



## Fistula Prolapse Incontinence Competencies Skills Tracker

### **Instructions**

This document provides print versions (A4 sizing format) of the trainee skills tracker for clinical capacity building on fistula, prolapse, and incontinence. The document is organized by the 4 modules in this tracker: 1) outpatient evaluation & management; 2) fistula repair; 3) POP & incontinence; and 4) cross-cutting skills.

*Click on the hyperlinks to navigate to each of the four modules:*

[1\) Outpatient Evaluation & Management Module](#) (p. 2-3)

[2\) Fistula Repair Module](#)(p. 4-6)

[3. POP & Incontinence Treatment Module](#) (p. 7-9)

[4. Cross-Cutting Skills Module](#) (p. 10-11)

There is only one training session per form; multiple copies of a single module can be printed out for subsequent training sessions and the trainee should note the training session # and staple all forms together.



Trainee Name: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Home Institution: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Outpatient Evaluation & Management Module

Training Session #: \_\_\_\_\_  
 Trainer: \_\_\_\_\_  
 Training Site: \_\_\_\_\_  
 Training Date: \_\_\_\_\_

| <b>Trainee Report</b><br><i>(to be completed by trainee)</i>                                  | <b>Trainer Evaluation</b><br><i>(to be completed by trainer)</i> |  |   |  |
|---|--|--|---|--|
| Do you perform this skill at your home facility?<br>1- Frequently<br>2- Sometimes<br>3- Never | No. times<br>trainee<br>observed<br>skill<br>performed           | No. times<br>trainee<br>performed<br>skill<br>w/assistance | No. times<br>trainee<br>performed<br>skill<br>independently | <u>Rate trainee 1, 2, or 3:</u><br>1 - Needs continued supervision<br>2 - Can perform autonomously<br>3 - Can train others |

| <b>Outpatient Evaluation &amp; Management</b>          |  |  |  |  |  |
|--|--|--|--|--|--|
| Compartment-based POP physical examination             |  |  |  |  |  |
| Pelvic organ prolapse POP-Q grading                    |  |  |  |  |  |
| Pelvic organ prolapse Baden-Walker grading             |  |  |  |  |  |
| Pessary fitting & monitoring                           |  |  |  |  |  |
| Fistula staging - Goh                                  |  |  |  |  |  |
| Fistula staging - Waaldijk                             |  |  |  |  |  |
| Fistula staging- other:                                |  |  |  |  |  |
| Fistula staging- other:                                |  |  |  |  |  |
| Simple cystometrics filling (storage) phase assessment |  |  |  |  |  |
| Simple cystometrics voiding phase assessment           |  |  |  |  |  |
| Multichannel urodynamics incontinence assessment       |  |  |  |  |  |
| Multichannel urodynamics voiding dysfunction           |  |  |  |  |  |
| Bladder diary  |  |  |  |  |  |
| Urinary pad test                                       |  |  |  |  |  |
| Bladder re-training regimen                            |  |  |  |  |  |
| Kegel muscle scoring                                   |  |  |  |  |  |
| Kegel exercise instructions/pelvic floor PT            |  |  |  |  |  |
| Foot drop E&M/PT or orthopedics referral               |  |  |  |  |  |
| Overactive bladder evaluation & management             |  |  |  |  |  |



|   | <b>Trainee Report</b><br><i>(to be completed by trainee)</i>  | <b>Trainer Evaluation</b><br><i>(to be completed by trainer)</i> |  |   |   |
|---|---|--|--|---|---|
|   | Do you perform this skill at your home facility?<br><i>1- Frequently<br/>2- Sometimes<br/>3 - Never</i> | No. times trainee observed skill performed                       | No. times trainee performed skill w/assistance | No. times trainee performed skill independently | <u>Rate trainee 1, 2, or 3:</u><br><i>1 - Needs continued supervision<br/>2 - Can perform autonomously<br/>3 - Can train others</i> |
| Vaginal atrophy evaluation & management |   |  |  |   |   |
| Recurrent bladder infection             |   |  |  |   |   |
| Painful bladder syndrome                |   |  |  |   |   |
| Dyspareunia - vestibulitis              |   |  |  |   |   |
| Hematuria                               |   |  |  |   |   |



