |               |       |       |  |
| Demons<br>contraind<br>Demons   | t<br>strates soun<br>dications in  | nd knowledge of indicati<br>cluding alternatives to s<br>reness of sequelae of o   | ions and<br>surgery   | N/D/C     |   |               |       |       |  |
| Demons<br>contraind<br>Demons<br>non-oper   | t<br>strates soun<br>dications in<br>strates awar<br>rrative mana  | nd knowledge of indicati<br>cluding alternatives to s<br>reness of sequelae of o   | ions and<br>surgery<br>perative or  | N/D/C     |   |               |       |       |  |
| Demons<br>contraind<br>Demons<br>non-ope<br>Demons<br>Explains  | tatrates soundications in<br>strates awar<br>arative manastrates sounds the periop   | nd knowledge of indicati<br>cluding alternatives to s<br>reness of sequelae of o<br>agement  | ions and surgery perative or cations of surgery patient and/or  | N/D/C     |   |               |       |       |  |
| Demons<br>contraind<br>Demons<br>non-oper<br>Demons<br>Explains<br>relatives  | t strates soundications in strates awar trative manastrates sounds the periop or carers as likely outcomes.  | nd knowledge of indication in the control of the co | ions and surgery perative or cations of surgery patient and/or ing  | N/D/C     |   |               |       |       |  |
| Demons<br>contraind<br>Demons<br>non-oper<br>Demons<br>Explains<br>relatives<br>Explains<br>understa  | t strates soundications in strates awar trative manastrates sounds the periop or carers as likely outcomes.  | and knowledge of indicative indicative and the complete of the | ions and surgery perative or cations of surgery patient and/or ing  | N/D/C     |   |               |       |       |  |
| Demons contrained Demons non-oper Demons Explains relatives Explains understa Pre-ope Demons abnorma appropris  | strates soundications in strates awar artive mana strates sounds the periops or carers as likely outcoming erative plantstrates recognities (and   | and knowledge of indication cluding alternatives to streness of sequelae of oragement and knowledge of complication of an action of an atomical arrelevant co-morbidities) we strategies/technique   | ions and surgery perative or cations of surgery patient and/or ing ery and checks   |           |   |               |       |       |  |
| Demonsicontraind Demonsinon-oper Demonsi Explains relatives Explains understa  Pre-ope Demonsi abnorma appropria e.g., nuti Demonsi equipme   | strates soundications in strates awar artive mana strates sounds the periop or carers as likely outcoming erative plan strates recognities (and ate operativitional states trates abilities abilities (and strates abilities abilities (and strates abilities abilities (and strates abilities abilities (and strates abilities abilities abilities abilities abilities (and strates abilities abi | and knowledge of indication including alternatives to streness of sequelae of oragement and knowledge of complicative process to the pand checks understanding ome and time to recoveranting gnition of anatomical arrelevant co-morbidities) we strategies/technique us by to make reasoned chels or devices (if any) tal   | ions and surgery perative or cations of surgery patient and/or ing ery and checks and pathological and selects to deal with these oice of appropriate                     |           |   |               |       |       |  |
| Demonsicontraind Demonsicontraind Demonsicontraind Demonsicontraind Demonsicontraind Explains relatives Explains understa  Pre-ope Demonsicontraind appropria e.g., nutti Demonsicontraind equipme appropria Checks i | atrates sound dications in atrates awar arative mana atrates sound atrates sound at a trates recognities (and ate operative ritional states at a trates abilitient, materia ate investigations in a trate at a tr | and knowledge of indication cluding alternatives to streness of sequelae of oragement and knowledge of complication complete and checks understanding and checks understanding and complete and checks understanding and complete and time to recover and time to recover and the complete and checks understanding and complete and time to recover and the complete and t | ions and surgery perative or cations of surgery patient and/or ing ery and checks and pathological and selects s to deal with these oice of appropriate king into account |           |   |               |       |       |  |

| Competencies and Definitions   | Rating N/D/C | Comments |
|--|--------------|----------|
| Checks patient records, personally reviews investigations  |              |          |
| 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 across the scalp through skin and subcutaneous tissues to pericranium   |              |          |
| Appropriate clips/diathermy used to control bleeding from incision line  |              |          |
| Dissection continued towards the supra-orbital rim above the pericranium   |              |          |

| Competencies and Definitions   | Rating N/D/C | Comments |
|--|--------------|----------|
| Temporalis muscle and fascia identified sub fascia or sub muscular dissection completed to lateral orbital rim and zygomatic arch as needed                        |              |          |
| Supra orbital nerves identified and isolated, if necessary foramen osteotomised, if necessary ethmoid arteries identified and appropriately controlled if required |              |          |
| Pericranium incised 1-2 cm above supraorbital margin and subpericranial dissection completed over desired area   |              |          |
| Entire zygoma is exposed including the arch and orbital walls excluding the medial wall  |              |          |
| Infra orbital wall and medial wall exposed via transconjunctival approach or subcilliary approach in combination with flap as needed                               |              |          |
| Appropriate reduction and/or fixation procedure performed  |              |          |
| Wound debrided   |              |          |
| Drains wound and closes in layers, skin closure with clips or suture   |              |          |
| Dresses wound appropriately  |              |          |
| 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                                  | 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 |       |      |  |  |
|---------------------|-------|------|--|--|
|                     |       |      |  |  |
|                     |       |      |  |  |
|                     |       |      |  |  |
|                     |       |      |  |  |
| Trainee name        |       |      |  |  |
| Trainee signature   |       | Date |  |  |
|                     |       |      |  |  |
| Comments by Ass     | essor |      |  |  |
|                     |       |      |  |  |
|                     |       |      |  |  |
|                     |       |      |  |  |
|                     |       |      |  |  |
|                     |       |      |  |  |
| Assessor name       |       |      |  |  |
| Assessor signature  |       | Date |  |  |