

CORE TRAUMA COMPETENCIES - GENERAL SURGERY

Trainees on the Post-Fellowship Education & Training (PFET) Program in Trauma Surgery must demonstrate competency in a range of operative procedures, in order to complete the program successfully.

This form should be used to verify the Trainee's competency based on direct observations of the Trainee's performance whilst undertaking the PFET Program in Trauma Surgery.

The form must be completed by the Consultant supervising the term.

Each procedure identified as Mandatory (M) must be signed off in order to meet the requirements of the PFET Program in Trauma Surgery.

KEY:

(M) Mandatory Competency

(E) Operative Experience only (observation, assisting, being assisted)

(K) Operative Knowledge only

Trainee's Name: _____

RACS ID Number _____

Instructions to Consultant Surgeon:

By signing against an **operative procedure**, you confirm that, based on your direct observations and/or the consensus opinion of other consultant surgeons, the Trainee performs the procedure safely, reliably, and efficiently.

	GENERAL SURGERY	CONSULTANT RATING (M, E, or K)	CONSULTANT NAME	CONSULTANT SIGNATURE	DATE
GENERIC TRAUMA CURRICULUM					
Initial Trauma Management: Resuscitative Phase - ED					
Basic airways skills	M				
Vascular access (RIC)	M				
Central venous access	M				
Intraosseous access	M				
Intercostal catheter insertion	M				
Splinting of extremities	M				
Application of skin traction	M				
Control of external haemorrhage	M				
Pelvic binder application	M				
Emergency cricothyroidotomy	M				

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GENERIC TRAUMA CURRICULUM					
Nasopharyngeal packing	M				
DPA/DPL	M				
Resuscitative thoracotomy	M				
Escharotomy	E				
REBOA	K				
Endotracheal intubation	K				
Cricothyroidotomy	M				
Ongoing ICU Management: Definitive Care Phase					
Compartment pressure measurement	M				
Enteral feeding access (e.g. PEG)	M				
Laparosotomy	M				
Surgical tracheostomy	M				
Percutaneous tracheostomy	M				
Skin / Soft Tissues					
Wound exploration and debridement	M				
Foreign body removal (with use of image intensifier)	M				
Wound closure or open management	M				
VAC therapy application	M				
Split skin grafting	M				
Wound management in specific areas	M				
Fasciotomy	M				

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GENERIC TRAUMA CURRICULUM					
Escharotomy (<i>as above</i>)	E				
Local-flap coverage	E				
Free-flap coverage	E				
Head and Brain					
Control of haemorrhage from scalp lacerations	M				
ICP monitor insertion	E				
EVD insertion	E				
Burr hole for EDH and SDH	E				
Craniotomy and craniectomy for EDH and SDH	E				
Face and Neck					
<i>(Surgical airways - see above)</i>					
Control of severe maxilla-facial bleeding	E				
Nasal packing	M				
Surgical exploration of penetrating neck wounds	M				
Proximal and distal control of vascular injury	M				
Lateral canthotomy	M				
Definitive management of head/face/orbit wounds	E				
Repair of carotid injury	E				
Assessment and repair of oesophageal injury	E				
Assessment and repair of laryngeal and upper tracheal injury	E				

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GENERIC TRAUMA CURRICULUM					
Spine					
Application of semi-rigid collar	M				
Application of halo-thoracic brace	E				
Reduction of cervical spine dislocation	E				
Chest					
<i>(Intercostal catheter insertion - see above)</i>					
<i>(Resuscitative thoracotomy - ED see above)</i>					
Resuscitative thoracotomy - theatre (including clamshell)	M				
Diaphragm repair: from chest and abdomen	M				
Repair of simple cardiac wounds	M				
Pericardial window- extra- and intra-peritoneal	M				
Surgical stabilisation of rib fractures	E				
VATS for retained HTHx	M				
VATS for empyema	E				
Vascular control in the chest	E				
Peri-clavicular approaches to the thoracic outlet	E				
Abdomen					
Damage control laparotomy	M				
Retroperitoneum: left and right medial visceral rotation	M				
Control of major vessels	M				
Temporary abdominal closure	M				

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GENERIC TRAUMA CURRICULUM					
Trauma laparoscopy	M				
Anatomical liver packing	M				
Pringle manoeuvre	M				
Splenectomy	M				
Nephrectomy	M				
Repair and resection of hollow viscus	M				
Repair of traumatic abdominal wall hernia	M				
Vascular isolation of the liver	K				
IVC repair	E				
Shunting of essential arteries (e.g. SFA)	K				
Abdominal wall reconstruction	M				
Pelvis					
<i>(Application of binder - see above)</i>					
Insertion of suprapubic catheter	M				
Extraperitoneal pelvic packing	M				
External fixation of pelvis	E				
Access to and control of iliac arteries	M				
Extremities					
<i>(Realignment and splinting - see above)</i>					
<i>(Wound exploration and debridement - see above)</i>					
<i>(Compartment pressure measurement - see above)</i>					

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GENERIC TRAUMA CURRICULUM					
<i>(Fasciotomy - see above)</i>					
Proximal control for junctional vascular injury (groin, axilla)	E				
Exploration for haemorrhage in upper and lower limbs injury	E				
External fixation of extremities	E				
Below knee amputation	E				
Above knee amputation	E				
Through knee amputation	K				
Hip disarticulation/Hind Quarter	K				
Upper limb amputation	K				
Shoulder disarticulation	K				
Vascular					
Abdominal aorta control	M				
External iliac artery exposure	M				
Intra-thoracic aortic clamp	M				
Intra-thoracic control of outlet vessels	M				
Carotid artery exposure	M				
Brachial artery exposure	E				
Femoral artery exposure	M				
Arterial repair: primary anastomosis	M				
Arterial repair: patch angioplasty	M				
Arterial repair: interposition graft	M				

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Arterial temporary shunting	M				
Bypass graft	E				
Vein repair	M				
Endovascular: balloon occlusion	K				
Embolisation	K				
Stenting	K				
TEVAR	K				