

Surgical Training and Educational Needs Survey (AMO)

I. DEMOGRAPHIC INFORMATION

Study ID:

Age:

Gender:

- Male
 Female

How many years have you worked at this hospital?

Please list the other health facilities you have worked at including length of posting:

II. EDUCATIONAL HISTORY

Did you study to be a Clinical Officer Prior to becoming an AMO?

- Yes
 No

Where did you attend Clinical Officer School (include name of school and location)?

What year did you graduate from Clinical Officer school?

How long did you work as a Clinical Officer prior to beginning your studies as an Assistant Medical Officer?

Where did you attend Assistant Medical Officer (AMO) School (include name of school and location)?

What year did you graduate from AMO School?

Besides studying to become a clinical officer, did you receive any other medical training prior to becoming an AMO? Include dates and certification obtained.

When did you begin performing surgeries as part of your medical duties? State year and level of training.

Please describe the first major surgical procedure you performed under supervision:

When?	<input type="text"/>
Where?	<input type="text"/>
What procedure?	<input type="text"/>
Your level of training at the time?	<input type="text"/>
Your supervisor (specify his/her level of training)?	<input type="text"/>
How many similar procedures had you assisted in during your training?	<input type="text"/>

How do you feel this procedure went?

Please describe the first major surgical procedure you performed as the primary surgeon without supervision:

When?	<input type="text"/>
Where?	<input type="text"/>
What procedure?	<input type="text"/>
Your level of training at the time?	<input type="text"/>
Your assistant (specify his/her training level)?	<input type="text"/>
How many similar procedures had you assisted in during training?	<input type="text"/>
How many similar procedures had you previously performed under supervision?	<input type="text"/>

How do you feel this procedure went?

Would you like to share any other comments about your experience with surgeries you did early in your career?

How many of the following procedures did you assist in during your training at AMO school?

Elective inguinal hernia repair	<input type="text"/>
Emergency inguinal hernia repair	<input type="text"/>
Hydrocelectomy	<input type="text"/>
Exploratory laparotomy for trauma	<input type="text"/>
Exploratory laparotomy for acute	<input type="text"/>

abdomen	<input type="text"/>
Bowel resection and anastomosis	<input type="text"/>
Appendectomy	<input type="text"/>
Cholecystectomy	<input type="text"/>
Mastectomy	<input type="text"/>
Prostatectomy	<input type="text"/>
Splenectomy	<input type="text"/>
Colostomy	<input type="text"/>
Cesarean section	<input type="text"/>
Hysterectomy	<input type="text"/>
Uterine evacuation for abortion treatment	<input type="text"/>
Other common procedures	<input type="text"/>

How many of the following procedures did you perform under supervision during your training at AMO school?

Elective inguinal hernia repair	<input type="text"/>
Emergency inguinal hernia repair	<input type="text"/>
Hydrocelectomy	<input type="text"/>
Exploratory laparotomy for trauma	<input type="text"/>
Exploratory laparotomy for acute abdomen	<input type="text"/>
Bowel resection and anastomosis	<input type="text"/>
Appendectomy	<input type="text"/>
Cholecystectomy	<input type="text"/>
Mastectomy	<input type="text"/>
Prostatectomy	<input type="text"/>
Splenectomy	<input type="text"/>
Colostomy	<input type="text"/>
Cesarean section	<input type="text"/>
Hysterectomy	<input type="text"/>
Uterine evacuation for abortion treatment	<input type="text"/>
Other common procedures	<input type="text"/>

Where was your first job posting upon completion of AMO school?

Please describe your on the job training at this first posting, including who your surgical teachers were and what procedures you learned.

How long did you work at your first posting before you began to perform surgical procedures independently?

How many of the following procedures did you assist in during your on the job training as an AMO?

Elective inguinal hernia repair	<input type="text"/>
Emergency inguinal hernia repair	<input type="text"/>
Hydrocelectomy	<input type="text"/>
Exploratory laparotomy for trauma	<input type="text"/>
Exploratory laparotomy for acute abdomen	<input type="text"/>
Bowel resection and anastomosis	<input type="text"/>
Appendectomy	<input type="text"/>
Cholecystectomy	<input type="text"/>
Mastectomy	<input type="text"/>
Prostatectomy	<input type="text"/>
Splenectomy	<input type="text"/>
Colostomy	<input type="text"/>
Cesarean section	<input type="text"/>
Hysterectomy	<input type="text"/>
Uterine evacuation for abortion treatment	<input type="text"/>
Other common procedures	<input type="text"/>

How many of the following procedures did you perform under supervision during your on the job training as an AMO?

Elective inguinal hernia repair	<input type="text"/>
Emergency inguinal hernia repair	<input type="text"/>
Hydrocelectomy	<input type="text"/>
Exploratory laparotomy for trauma	<input type="text"/>
Exploratory laparotomy for acute abdomen	<input type="text"/>
Bowel resection and anastomosis	<input type="text"/>
Appendectomy	<input type="text"/>
Cholecystectomy	<input type="text"/>
Mastectomy	<input type="text"/>
Prostatectomy	<input type="text"/>
Splenectomy	<input type="text"/>
Colostomy	<input type="text"/>
Cesarean section	<input type="text"/>
Hysterectomy	<input type="text"/>
Uterine evacuation for abortion treatment	<input type="text"/>
Other common procedures	<input type="text"/>

III. SURGICAL ACTIVITY

How many of the following procedures have you performed in the last month?

