Anastomosis (Core)

The approach for this may be open or laparoscopic.

Competencies and Definitions
I. Consent
• Understands and completes consent in accordance with the primary operation, including alternatives and non-operative treatment
• Discusses general complications (anaesthetic, bleeding, infection)
• Discusses specific complications (e.g. leak, and consequences of this)
• Discusses expected postoperative course and recovery
• Explains post-operative course. Asks for questions, checks for understanding
II. Pre Operation Planning
• Reviews referral data (patient history, comorbidities, medications, relevant results) and assesses the clinical indication for the procedure
• Considers stoma positioning/marking (if required)
• Considers bowel preparation (oral, enemas)
• Considers other factors that may influence anastomosis (systemic vs local)
• Is aware of clinical indications
• Reviews relevant data (patient history, medications, pathology results) to foresee any risks or contraindications – such as coagulopathy, diabetes
• Knows relevant results
• Has reviewed relevant imaging
III. Pre-operative Preparation
• Actively participates in the WHO Safety Check and Team Time Out
• Ensures specialised equipment is available as required
• Patient is positioned appropriately
• Prepares and drapes appropriately
IV. Exposure and closure
• N/A
V. Intra-operative Technique: Global and Task-specific
• Correct decision-making regarding type of anastomosis
• Adequate control of bowel/exposure and preparation of ends
• Care regarding tension and blood supply
• Stapling - correct staple choice with appropriate application
• Suture - correct choice of needle, size and type, appropriate spacing and tension
• Mesenteric space closure if appropriate
• Careful and precise handling of tissues
• Adequate haemostasis using appropriate techniques
• Good use of lighting, retraction and assistance
• Deals with unexpected problems calmly and efficiently
VI. Post-operative Management
• Ensures procedural notes and post-procedural plans are clearly communicated
• Understands and can describe post-procedural care for patient

Appendectomy - Laparoscopic or Open (Core)

Competencies and Definitions
I. Consent
• Discusses general complications (anaesthetic, infection, bleeding)
• Discusses potential for open conversion (for laparoscopic)
• Discusses intraoperative decisions unexpected findings / normal appendix
• Explains post-operative course. Asks for questions, checks for understanding
II. Pre Operation Planning
• Ensures all paperwork/organisation for theatre is arranged and site is marked correctly
• Understands correct timing/prioritisation of the case
• Reviews referral information (patient history, comorbidities, medications)
• Reviews relevant data (observations, blood tests, urine analysis, pregnancy test, etc)
• Reviews relevant imaging
• Is aware of clinical indication for the procedure
• Examines the patient
III. Pre-operative Preparation
• Checks bladder void time (+/- requests in/out urinary catheter)
• Actively participates in the WHO Safety Check and Team Time Out
• Identifies and ensures appropriate anticoagulation and antibiotic prophylaxis pre-procedure
• Ensures specialised equipment is available as required
• Positions patient appropriately (eg left arm tucked in for laparoscopic approach)
• Prepares and drapes appropriately
IV. Exposure and Closure
• Demonstrates safe access technique to enter peritoneum
• Adjusts table positioning for optimal exposure and safety
• Wound closure: closes umbilical fascia securely (laparoscopic) / repairs open incision in layers (open RLQ) / closes fascia with optimal tension and spacing (open midline)
V. Intra-operative Technique: Global (G) and Task-specific (T)
• Places secondary ports under vision safely (laparoscopic) / uses retractors effectively (open) (G)
• Chooses appropriate graspers / instruments for tissue handling (G)
• Expose and grasps appendix (T)
• Completes diagnostic surgery including pelvic organs (laparoscopically) and small intestine when appendix is normal (G)
• Controls the mesoappendix to secure haemostasis (T)
• Secures appendix base: Applies endoloops (laparoscopic) / ligatures (open)at correct site and controls tension (T)
• Decides on an appendix retrieval strategy which minimises contamination (laparoscopic)(T)
• Justifies need for lavage (ie whether required, and which areas/quadrants)
• Manages unexpected findings appropriately (G)
• Manages bleeding calmly and effectively (G)
VI. Post-operative Management
• Writes operative notes and postoperative plans clearly
• Understands and can justify postoperative care for patient
• Good communication with staff, patient and family
• Uses postoperative antibiotics only when required

Axillary Node Dissection (Principal)

