

General Surgery SIMGs on Pathway to Fellowship

Professional Development, Preparation for Fellowship Examination

& Sentinel Events

First Name: _____ **Surname:** _____ **Id Number:** _____

Term: (circle) 1 2 3 4 5 6 7 8 9 10 11 12

Hospital: _____ **Unit:** _____

Supervisor Names: 1. _____

 2. _____

Declaration and Signatures	
<i>Must be signed by all parties to validate form</i>	
Signature of SIMG	The information I have provided is a complete and accurate record of my operative, maintenance of professional standards and examination preparation activities for the period specified. Sign: _____ Date: _____
Signature of Supervisor	To the best of my knowledge the information recorded in this logbook summary is a complete and accurate record of the SIMG's surgical practice for the period specified. Sign: _____ Date: _____
Signature of Supervisor	To the best of my knowledge the information recorded in this logbook summary is a complete and accurate record of the SIMG's surgical practice for the period specified. Sign: _____ Date: _____
The required information must be provided and returned within <u>2 weeks</u> of completing each 3-month term. Failure to comply with this requirement may result in the period of supervision or oversight being rated "Unsatisfactory".	

SECTION A : PROFESSIONAL DEVELOPMENT ACTIVITIES

While on a pathway to Fellowship SIMGs will be required to undertake continuing professional development activities for the duration of their validity period. The CPD activities must be submitted no earlier than 3 months before and no later than two weeks after the completion of each 6 or 12 month period of clinical assessment, listing activities completed within that 6 or 12 month period. Please refer to the *RACS Professional Development Opportunities for International Medical Graduates Policy* for further information.

For the purposes of the Australian Board in General Surgery's review of your three month term, please provide details below of any Professional Development activities undertaken during this term. Please note that the Australian Board in General Surgery do not require proof of the activities listed.

Description of Activity

SECTION B : FELLOWSHIP EXAMINATION PREPARATION

1. SIMGs on a pathway to Fellowship by Examination are strongly encouraged to participate in educational opportunities to prepare for the Fellowship Examination.
2. SIMGs should be familiar with the requirements and conduct of the Fellowship Examination. Information regarding the Fellowship Examination is located on the website www.surgeons.org
3. SIMGs are directed to the General Surgery Curriculum Modules at www.generalsurgeonsaustralia.com.au so as to become familiar with the examinable content of the General Surgery Fellowship Examination.
4. SIMGs are advised to discuss their examination preparation with their Supervisors and, where possible, other surgeons.
5. Educational opportunities may include, but are not confined to, personal study, study group activities, practicing written papers and having these marked, attending consultant led practice viva sessions on pathophysiology, operative management and surgical anatomy, practicing clinical vivas under supervision, attending tutorials and participating in an examination preparation course. Many educational opportunities exist in the workplace, which may be facilitated by Supervisors and other surgeons. SIMGs are expected to take the initiative to develop a personalised examination preparation schedule.
6. SIMGs are required to summarise activities undertaken towards preparing for the Fellowship Examination during each 3-month term in this logbook.

Fellowship Examination required for Pathway?

Yes Complete Description of Activities below followed by Section C

No Go to Section C

Description of Activities

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SECTION C : SENTINEL EVENTS

It is important to report any Sentinel Events that have occurred during the term.

Has a sentinel event occurred during this term

Yes

No

If yes, please tick which event:

- Procedures involving the wrong patient or body part resulting in death or major permanent loss of function

- Retained instruments or other material after surgery requiring re-operation or further surgical procedure

- Intravascular gas embolism resulting in death or neurological damage

- Medication error leading to the death of patient reasonably believed to be due to incorrect administration of drugs

- Bile duct injury

- Other major injury during laparoscopic surgery

- Endoscopic visceral injury or perforation

- Other

Please provide further information on the event that occurred

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