

INTERIM Robotic Colorectal Video Assessment Form
Robotic Low Anterior Resection

A. CASE INFORMATION

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| Surgeon ID: | |
| Video ID: | |
| Assessment form complete by: | |
| Procedure name: | |

B. ASSESSMENT

Please watch the case video and make a subjective assessment on the competency of the subject surgeon as follows:

1. Assess the following major tasks for competency.
2. Make a final recommendation of either "Competent" or "Resubmit"
3. Justify your final recommendation.

Note: for the surgeon to pass this final sign-off phase, he/she must receive a final recommendation of "Competent". A final recommendation of "Resubmit" means that the surgeon will be invited to resubmit his/her videos for final assessment once he/she has completed further practice, which could include advanced proctoring.

1. EXPOSURE AND VASCULAR LIGATION

2. MOBILISATION INCLUDING THE SPLENIC FLEXURE

3. PROCTECTOMY

3.1. POSTERIOR PLANE DISSECTION

3.2. ANTERIOR PLANE DISSECTION

3.3. LATERAL PLANE DISSECTION

4. TRANSECTION

5. ANASTOMOSIS

C. FINAL RECOMMENDATION

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| Competent or Resubmit: | |
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D. JUSTIFICATION