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## Fistula Repair Module

Training Session #: \_\_\_\_\_  
 Trainer: \_\_\_\_\_  
 Training Site: \_\_\_\_\_  
 Training Date: \_\_\_\_\_

|  | Trainee Report<br><i>(to be completed by trainee)</i>   | Trainer Evaluation<br><i>(to be completed by trainer)</i> |  |   |   |
|--|---|---|--|---|---|
|  | Do you perform this skill at your home facility?<br>1- Frequently<br>2- Sometimes<br>3- Never | No. times trainee observed skill performed                | No. times trainee performed skill w/assistance | No. times trainee performed skill independently | Rate trainee 1, 2, or 3:<br>1 - Needs continued supervision<br>2 - Can perform autonomously<br>3 - Can train others |
| <b>Vaginal Repair Fistula</b>                          |   |   |  |   |   |
| Small midline VVF                                      |   |   |  |   |   |
| Large circumferential VVF                              |   |   |  |   |   |
| Multiple VVF   |   |   |  |   |   |
| VVF "on the bone" lateral                              |   |   |  |   |   |
| Peri-cervical VVF                                      |   |   |  |   |   |
| Obliterative or strictured vaginal fibrosis dissection |   |   |  |   |   |
| Urethral fistula partial                               |   |   |  |   |   |
| Urethral anastomosis                                   |   |   |  |   |   |
| Urethral reconstruction                                |   |   |  |   |   |
| Autologous fascia sling through fibrotic planes        |   |   |  |   |   |
| Ureteric stents (catheters)                            |   |   |  |   |   |
| Paravaginal bladder mobilization                       |   |   |  |   |   |
| Anterior bladder mobilization                          |   |   |  |   |   |
| Vesico-cervical per vagina                             |   |   |  |   |   |
| Vesico-uterine per vagina                              |   |   |  |   |   |
| Posterior vesico-uterine bladder mobilization          |   |   |  |   |   |
| Cervicoplasty  |   |   |  |   |   |
| Cervical re-vaginalization                             |   |   |  |   |   |
| Vaginoplasty local grafts                              |   |   |  |   |   |



|   | <b>Trainee Report</b><br><i>(to be completed by trainee)</i>  | <b>Trainer Evaluation</b><br><i>(to be completed by trainer)</i> |  |   |   |
|---|---|--|--|---|---|
|   | Do you perform this skill at your home facility?<br><i>1- Frequently<br/>2- Sometimes<br/>3 - Never</i> | No. times trainee observed skill performed                       | No. times trainee performed skill w/assistance | No. times trainee performed skill independently | <u>Rate trainee 1, 2, or 3:</u><br><i>1 - Needs continued supervision<br/>2 - Can perform autonomously<br/>3 - Can train others</i> |
| Martius graft                               |   |  |  |   |   |
| Perineal/buttock/groin graft                |   |  |  |   |   |
| Peritoneal graft anterior compartment       |   |  |  |   |   |
| Peritoneal graft posterior compartment      |   |  |  |   |   |
| Rectovaginal midline small                  |   |  |  |   |   |
| Rectovaginal circumferential mid-low        |   |  |  |   |   |
| Rectovaginal circumferential high           |   |  |  |   |   |
| Rectovaginal with 4th degree                |   |  |  |   |   |
| Rectal advancement flap                     |   |  |  |   |   |
| Levatorplasty interposition                 |   |  |  |   |   |
| Perineoplasty                               |   |  |  |   |   |
| Sphincteroplasty                            |   |  |  |   |   |
| Cloacal defects - combination VVF RVF large |   |  |  |   |   |
| Other:                                      |   |  |  |   |   |
| <b>Abdominal Repair Fistula</b>             |   |  |  |   |   |
| Vesicovaginal O'Conor                       |   |  |  |   |   |
| Vesicovaginal cystotomy no bi-valve         |   |  |  |   |   |
| Vesicouterine                               |   |  |  |   |   |
| Vesicocervical                              |   |  |  |   |   |
| Uretero-uterine                             |   |  |  |   |   |
| Recto-uterine                               |   |  |  |   |   |
| Rectovaginal                                |   |  |  |   |   |
| Ureter dissection                           |   |  |  |   |   |
| Ureteric catheterization abdominal          |   |  |  |   |   |
| Ureteric re-implantation direct             |   |  |  |   |   |



|   | <b>Trainee Report</b><br><i>(to be completed by trainee)</i>  | <b>Trainer Evaluation</b><br><i>(to be completed by trainer)</i> |  |   |   |
|---|---|--|--|---|---|
|   | Do you perform this skill at your home facility?<br><i>1- Frequently<br/>2- Sometimes<br/>3 - Never</i> | No. times trainee observed skill performed                       | No. times trainee performed skill w/assistance | No. times trainee performed skill independently | <u>Rate trainee 1, 2, or 3:</u><br><i>1 - Needs continued supervision<br/>2 - Can perform autonomously<br/>3 - Can train others</i> |
| Ureteric re-implantation non-refluxing  |   |  |  |   |   |
| Psoas hitch                             |   |  |  |   |   |
| Boari flap                              |   |  |  |   |   |
| Peritoneal graft                        |   |  |  |   |   |
| Omental J-flap graft                    |   |  |  |   |   |
| Cecum or sigmoid harvest for neo-vagina |   |  |  |   |   |
| Other:                                  |   |  |  |   |   |
| <b>Nonsurgical Treatment of Fistula</b> |   |  |  |   |   |
| Catheter treatment of fistula           |   |  |  |   |   |
| Wound debridement of fistula            |   |  |  |   |   |