Competencies and Definitions
I. Consent
• Discusses general complications (anaesthetic, bleeding, infection)
• Discusses expected postoperative course (including drain management)
• Discusses specific risks / complications (pain, arm mobility, lymphoedema, numbness , seroma etc.)
• Asks for questions, checks understanding
II. Pre Operation Planning
• Ensures all paperwork is completed and site is marked correctly
• Is aware of clinical indications (Is able to discuss role of alternatives, including non-operative management)
• Reviews relevant data (patient history, medications, etc) to foresee any risks or contraindications – such as coagulopathy, diabetes
• Reviews relevant imaging and pathology results and decides on extent (level) of axillary dissection required.
III. Pre-operative Preparation
• Actively participates in the WHO Safety Check and Team Time Out
• Identifies and ensures appropriate anticoagulation and antibiotic prophylaxis pre-procedure
• Ensures specialised equipment is available as required
• Ensures patient is positioned appropriately (e.g. positions arm to optimise access to axilla)
• Prepares and drapes appropriately (eg arm free draped)
IV. Exposure and Closure
• Makes axillary incision, of a length and position that allow safe view and access to perform a complete dissection
• Closes wound – with subcutaneous sutures and subcuticular sutures to skin
V. Intra-operative Technique: Global (G) and Task-specific (T)
• Defines the walls / borders of the axilla to expose the axillary contents (T)
• Demonstrates a proficiency of axillary anatomy (T)
• Identifies and acts to preserve the axillary vein, long thoracic nerve, thoracodorsal bundle and medial pectoral bundle (T)
• Performs appropriate level clearance, depending on indication (T)
• Defines the apex and the inferior extent of the dissection correctly and completely
• Preserves or sacrifices intercostobrachial nerves, as indicated (T)

	•	Inserts a drain and secures it effectively
	•	Demonstrates careful and precise tissue handing (G)
	•	Secures haemostasis using specific techniques safely and effectively (eg clips, ties or energy device) (G)
	•	Utilises assistance, retraction and lighting appropriately (G)
VI. Post-operative Management		
	•	Makes a plan for management of possible post operative haematoma/seroma
	•	Makes a follow-up plan (for histology check, wound/drain care, etc)

Colonoscopy (Principal)

Competencies and Definitions
I. Consent
• Discusses indications for procedure, including potential findings, alternatives and possible outcomes
II. Pre Procedure Planning
• Reviews referral data (patient history, comorbidities, medications, relevant results) and assesses the clinical indication for the procedure
• Assesses the patient to identify significant comorbidities and foresee risks or contraindications
• Identifies and ensures appropriate management of anticoagulation pre-procedure, where required
• Demonstrates leadership and teamwork within the endoscopy unit
III. Pre Procedure Preparation
• Ensures appropriate monitoring is in place, and is able to describe the principles of monitoring
• Ensures all equipment and the endoscopy room are set up correctly
• Checks endoscope function, identifies and corrects problems prior to the procedure
• Actively participates in the WHO Safety Check and Team Time Out or equivalent, according to local protocols
IV. Exposure and Positioning
• Positions patient in the left lateral position, with the bed positioned at a comfortable height
• Administers (or supervises) appropriate sedation, and is able to demonstrate understanding of the principles of safe sedation and potential risks
• Monitors and maintains patient dignity and comfort throughout procedure
V. Intra-procedure Technique: Global (G) and Task-specific (T)
• Performs a rectal examination and notes the findings (T)
• Demonstrates appropriate insertion technique, maintaining luminal views (T)
• Demonstrates good tip control, is able to deliberately and reliably direct view of the scope using the control wheels and torque (T)
• Negotiates the sigmoid safely using torque steering (T)
• Identifies and manages loops, works to prevent loop formation and reducing them when they occur (T)
• Appropriately uses insufflation, irrigation/flushing, suction and lens washing (luminal adjunct skills) (T)
• Appropriately uses abdominal pressure, position change and scope stiffener (external adjunct skills) (T)
• Withdrawal technique is thorough and effective to adequately visualise the mucosa and correctly identify pathology (T)

	• Inspects the mucosa and photo-documents the pathology encountered plus important landmarks (e.g. TI, appendix orifice, IC valve, retroflexion in rectum) (T)
	• Pathology encountered is correctly identified and managed (T)
	• Intervention techniques (including biopsies and polypectomy) are appropriate and competently performed (T)
	• Optimises technique to maintain comfort, with additional reassurance, analgesia, and sedation given when required (G)
	• Communication with the patient and staff is effective and respectful throughout procedure (G)
	• Judgement and decision making is sound and reasoned throughout procedure (G)
VI. Post procedure Management	
	• Completes an accurate and appropriately detailed report in a timely manner, including comfort score and bowel preparation score
	• Arranges appropriate follow-up based on patient presentation, endoscopic findings and local protocols
	• Ensures an appropriate post-procedure anticoagulation management plan is made and documented in the report, where required
	• Discusses the report and findings with patient, or delegates this appropriately
	• Is able to demonstrate an understanding of the principles of identifying and managing complications, and performs this where required
	• Is able to discuss the management of common histological findings that may be relevant to the patient

