

SUMMARY OF OPERATIVE & NON-OPERATIVE TRAINING EXPERIENCE

<p>The required information must be provided and returned to the PFET OFFICE within 2 weeks of completing the term. Failure to comply with this may result in the non-accreditation of the training period towards Post Fellowship Education & Training Program in Trauma Surgery.</p>			
Name of Trainee	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; text-align: center;">RACS I.D #</td> </tr> </table>		RACS I.D #
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Training Program	Trauma - Vascular Stream		
Year of Training	<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">1 2</td> </tr> <tr> <td style="text-align: center;">Probationary Term? Yes / No</td> </tr> </table>	1 2	Probationary Term? Yes / No
1 2			
Probationary Term? Yes / No			
Term	<table style="width: 100%;"> <tr> <td style="width: 50%;">Start Date:</td> <td style="width: 50%;">End Date:</td> </tr> </table>	Start Date:	End Date:
Start Date:	End Date:		
Rotations			
Overseas Rotations			
Hospital for this term:			
Name of Unit			
Name of Supervisor			
Signature of PFET Trainee *Must be signed to validate logbook	The information I have provided is a complete and accurate record of my operative and selected non-operative experience for this training period. Sign: _____ Date: _____		
Signature of Supervisor *Must be signed to validate logbook	To the best of my knowledge the information recorded below, is a complete and accurate record of the Trainee's clinical training experience in this training period. Sign: _____ Date: _____ Research Requirement satisfied during this rotation? * Yes / No <i>*trainee must attach documentation to verify the completion of this requirement</i>		

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Please note –

1. It is the responsibility of the Trainee to maintain an accurate and complete record of information required to submit this logbook.
2. All recorded information for the purposes of the logbook must be de-identified and comply with the relevant jurisdictional privacy laws.
3. The logbook summary, together with the minimum logbook data, must be reviewed by the Trainee's Supervisor(s) at the completion of 12-month term, to verify the recorded information.
4. The required information for the logbook summary must be submitted to the PFET Executive Officer within 2 weeks of completing a 12-month term. Failure to comply with this requirement may result in the non-accreditation of the training period towards Post Fellowship Education & Training Program in Trauma Surgery.
5. If a Trainee performs a major proportion or significant component of a procedure (e.g. major part of the dissection, an anastomosis) the Trainee is permitted to be recorded as being the primary operator for the procedure. If in doubt consult Surgical Supervisor.
6. The Post Fellowship Education & Training Program in Trauma Surgery provides the opportunity for a Trainee to acquire a range of clinical and operative skills, which over time will allow the Trainee to perform as a competent Trauma surgeon. The Trainee is required to become proficient in a number of distinct but essential operative skills, such that the Trainee will be able to undertake a surgical procedure as a sum of these skills rather than necessarily being credentialed as being competent for every possible surgical procedure or variations thereof.

FAILURE TO SUBMIT SIGNED FORMS WITHIN 2 WEEKS OF THE CONCLUSION OF THE TRAINING ROTATION MAY RESULT IN THE ROTATION NOT BEING ACCREDITED TOWARDS THE POST FELLOWSHIP EDUCATION & TRAINING PROGRAM IN TRAUMA SURGERY

IT IS THE TRAINEE'S RESPONSIBILITY TO ENSURE THAT FORMS ARE RETURNED ON TIME.

TRAINEES SEND FORMS TO:

Liz Pedersen
Executive Officer - Post-Fellowship Education & Training
Suite 29, 213 Greenhill Road
EASTWOOD SA 5063

P: +61 8 8229 6210

E: pfet@generalsurgeons.com.au

		OBSERVING (Not Scrubbed)	ASSISTING (Scrubbed)	PRIMARY SURGEON	SUPERVISING (Scrubbed)	TOTAL CASES
1 INITIAL TRAUMA MANAGEMENT: RESUSCITATION PHASE – ED						
Mandatory:						
1.1	Basic airway skills*					
1.2	Vascular access (RIC)					
1.3	Central venous access*					
1.4	Intraosseous access					
1.5	Intercostal catheter insertion					
1.6	Emergency cricothyroidotomy					
1.7	Resuscitative thoracotomy (ED)					
1.8	Splinting of extremities					
1.9	Application of skin traction					
1.10	Control of external haemorrhage					
1.11	Pelvic binder application					
1.12	Nasopharyngeal packing					
1.13	Cricothyroidotomy					
1.14	DPA/DPL*					
Operative Experience:						
1.15	Escharotomy					
1.16	REBOA					
Operative Knowledge:						
1.17	Endotracheal intubation*					
2 ONGOING ICU MANAGEMENT: DEFINITIVE CARE PHASE						
Mandatory:						
2.1	Compartment pressure measurement					
2.2	Laparostomy/management of abdominal VAC					
Operative Experience:						
2.3	Enteral feeding access (E.g.: PEG)*					
2.4	Surgical tracheostomy*					