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## POP & Incontinence Treatment Module

Training Session #: \_\_\_\_\_  
 Trainer: \_\_\_\_\_  
 Training Site: \_\_\_\_\_  
 Training Date: \_\_\_\_\_

|  | Trainee Report<br><i>(to be completed by trainee)</i>   | Trainer Evaluation<br><i>(to be completed by trainer)</i> |  |   |   |
|--|---|---|--|---|---|
|  | Do you perform this skill at your home facility?<br>1- Frequently<br>2- Sometimes<br>3- Never | No. times trainee observed skill performed                | No. times trainee performed skill w/assistance | No. times trainee performed skill independently | Rate trainee 1, 2, or 3:<br>1 - Needs continued supervision<br>2 - Can perform autonomously<br>3 - Can train others |
| <b>Vaginal Prolapse Surgery</b>        |   |   |  |   |   |
| Cystoscopy diagnostic                  |   |   |  |   |   |
| Cystoscopy ureteric catheterization    |   |   |  |   |   |
| Cystoscopy –other:                     |   |   |  |   |   |
| <i>Apex Compartment Repairs</i>        |   |   |  |   |   |
| Uterosacral cuff or vault suspension   |   |   |  |   |   |
| Uterosacral hysteropexy                |   |   |  |   |   |
| Sacrospinous cuff or vault suspension  |   |   |  |   |   |
| Sacrospinous hysteropexy               |   |   |  |   |   |
| Other:                                 |   |   |  |   |   |
| <i>Anterior Compartment Repairs</i>    |   |   |  |   |   |
| Anterior colporrhaphy cystocele repair |   |   |  |   |   |
| Vaginal paravaginal cystocele repair   |   |   |  |   |   |
| Other:                                 |   |   |  |   |   |
| <i>Posterior Compartment Repairs</i>   |   |   |  |   |   |
| Levatorplasty rectocele repair         |   |   |  |   |   |
| Site-specific rectocele repair         |   |   |  |   |   |
| Enterocoele repair                     |   |   |  |   |   |
| Perineorrhaphy                         |   |   |  |   |   |
| Perineoplasty                          |   |   |  |   |   |



| <b>Trainee Report</b><br><i>(to be completed by trainee)</i>                                   | <b>Trainer Evaluation</b><br><i>(to be completed by trainer)</i> |  |   |  |
|--|--|--|---|--|
| Do you perform this skill at your home facility?<br>1- Frequently<br>2- Sometimes<br>3 - Never | No. times trainee observed skill performed                       | No. times trainee performed skill w/assistance | No. times trainee performed skill independently | <u>Rate trainee 1, 2, or 3:</u><br>1 - Needs continued supervision<br>2 - Can perform autonomously<br>3 - Can train others |
| Other:   |  |  |   |  |
| <b>Abdominal Prolapse Surgery</b>  |  |  |   |  |
| <i>Apex Compartment Repairs</i>  |  |  |   |  |
| Uterosacral vault suspension   |  |  |   |  |
| Uterosacral hysteropexy  |  |  |   |  |
| Sacro-colpopexy  |  |  |   |  |
| Sacro-hysteropexy  |  |  |   |  |
| Other:   |  |  |   |  |
| <i>Anterior Compartment Repairs</i>  |  |  |   |  |
| Paravaginal repair cystocele   |  |  |   |  |
| Other:   |  |  |   |  |
| <b>Urinary Incontinence Surgery</b>  |  |  |   |  |
| <i>Vaginal</i>   |  |  |   |  |
| Urethropexy (Kelly Plication)  |  |  |   |  |
| Other:   |  |  |   |  |
| <i>Abdominal</i>   |  |  |   |  |
| Urethropexy (Burch Procedure)  |  |  |   |  |
| Other:   |  |  |   |  |
| <i>Combined Abdominal-Vaginal</i>  |  |  |   |  |
| Rectus fascia autologous sling   |  |  |   |  |
| Fascia lata autologous sling   |  |  |   |  |
| Other:   |  |  |   |  |
| <b>Anal Incontinence Surgery</b>   |  |  |   |  |
| Anal sphincteroplasty – overlapping “vest over pants”  |  |  |   |  |
| Anal sphincteroplasty – “end to end”   |  |  |   |  |





|   | <b>Trainee Report</b><br><i>(to be completed by trainee)</i>  | <b>Trainer Evaluation</b><br><i>(to be completed by trainer)</i> |  |   |   |
|---|---|--|--|---|---|
|   | Do you perform this skill at your home facility?<br><i>1- Frequently<br/>2- Sometimes<br/>3 - Never</i> | No. times trainee observed skill performed                       | No. times trainee performed skill w/assistance | No. times trainee performed skill independently | <u>Rate trainee 1, 2, or 3:</u><br><i>1 - Needs continued supervision<br/>2 - Can perform autonomously<br/>3 - Can train others</i> |
| Anal sphincteroplasty – “U” configuration anchored to perineum fascia |   |  |  |   |   |
| Anal stricture revision   |   |  |  |   |   |
| Congenital anomaly anus   |   |  |  |   |   |
| Rectal advancement flap   |   |  |  |   |   |
| Other:  |   |  |  |   |   |