Examination under Anaesthesia – Incision and Drainage of Perianal Abscess (Core)

Competencies and Definitions	
I. Consent	
	• Discusses general complications (e.g. infection, bleeding)
	• Discusses potential intra-operative decision making (e.g. seton use)
	• Explains likely post-operative course
	• Asks for questions and checks for understanding
II. Pre Operation Planning	
	• Reviews case details (e.g. patient history, comorbidities, medications, results) and assesses the clinical indication for the procedure
	• Uses case details to mitigate risks (e.g. coagulopathy, diabetes)
	• Reviews relevant imaging (if available)
III. Pre-operative Preparation	
	• Ensures that the patient is positioned optimally and safely (e.g. lithotomy position)
	• Actively participates in the WHO Safety Check and Team Time Out
	• Ensures that effective anticoagulation and antibiotic prophylaxis are used
	• Ensures specialised equipment is available as required
	• Effectively prepares and drapes the operative field
IV. Exposure and Closure	
	• Selects the optimal strategy for wound management – packing vs drain vs closure
V. Intra-operative Technique: Global (G) and Task-specific (T)	
	• Performs effective rectal examination under anaesthesia (T)
	• Uses proctoscope to examine for other pathologies (e.g. fistulae in ano) (T)
	• Assesses anus to identify fluctuant area (T)
	• Considers size and direction of incision over abscess (T)
	• Considers microbiological sampling to drive antibiotic treatment (as required) (T)
	• Effectively explores the wound with a combination of sharp and blunt dissection (e.g. to break up loculations) (T)
	• Performs an effective wound washout (e.g. saline, hydrogen peroxide, betadine) (G)
VI. Post-operative Management	
	• Ensures procedural notes and post-procedural plans are clearly communicated
	• Understands and can describe post-procedural care for patient
	• Communicates effectively with staff, patient and family/Whānau
	• Arranges follow-up (if required)

Hartmann's Procedure or Acute Left Colectomy (Principal)

Competencies and Definitions	
I. Consent	
	• Explains general complications (anaesthetic/bleeding/infection)
	• Knowledge of indications for stoma formation in acute/elective setting
	• Knowledge of implications of stoma management for patient
	• Explains likely post-operative course
	• Asks for questions and checks for understanding
II. Pre Operation Planning	
	• Good communication with stoma therapists regarding type of stoma/duration • Site is marked
	• Is aware of clinical indications
	• Reviews relevant data (patient history, medications, pathology results) to balance risks and benefits of a stoma
	• Has reviewed relevant results & imaging
III. Pre-operative Preparation	
	• Actively participates in the WHO Safety Check and Team Time Out
	• Ensures specialised equipment is available as required
	• Ensures patient is positioned appropriately
	• Prepares and drapes appropriately
IV. Exposure and Closure	
	• N/A
V. Intra-operative Technique: Global and Task-specific	
	• Appropriate entry into abdominal cavity
	• Appropriate mobilisation of left colon
	• Identification and protection of the left ureter
	• Appropriate management of the trunk vessels
	• Appropriate proximal transection level
	• Appropriate distal transection level
	• Appropriate use of drains
	• Appropriate dissection through abdominal wall to create stoma
	• Dimensions of fascial defect are appropriate for the type of stoma
	• Appropriate closure of laparotomy prior to stoma formation
	• Appropriate choice of suture for stoma formation
	• Stoma formed with good blood supply and appropriate pouting from skin surface
VI. Post-operative Management	
	• Ensures procedural notes and post-procedural plans are clearly communicated
	• Understands and can describe post-procedural care for patient
	• Communicates effectively with staff, patient and family/Whānau
	• Arranges follow-up (if required)

