

# EARLY SET ONE ASSESSMENT PLAN RECORD

## Instructions to Trainees, Trainers and Supervisors

- All MOUSE need to be submitted to the Committee via the Training Management Platform (TMP) but should be kept by the Trainee as a record of completion and as a learning/revision tool.
- Assessments may be repeated by Trainee as a formative exercise but should be documented when at a satisfactory level. This record should be shown to Surgical Supervisor at all meetings and completed entries submitted to the Committee via TMP as required.

## Technical Competency

- Use MOUSE to assess and teach procedure
- A MOUSE can be done on a section of a procedure, (e.g., for opening and closing abdomen, insert IDC). However, all relevant steps of procedure being assessed should be performed satisfactorily including consent, choice of instrumentation, correct operative findings), fixation of dressings and satisfactory result of procedure (e.g., accurate approximation of layers with ergonomic use of instruments)

## Global Summary (MOUSE)

- Not completed independently (at least 1 competency needing development)
- Completed independently

## MOUSE

<b>1. Inguinoscrotal and Genital examination</b>	Level 4	End of rotation 1 (first 3 months)
<b>2. Anorectal examination</b>	Level 4	End of rotation 1 (first 3 months)
<b>3. Neonatal examination</b>	Level 4	End of rotation 1 (first 3 months)
<b>4. Insertion of IDC</b>	Level 4	End of rotation 1 (first 3 months)
<b>5. Single Hand Knot / Tie</b>	Level 4	End of rotation 1 (first 3 months)
<b>6. Instrument Knot / Tie</b>	Level 4	End of rotation 1 (first 3 months)
<b>7. Drain abscess</b>	Level 4	End of rotation 1 (first 3 months)
<b>8. Repair Simple Lacerations</b>	Level 4	End of rotation 1 (first 3 months)
<b>9. Explore Scrotum and Fix Testis</b>	Level 3	End of rotation 2 (first 6 months)
<b>10. Laparoscopic Appendicectomy</b>	Level 3	End of rotation 2 (first 6 months)
<b>11. Open and Close Inguinal Canal</b>	Level 2/3	End of rotation 3 (first 9 months)
<b>12. Open &amp; Close Abdomen</b>	Level 2/3	End of rotation 3 (first 9 months)
<b>13. Insert Chest Drain</b>	Level 2/3	End of rotation 3 (first 9 months)
<b>14. Cystourethroscopy</b>	Level 3	End of rotation 4 (first 12 months)
<b>15. Central line Care</b>	Satisfactory	End of rotation 4 (first 12 months)
<b>16. Stoma Care</b>	Satisfactory	End of rotation 4 (first 12 months)
<b>17. Wound Care</b>	Satisfactory	End of rotation 4 (first 12 months)

## MINI-CEX or PRESENTATIONS

Indicate which method was used to assess each condition – Mini-CEX or Presentation

<b>NOTES:</b>			
A minimum of two successfully completed Mini-CEX must be submitted at the end of each rotation Successful completion of at least 8 Mini-CEX must be completed in Early SET One			
<b>CONDITION</b>	<b>MINI-CEX</b>	<b>PRESENTATION</b> Diagnostic Features/ investigations/key perioperative management	<b>DATE</b>
1. Acute abdominal pain	Mini-CEX		
2. Acute scrotum	Mini-CEX		
3. Shock and dehydration in children			
4. Trauma			
5. Burns			
6. Antenatal Hydronephrosis			
7. Acute preputial conditions			
8. Neonatal bowel obstruction			
9. Perianal disease children			
10. Urosepsis			
11. Inguinoscrotal pathology and masses			

<b>12. Pyloric Stenosis</b>			
<b>13. Acute urinary retention</b>			
<b>14. Intussusception</b>			

## PRESENTATIONS

Pathological and Diagnostic Features

TOPIC	DATE
<b>1. Malrotation and Volvulus</b>	
<b>2. Anorectal Anomalies</b>	
<b>3. Aganglionosis Coli / Hirschsprung's Disease</b>	
<b>4. Oesophageal Atresia and Tracheo-oesophageal Fistula</b>	
<b>5. Congenital Diaphragmatic Hernia</b>	
<b>6. Necrotising Enterocolitis</b>	
<b>7. Congenital Anterior Abdominal Defects</b>	
<b>8. Congenital Intra-thoracic lesions</b>	