Trainee Name: \_\_\_\_\_  
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## Cross-Cutting Skills Module

Training Session #: \_\_\_\_\_  
 Trainer: \_\_\_\_\_  
 Training Site: \_\_\_\_\_  
 Training Date: \_\_\_\_\_

|                                |   | <b>Trainer Evaluation</b><br><i>(to be completed by trainer)</i> |                                    |         |
|--------------------------------|---|--|------------------------------------|---------|
|                                |   | Rate the trainee. Check only one box.                            |                                    | Comment |
| <b>Counseling and Teamwork</b> |   |  |                                    |         |
| Judgement                      | <input type="checkbox"/> Basic standard | <input type="checkbox"/> Toward competence                       | <input type="checkbox"/> Competent |         |
| Client privacy respected       | <input type="checkbox"/> Basic standard | <input type="checkbox"/> Toward competence                       | <input type="checkbox"/> Competent |         |
| Communication                  | <input type="checkbox"/> Basic standard | <input type="checkbox"/> Toward competence                       | <input type="checkbox"/> Competent |         |
| Working as team member         | <input type="checkbox"/> Basic standard | <input type="checkbox"/> Toward competence                       | <input type="checkbox"/> Competent |         |
| Medical record keeping         | <input type="checkbox"/> Basic standard | <input type="checkbox"/> Toward competence                       | <input type="checkbox"/> Competent |         |
| Clinical assessment            | <input type="checkbox"/> Basic standard | <input type="checkbox"/> Toward competence                       | <input type="checkbox"/> Competent |         |
| Investigation and referrals    | <input type="checkbox"/> Basic standard | <input type="checkbox"/> Toward competence                       | <input type="checkbox"/> Competent |         |
| Treatment                      | <input type="checkbox"/> Basic standard | <input type="checkbox"/> Toward competence                       | <input type="checkbox"/> Competent |         |
| Follow up and future planning  | <input type="checkbox"/> Basic standard | <input type="checkbox"/> Toward competence                       | <input type="checkbox"/> Competent |         |
| Professionalism                | <input type="checkbox"/> Basic standard | <input type="checkbox"/> Toward competence                       | <input type="checkbox"/> Competent |         |
| Overall clinical judgement     | <input type="checkbox"/> Basic standard | <input type="checkbox"/> Toward competence                       | <input type="checkbox"/> Competent |         |



| <b>Surgical Finesse, Accuracy &amp; Leadership</b> |   |   |  |  |
|--|---|---|--|--|
| Respect for tissue                                 | <input type="checkbox"/> Force/damage                   | <input type="checkbox"/> <100% careful                        | <input type="checkbox"/> Consistent gentle technique     |  |
| Time, motion, flow, intra-op strategy              | <input type="checkbox"/> Slow, unnecessary moves        | <input type="checkbox"/> Overall good, some unnecessary moves | <input type="checkbox"/> Max economy movement            |  |
| Knowledge, handing of instruments                  | <input type="checkbox"/> Lacking                        | <input type="checkbox"/> Competent use, some awkwardness      | <input type="checkbox"/> Obvious familiarity, high skill |  |
| Suturing and knot tying skills                     | <input type="checkbox"/> Sutures inaccurate, knots poor | <input type="checkbox"/> Sutures, knots sometimes awkward     | <input type="checkbox"/> Accurate sutures & knots        |  |
| Use of assistants                                  | <input type="checkbox"/> Poorly used, failed to use     | <input type="checkbox"/> Appropriate most of the time         | <input type="checkbox"/> Strategic use at all times      |  |
| Relationships w/patients, surgical team            | <input type="checkbox"/> Poor communications            | <input type="checkbox"/> Reasonable communications            | <input type="checkbox"/> Efficient communications        |  |
| Insight/Attitude                                   | <input type="checkbox"/> Poor understanding deficits    | <input type="checkbox"/> Some understanding deficits          | <input type="checkbox"/> Full understanding deficits     |  |
| Documentation of procedures                        | <input type="checkbox"/> Limited, poorly written        | <input type="checkbox"/> Adequate, some omissions             | <input type="checkbox"/> Clear, comprehensive            |  |