Laparotomy/Adhesiolysis (Principal)	
	Competencies and Definitions
I. Consent	
	• Discusses rationale for surgical treatment (e.g. non-resolving SBO, features of ischaemia)
	• Discusses general complications (e.g. infection, bleeding)
	• Discusses potential intra-operative decision making (e.g. need for bowel resection)
	• Discusses procedure specific complications (e.g. iatrogenic bowel injury, wound dehiscence)
	• Explains likely post-operative course (laparoscopic versus open)
	• Asks for questions and checks for understanding
II. Pre Operation Planning	
	• Reviews case details (e.g. patient history, comorbidities, medications, results) and assesses the clinical indication for the procedure
	• Demonstrates awareness of the clinical urgency of the case
	• Uses case details to mitigate risks (e.g. coagulopathy, diabetes)
	• Reviews relevant imaging
III. Pre-operative Preparation	
	• Ensures that the patient is positioned optimally and safely
	• Actively participates in the WHO Safety Check and Team Time Out
	• Ensures that effective anticoagulation and antibiotic prophylaxis are used
	• Ensures specialised equipment is available as required
	• Effectively prepares and drapes the operative field
IV. Exposure and Closure	
	• Plans and makes a careful incision (e.g. uses non-operated region to enter abdomen)
	• Selects suture for fascial and skin closure and appropriate dressings
V. Intra-operative Technique: Global (G) and Task-specific (T)	
	• Uses techniques to enter the peritoneal cavity which minimise iatrogenic injury (T)
	• Handles bowel with care (G/T)
	• Examines bowel for evidence of ischaemia (reversible/non reversible) (T)
	• Inspects for secondary injury or unrelated pathology (G)
	• Checks continuity of intestinal flow once obstruction is cleared (T)
	• Considers physiological impact of pathology encountered (e.g. reperfusion of ischaemic segment of bowel) (G/T)
	• Protects the bowel while closing the abdomen (G)
VI. Post-operative Management	
	• Ensures procedural notes and post-procedural plans are clearly communicated
	• Understands and can describe post-procedural care plan for patient Identifiers that should prompt early review
	• Communicates effectively with staff, patient and family/Whānau

Open or Laparoscopic Groin Hernia (Core)

Competencies and Definitions

I. Consent

- Understands and completes consent in accordance with the primary operation, including alternatives and non-operative management.
- Discusses general complications (Wound infections, bleeding, anaesthetic)
- Discusses specific complications (Recurrence, groin pain, testicular ischaemia, vascular injury, orchidectomy, haematoma, bowel / bladder injury, convert to open.)
- Discusses expected post operative course and recovery
- Asks for questions, and checks for understanding.

II. Pre Operation Planning

- Reviews referral data (patient history, comorbidities, medications, relevant results) and assesses the clinical indication for the procedure
- Accurately identifies any complicating factors e.g. obesity, previous repair, loss of domain
- Correctly identifies and marks side
- Is aware of clinical indications
- Reviews relevant data (patient history, medications, pathology results) to foresee any risks or contraindications – such as coagulopathy, diabetes
- Knows relevant results
- Has reviewed relevant imaging

III. Pre-operative Preparation

- Ensures preoperative briefing
- Ensure the patient is positioned appropriately
- Actively participates in the WHO Safety Check and Team Time Out
- Identifies and ensures appropriate anticoagulation and antibiotic prophylaxis pre-procedure
- Ensures specialised equipment is available as required
- Prepares and drapes appropriately

IV. Exposure and Closure

- Safe access technique (open Hassan technique if laparoscopic procedure)
- Correct incision (site and length)
- Appropriate layered wound closure (including tension, spacing, suture choice and dressing)

V. Intra-operative Technique: Global (G) and Task-specific (T)

- Opens external oblique incision to display inguinal canal clearly (if open repair) (T)
- Mobilises the cord structures/sac efficiently (T)
- Can clearly dissect out the peritoneal sac (T)
- Maintains careful haemostasis with appropriate techniques (G)
- Deals with any unexpected findings (e.g. sliding hernia) comfortably (G)
- Effects a sound mesh repair of defect (T)
- Chooses appropriate prosthetic mesh (T)
- Careful and precise tissue handling (G)
- Is logical in progress through operative steps (G)
- Uses assistant/retraction in a helpful way (G)

• Uses correct instruments in appropriate ways (G)
• Uses local anaesthetic as appropriate (G)
VI. Post-operative management
• Writes up operative notes and postoperative plans clearly • Understands and can describe postoperative care for patient • Good communication with staff, patient and family • Arranges follow-up if indicated

Open Right Hemicolectomy (Principal)