		OBSERVING (Not Scrubbed)	ASSISTING (Scrubbed)	PRIMARY SURGEON	SUPERVISING (Scrubbed)	TOTAL CASES
Operative Knowledge:						
2.5	Percutaneous tracheostomy*					
3 SKIN AND SOFT TISSUE						
Mandatory:						
3.1	Wound exploration and debridement					
3.2	Foreign body removal					
3.3	Wound closure or open management					
3.4	Application of VAC (non-abdominal)					
3.5	Wound management in specific areas					
3.6	Split skin graft					
3.7	Fasciotomy					
Operative Experience:						
3.8	Local flap					
3.9	Free flap					
3.10	Escharotomy					
4 HEAD AND BRAIN						
Mandatory:						
4.1	Control of bleeding: scalp laceration					
Operative Experience:						
4.2	ICP monitor insertion					
4.3	EVD insertion					
4.4	Burr hole for EDH and SDH					
4.5	Craniotomy / craniectomy for EDH/SDH					
5 FACE AND NECK						
Mandatory:						
5.1	Nasal packing					
5.2	Control of severe maxilla-facial bleeding					
5.3	Surgical exploration of penetrating neck wound					

		OBSERVING (Not Scrubbed)	ASSISTING (Scrubbed)	PRIMARY SURGEON	SUPERVISING (Scrubbed)	TOTAL CASES
5.4	Proximal & distal control of vascular injury					
5.5	Repair of carotid injury					
Operative Knowledge:						
5.6	Lateral canthotomy					
5.7	Definitive management of head, face, and orbit wounds					
5.8	Assessment and repair of oesophageal injury					
5.9	Assessment and repair of laryngeal and upper tracheal injury					
6 SPINE						
Mandatory:						
6.1	Application of semi-rigid collar					
Operative Experience:						
6.2	Application of halo-thoracic brace					
Operative Knowledge:						
6.3	Reduction of cervical spine dislocation					
7 CHEST						
Mandatory:						
7.1	Resuscitative thoracotomy (theatre)					
7.2	Repair of simple cardiac wounds					
7.3	Pericardia window-extra-and intra-peritoneal					
7.4	VATS for retained HTHx					
7.5	Vascular control in the chest*					
7.6	Peri-clavicular approach to thoracic outlet*					
Operative Experience:						
7.7	Surgical stabilisation of rib fractures					
7.8	VATS for empyema					
Operative Knowledge:						
7.9	Diaphragm repair: from chest and abdomen					

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8 ABDOMEN						
Mandatory:						
8.1	Damage control laparotomy					
8.2	Control of major vessels*					
8.3	Retroperitoneum: left or right medial visceral rotation*					
8.4	Temporary abdominal closure					
8.5	Trauma laparoscopy					
8.6	Anatomical liver packing/complex liver injury					
8.7	Pringle manoeuvre*					
8.8	Splenectomy					
8.9	Nephrectomy*					
8.10	IVC repair*					
8.11	Shunting of essential arteries*					
Operative Experience:						
8.12	Resection and repair of hollow viscus					
8.13	Repair of traumatic abdominal wall hernia					
8.14	Abdominal wall reconstruction					
Operative Knowledge:						
8.15	Vascular isolation of the liver*					
9 PELVIS						
Mandatory:						
9.1	Insertion of suprapubic catheter*					
9.2	Extraperitoneal packing of pelvis					
9.3	Access to and control of iliac arteries*					
Operative Knowledge:						
9.4	External fixation of pelvis					

		OBSERVING (Not Scrubbed)	ASSISTING (Scrubbed)	PRIMARY SURGEON	SUPERVISING (Scrubbed)	TOTAL CASES
10 EXTREMITIES						
Mandatory:						
10.1	Proximal control for junctional vascular injury: groin*					
10.2	Proximal control for junctional vascular injury: axilla*					
10.3	Exploration for haemorrhage: UL					
10.4	Exploration for haemorrhage: LL					
10.5	Below knee amputation*					
10.6	Above knee amputation					
10.7	Through knee amputation					
Operative Experience:						
10.8	Hip disarticulation					
10.9	Upper limb amputation					
Operative Knowledge:						
10.10	External fixation of extremities					
10.11	Shoulder disarticulation					
11 VASCULAR						
Mandatory:						
11.1	Abdominal aorta control					
11.2	External iliac artery exposure*					
11.3	Intra-thoracic aortic clamp					
11.4	Intra-thoracic control of outlet vessels*					
11.5	Carotid artery exposure					
11.6	Brachial artery exposure*					
11.7	Femoral artery exposure*					
11.8	Arterial repair: primary anastomosis*					
11.9	Arterial repair: patch angioplasty*					
11.10	Arterial repair: interposition graft*					
11.11	Temporary arterial shunting*					

		OBSERVING (Not Scrubbed)	ASSISTING (Scrubbed)	PRIMARY SURGEON	SUPERVISING (Scrubbed)	TOTAL CASES
11.12	Bypass graft*					
11.13	Vein repair*					
11.14	Endovascular balloon occlusion					
11.15	Embolisation					
11.16	Stenting					
11.17	TEVAR					

*** May not get opportunity. Consider elective or non-trauma experience as a substitute where applicable.**

Summary

TRAUMA RESUSCITATIONS	OBSERVING	TEAM LEADER	SURGICAL LEADER	TOTAL CASES
Trauma Resuscitations				

OPERATIVE TRAUMA	OBSERVING (Not Scrubbed)	ASSISTING (Scrubbed)	PRIMARY SURGEON	SUPERVISING (Scrubbed)	TOTAL CASES
Skin and Soft Tissue					
Head and Brain					
Face and Neck					
Spine					
Chest					
Abdomen					
Pelvis					
Extremities					
Vascular					

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