Competencies and Definitions
I. Consent
• Discusses indications for surgery
• Discusses common complications- bleeding, infection, iatrogenic injury (ureter),return to theatre, anastomotic leak, stoma
• Discusses recovery time (time off work if applicable)
• Discusses role of other adjuvant treatment
II. Pre Operation Planning
• Discussion of case in MDT forum
• Has reviewed any results, imaging and appropriate histology
• Stoma marking if appropriate
• Is aware of clinical indications
• Reviews relevant data (patient history, medications, pathology results) to foresee any risks or contraindications – such as coagulopathy, diabetes
III. Pre-operative Preparation
• Appropriate positioning
• Imaging is available for review in operating theatre
• Catheter and diathermy pad
• Actively participates in the WHO Safety Check and Team Time Out
• Identifies and ensures appropriate anticoagulation and antibiotic prophylaxis pre-procedure
• Ensures specialised equipment is available as required
• Prepares and drapes appropriately
IV. Exposure and Closure
• Appropriate closure technique
V. Intra-operative Technique: Global (G) and Task-specific (T)
• Appropriate skin incision (midline, transverse) (G)
• Safe entry into peritoneal cavity (G)
• Tilting of patient to optimise exposure (G)
• Appropriate retraction/packing as required (G)
• Right colonic mobilisation with awareness of right ureter, duodenum (T)
• Determining resection extent based on blood supply/oncological margins (T)
• Preservation of blood supply at proximal and distal bowel ends (T)
• Tension free anastomosis with staple/suture (T)
• Appropriate management of mesenteric defect (T)
• Appropriate fascial and skin closure (G)
VI. Post-operative Management
• Clear operating notes and post-operative plan documentation
• Post-operative review of histology and discussion of case in MDT

Opening and Closing Abdominal Incision

Competencies and Definitions	
I. Consent	
	• Discusses the various factors that impair wound healing (e.g. comorbidity, age, immunosuppression, obesity, smoking)
II. Pre operation planning	
	• Discusses type of abdominal wounds (midline, Kocher's, Pfannenstiel, gridiron)
	• Demonstrates understanding of the anatomy of the anterior abdominal wall
	• Aware of clinical indications
	• Aware of significant co-morbidities - obesity, renal disease, etc.
III. Pre operative preparation	
	• Demonstrates incision technique – blade, diathermy
	• WHO Safety check and team time out
	• Consideration of DVT prophylaxis and antibiotic prophylaxis
	• Ensures specialized equipment available as required
	• Patient is positioned appropriately
	• Prepares and drapes appropriately
IV. Exposure and closure	
	• Appropriate sutures selected (PDS/nylon)
	• Appropriate spacing of sutures
	• Appropriate fascial incorporation with suture
	• Appropriate skin closure (staples/sutures)
	• Appropriate dressings
	• Demonstrates technique for avoiding bowel injury
V. Intra operative technique: global (G) and task-specific items (T)	
	• Minimum trauma during dissection
	• Appropriate use of blade, diathermy (cut/coag)
	• Appropriate identification of tissues
	• Safe and appropriate entry into the peritoneal cavity
	• Appropriate and safe retraction
	• Demonstrates safe handling of sharps
VI. Post operative management	
	• Sound documentation and operating notes
	• Statement regarding removal of dressing and/or skin sutures/staples
	• Advises wound care

Sigmoid Colectomy/Anterior Resection (Principal)

Competencies and Definitions
I. Consent
• Explains general complications (anaesthetic/bleeding/infection)
• Discusses risk of injury to ureter, pelvic nerves and implications
• Discusses the risk of anastomotic leak and the possibility of a stoma and in what circumstances this would be considered
• Explains post-operative course. Asks for questions, checks for understanding
II. Pre Operation Planning
• Ensures review in MDT if treatment for cancer
• Need to mark stoma site if required
• Inserts catheter
• Is aware of clinical indications
• Reviews relevant data (patient history, medications, pathology results) to foresee any risks or contraindications – such as coagulopathy, diabetes
• Has reviewed the relevant results & imaging
III. Pre-operative Preparation
• Appropriate patient positioning, preparation and draping
• Ensures specialised equipment is available as required
IV. Exposure and Closure
• N/A
V. Intra-operative Technique: Global (G) and Task-specific (T)
• Midline laparotomy wound, appropriate length (G)
• Careful entry into peritoneal cavity (G)
• Appropriate tilting of patient (G)
• Appropriate retraction and packing (G)
• Careful handling of tissues (G)
• Appropriate mobilisation of colon (T)
• Identification and protection of left ureter (T)
• Appropriate division of proximal and distal bowel based on oncological principles and preservation of blood supply (T)
• Tension free anastomosis (stapled or open) (G)
• Understanding of need for drains (G)
• Understanding the need for stoma (G)
• Appropriate closure (G)
VI. Post-operative Management
• Writes up operative notes and postoperative plans clearly
• Understands and can describe postoperative care for patient
• Good communication with staff, patient and family
• Arranges follow-up if indicated

Simple Laparoscopic Cholecystectomy +/- Intraoperative Cholangiogram (Core)

Competencies and Definitions
I. Consent
• Discusses general risks (anaesthetic/bleeding/infection)
• Discusses specific risks (open conversion, CBD injury, bile leak, retrained stone)
• Explains post-operative course. Asks for questions, checks for understanding • Understands and completes consent in accordance with the primary operation, including alternatives and non-operative management • Discusses general complications (Wound infections, bleeding, anaesthetic) • Discusses specific complications (CBD injury, bile leak, bleeding, open.) • Discusses expected post operative course and recovery • Asks for questions, and checks for understanding.
II. Pre Operation Planning
• Reviews relevant data (patient history, comorbidities, medications, relevant results) and assess as the clinical indication for the procedure • Identifies any likely complicating factors e.g. nutritional, adhesions, immune suppressing medications, age, etc.
• Considers likelihood of CBD stone and how this may be dealt with
• Ensures image intensifier available when appropriate and staff are equipped to do IOC
• Is aware of clinical indications
• Reviews relevant data (patient history, medications, pathology results) to foresee any risks or contraindications – such as coagulopathy, diabetes
• Knows relevant results
• Has reviewed relevant imaging
III. Pre-operative Preparation
• Ensure preoperative briefing • Ensure the patient is positioned appropriately (including table position for IOC)
• Actively participates in the WHO Safety Check and Team Time Out
• Identifies and ensures appropriate anticoagulation and antibiotic prophylaxis pre-procedure
• Ensures specialised equipment available as required
• Prepares and drapes appropriately
IV. Exposure and Closure
• Safe Hasson port placement and establishment of pneumoperitoneum • Understands appropriate flow rates/intra-abdominal pressure settings
• Appropriate table positioning for optimum view
• Thorough closure of Hasson port at completion
V. Intra-operative Technique: Global (G) and Task-specific (T)
• Safe secondary port introduction and correct placement (G)
• Appropriate gallbladder retraction to expose Hartmann's pouch (T)
• Correctly identifies the anatomy prior to starting dissection (Rouviere's sulcus, Hartmann's pouch, base of segment 4 of liver) (T) • Correct site to commence dissection (T)

	• Safe dissection technique to expose cystic duct/artery (T)
	• Understands anterior/posterior window concepts (T)
	• Demonstrates “critical view of safety” prior to any division (View of segment 4 with cystic duct, cystic artery and large posterior window from rights, and view of segment 3 with cystic duct, artery and nothing else and a large posterior window from left) (T)
	• IOC- successful cannulation of cystic duct (T)
	• IOC- correct image intensifier orientation/choice of contrast/injection of contrast (T)
	• IOC- correct interpretation of pictures (T)
	• IOC- troubleshoots problems that might arise (T)
	• Correct application of occlusion clips to structures (T)
	• Safe and clean technique for dissection gallbladder off liver (G)
	• Uses appropriate counter-traction to maintain tension (T)
	• Appropriate extraction technique (bag vs not) (T)
	• Washout, considers drain if indicated (T)
VI. Post-operative management	
	• Writes up operative notes and postoperative plans clearly • Understands and can describe postoperative care for patient • Good communication with staff, patient and family • Arranges follow-up if indicated

Small Bowel Resection (Core)

Competencies and Definitions
I. Consent
• Understands and completes consent in accordance with the primary operation, including alternatives and non-operative management. • Discusses general complications (Wound infections, bleeding, anaesthetic) • Discusses specific complications (Leak, Ileus, haematoma.) • Discusses expected post operative course and recovery • Asks for questions, and checks for understanding.
II. Pre Operation Planning
• Reviews referral daughter (patient history, comorbidities, medications, relevant results) and assess as the clinical indication for the procedure • Foresees and plans for any nutritional consequences of small bowel resection
• Is aware of clinical indications
• Reviews relevant data (patient history, medications, pathology results) to foresee any risks or contraindications – such as coagulopathy, diabetes
• Knows relevant results
• Has reviewed relevant imaging
III. Pre-operative Preparation
• Ensures preoperative briefing • Ensures patient is appropriately positioned • Actively participates in the WHO Safety Check and Team Time Out
• Identifies and ensures appropriate anticoagulation and antibiotic prophylaxis pre-procedure
• Ensures specialised equipment is available as required
• Prepares and drapes appropriately
IV. Exposure and Closure
• Makes appropriate midline abdominal incision
• Mass closure of abdominal wound with appropriate suture material, technique and tension
• Skin closure with staples or suture material
V. Intra-operative Technique: Global (G) and Task-specific (T)
• Serial division of mesentery with suture ties or vessel sealing device (T)
• Accurately identifies diseased bowel to be resected (T)
• Division of proximal and distal bowel between clamps or using linear cutter-stapler (T) • Confirms blood supply and tension free anastomosis (T)
• Bowel anastomosis: side-to-side using stapler OR end-to-end hand-sewn (selects appropriate suture material if hand sewn) (T) • Appropriate management of mesenteric defect (T)
• Checks for patency or leaks (T)
VI. Post-operative management
• Writes up operative notes and postoperative plans clearly • Understands and can describe postoperative care for patient • Good communication with staff, patient and family

Stoma Formation (Principal)

Competencies and Definitions	
I. Consent	
	• Discusses general risks (anaesthetic/bleeding/infection)
	• Discusses indications for stoma
	• Discusses possible complications of stoma formation
	• Explains likely post-operative course
	• Asks for questions and checks for understanding
II. Pre Operation Planning	
	• Ensures optimal siting of stoma (by self or stomal therapist)
	• Is aware of clinical indications
	• Reviews relevant data (patient history, medications, pathology results) to foresee any risks or contraindications – such as coagulopathy, diabetes
	• Knows relevant results
	• Has reviewed relevant imaging
III. Pre-operative Preparation	
	• Actively participates in the WHO Safety Check and Team Time Out
	• Identifies and ensures appropriate anticoagulation and antibiotic prophylaxis pre-procedure
	• Ensures specialised equipment is available as required
	• Ensures patient is positioned appropriately
	• Prepares and drapes appropriately
IV. Exposure and Closure	
	• Laparoscopic or open approach
	• Fashions stoma with or without spouting, as indicated
	• Decides whether to fashion over rod (if loop stoma)
	• Fitting and application of wafer and bag
V. Intra-operative Technique: Global and Task-specific	
	• Mobilises bowel to ensure adequate length to reach surface without tension
	• Makes appropriately sized skin opening with core of subcutaneous fat
	• Enters peritoneal cavity using rectus-splitting technique
	• Retrieves bowel with minimal trauma
VI. Post-operative Management	
	• Ensures procedural notes and post-procedural plans are clearly communicated
	• Understands and can describe post-procedural care for patient
	• Communicates effectively with staff, patient and family/Whānau
	• Arranges follow-up if indicated

Thyroidectomy (Principal)

Competencies and Definitions
I. Consent
• Discusses rationale for surgical treatment
• Discusses general complications (e.g. infection, bleeding)
• Discusses procedure specific complications (e.g. haemorrhage, nerve injury, hypocalcaemia)
II. Pre Operation Planning
• Ensures a preoperative voice assessment is performed
• Reviews imaging (e.g. CT scan if suspicion of retrosternal goitre, side of nodule to be excised)
III. Pre-operative Preparation
• Actively participates in the WHO Safety Check and Team Time Out
• Positions patient for optimal access (e.g. head-ring, sand-bag between shoulders)
• Effectively prepares and drapes the operative field
IV. Exposure and Closure
• Plans / marks skin incision
• Raises upper and lower flaps in sub-platysmal plane
• Separates or divides strap muscles as indicated
• Closes wound in layers with an appropriate choice of suture
V. Intra-operative Technique: Global (G) and Task-specific (T)
• Capsular dissection of gland (T)
• Controls vessels in continuity or with vessel sealing device (G)
• Takes care to preserve well-vascularised parathyroid glands/performs autotransplantation where viability is compromised (T)
• Identifies and preserves recurrent laryngeal nerve(s) (T)
• Minimises risk of injury to external branch of superior laryngeal nerve by division of individual branches of superior thyroid artery (T)
• Adequately controls the thyroid isthmus (if hemithyroidectomy) (T)
VI. Post-operative Management
• Is aware of signs of respiratory compromise from haemorrhage or recurrent laryngeal nerve palsy
• Monitors serum calcium if total/completion thyroidectomy
• Considers indication for and/or timing of thyroxine replacement

Upper GI Endoscopy

Competencies and Definitions
I. Consent
• Discusses indications for procedure, including potential findings, alternatives and need for biopsy
• Discusses possible risks and complications of procedure, such as perforation, bleeding from biopsy site, reaction to anaesthetic/sedation, etc.
II. Pre Procedure Planning
• Reviews referral data (patient history, comorbidities, medications, relevant results) and assesses the clinical indication for the procedure
• Assesses the patient to identify significant comorbidities and foresee risks or contraindications
• Identifies and ensures appropriate management of anticoagulation pre-procedure, where required
• Demonstrates leadership and teamwork within the endoscopy unit
III. Pre-procedure Preparation
• Ensures appropriate monitoring in place, and is able to describe the principles of monitoring
• Ensures all equipment and the endoscopy room are set up correctly
• Checks endoscope function, identifies and correct problems prior to procedure
• Actively participates in the WHO Safety Check and Team Time Out or equivalent, according to local protocols
IV. Exposure and Positioning
• Positions patient in left lateral position, with mouthguard in
• Administers (or supervises) appropriate sedation, and is able to demonstrate understanding of the principles of safe sedation and potential risks
• Monitors and maintains patient dignity and comfort throughout the procedure
V. Intra-procedure Technique: Global (G) and Task-specific (T)
• Demonstrates appropriate insertion technique, maintaining luminal views (T)
• Demonstrates good tip control, is able to deliberately and reliably direct view of the scope using the control wheels and torque (T)
• Negotiates the oropharynx and safely intubates the oesophagus (T)
• Notes the level of the gastro-oesophageal junction, including the presence and description of Barrett's Oesophagus and hiatus hernia (T)
• Passes the endoscope through the stomach, negotiating the pylorus to reach the duodenum safely (T)
• Retroflexes the scope to view cardia, with adequate views (T)
• Appropriately uses insufflation, irrigation/flushing, suction and lens washing (luminal adjunct skills) (T)
• Withdrawal technique is thorough and effective to view entire mucosa, identifying pathology (T)
• Inspects the entire mucosa and photo-documents important landmarks (e.g. duodenum, pylorus, incisura, lesser curve, cardia and GOJ) and any pathology encountered (T)
• Pathology identified is correctly identified and managed (T)
• Intervention techniques (including biopsies) are appropriate and completely performed (T)
• Optimises technique to maintain comfort, with additional reassurance, analgesia and

	sedation given when required (G)
	• Communication with the patient and staff is effective and respectful throughout procedure (G)
	• Judgement and decision making is sound and reasoned throughout the procedure (G)
VI. Post Procedure Management	
	• Completes an accurate and appropriately detailed report in a timely manner
	• Arranges appropriate follow-up based on patient presentation, endoscopic findings and local protocols
	• Ensures an appropriate post-procedure anticoagulation management plan is made and documented in the report, where required
	• Discusses the report and findings with the patient, or delegates this appropriately
	• Is able to demonstrate an understanding of the principles of identifying and managing complications, and performs this where required
	• Is able to discuss the management of common histological findings that may be relevant to the patient

Wide Local Excision / Mastectomy

Competencies and Definitions
I. Consent
• Discusses possible risks and complications, including: need for re-excision (if WLE), haematoma, seroma, post-operative pain
• Discusses axillary surgery plan (and risks) , where relevant
II. Pre Operation Planning
• Reviews results of triple assessment, including breast imaging
• Arranges localisation (eg hook-wire) if indicated (WLE)
• Arranges scintigraphy prior to concomitant sentinel node biopsy, where relevant
• Is aware of clinical indications; Demonstrates knowledge of indications for wide local excision (WLE) vs mastectomy
• Reviews relevant data (patient history, medications, pathology results) to foresee any risks or contraindications – such as coagulopathy, diabetes
III. Pre-operative Preparation
• Marks a cosmetically mindful incision
• Actively participates in the WHO Safety Check and Team Time Out
• Identifies and ensures appropriate anticoagulation and antibiotic prophylaxis pre-procedure
• Ensures specialised equipment is available as required
• Patient is positioned appropriately (e.g. positions patient at edge of the bed to allow optimal access to breast)
• Prepares and drapes appropriately
IV. Exposure and Closure
• Raises skin flaps
• Closes wound effectively – with subcutaneous sutures and subcuticular sutures to skin
V. Intra Operative Technique: Global (G) and Task-specific (T)
• For WLE: dissects around palpable tumour or end of hook-wire); orientates specimen margins with clips and/or sutures; obtains specimen mammogram if indicated; utilises breast re-shaping techniques, when indicated (T)
• For mastectomy: dissects to include all breast tissue, including axillary tail (T)
• Manages bleeding to achieve effective haemostasis, with diligence
• Inserts drain/s, when indicated
VI. Post-operative Management
• Makes a plan for management of possible post operative haematoma/seroma
• Makes a follow-up plan (for histology check, wound/drain care, etc)
• Gives instructions for drain care and removal, if applicable