Elective inguinal hernia repair	<input type="text"/>
Emergency inguinal hernia repair	<input type="text"/>
Hydrocelectomy	<input type="text"/>
Exploratory laparotomy for trauma	<input type="text"/>
Exploratory laparotomy for acute abdomen	<input type="text"/>
Bowel resection and anastomosis	<input type="text"/>
Appendectomy	<input type="text"/>
Cholecystectomy	<input type="text"/>
Mastectomy	<input type="text"/>
Prostatectomy	<input type="text"/>
Splenectomy	<input type="text"/>
Colostomy	<input type="text"/>
Cesarean section	<input type="text"/>
Hysterectomy	<input type="text"/>
Uterine evacuation for abortion treatment	<input type="text"/>
Other common procedures	<input type="text"/>

How many of the following procedures have you performed in your career?

Elective inguinal hernia repair	<input type="text"/>
Emergency inguinal hernia repair	<input type="text"/>
Hydrocelectomy	<input type="text"/>
Exploratory laparotomy for trauma	<input type="text"/>
Exploratory laparotomy for acute abdomen	<input type="text"/>
Bowel resection and anastomosis	<input type="text"/>
Appendectomy	<input type="text"/>
Cholecystectomy	<input type="text"/>
Mastectomy	<input type="text"/>
Prostatectomy	<input type="text"/>
Splenectomy	<input type="text"/>
Colostomy	<input type="text"/>
Cesarean section	<input type="text"/>
Hysterectomy	<input type="text"/>
Uterine evacuation for abortion treatment	<input type="text"/>
Other common procedures	<input type="text"/>

We hope to assess your technical ability to perform specific surgical procedures with the following questions. The purpose of these questions is to identify areas where further training may be beneficial. Please feel free to answer openly as your responses will remain anonymous.

Can you perform the following procedures safely?

	Yes	No
Elective inguinal hernia repair	<input type="radio"/>	<input type="radio"/>
Emergency inguinal hernia repair	<input type="radio"/>	<input type="radio"/>
Hydrocelectomy	<input type="radio"/>	<input type="radio"/>
Exploratory laparotomy for trauma	<input type="radio"/>	<input type="radio"/>
Exploratory laparotomy for acute abdomen	<input type="radio"/>	<input type="radio"/>
Bowel resection and anastomosis	<input type="radio"/>	<input type="radio"/>
Appendectomy	<input type="radio"/>	<input type="radio"/>
Cholecystectomy	<input type="radio"/>	<input type="radio"/>
Mastectomy	<input type="radio"/>	<input type="radio"/>
Prostatectomy	<input type="radio"/>	<input type="radio"/>
Splenectomy	<input type="radio"/>	<input type="radio"/>
Colostomy	<input type="radio"/>	<input type="radio"/>
Cesarean section	<input type="radio"/>	<input type="radio"/>
Hysterectomy	<input type="radio"/>	<input type="radio"/>
Uterine evacuation for abortion treatment	<input type="radio"/>	<input type="radio"/>
Other common procedures <input type="text"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your level of comfort with performing the following procedures:

	Very comfortable	Somewhat comofortable	Not Sure	Somewhat uncomfortable	Very uncomfortable
Elective inguinal hernia repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency inguinal hernia repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrocelectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploratory laparotomy for trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploratory laparotomy for acute abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel resection and anastomosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appendectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholecystectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mastectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostatectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Splenectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colostomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cesarean section	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hysterectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uterine evacuation for abortion treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other common procedures <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you find yourself performing procedures that you are not comfortable with?

- Always
- Most of the Time

- Sometimes
- Rarely
- Never

If you are performing cases that you are not comfortable with, how does this make you feel?

What do you do when you have a case you are not comfortable managing?

Please describe which cases you normally transfer to a higher level facility. How do you decide to transfer a patient to a higher level facility?

Which of the following procedures do you need more training in?

- Elective inguinal hernia repair
- Emergency inguinal hernia repair
- Hydrocelectomy
- Exploratory laparotomy for trauma
- Exploratory laparotomy for acute abdomen
- Bowel resection and anastomosis
- Appendectomy
- Cholecystectomy
- Mastectomy
- Prostatectomy
- Splenectomy
- Colostomy
- Cesarean section
- Hysterectomy
- Uterine evacuation for abortion treatment
- Other

Please rate the following procedures in terms of their priority for delivery at your hospital on a scale of 1 to 5. Note: 1 is a procedure of the lowest priority, while 5 is the highest priority procedure.

	1	2	3	4	5
Elective inguinal hernia repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency inguinal hernia repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrocelectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploratory laparotomy for trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploratory laparotomy for acute abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Bowel resection and anastomosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appendectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholecystectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostatectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Splenectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colostomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cesarean section	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hysterectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uterine evacuation for abortion treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other common procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you see post-operative complications in your patients?

- Always
 Most of the Time
 Sometimes
 Rarely
 Never

How do you handle complications when they do arise?

How would you rate the quality of surgical care at your hospital?

- Very Good
 Good
 Fair
 Poor
 Very Poor

What if any are the limitations to delivery of high quality care at your hospital?

Do you teach others surgery? Please describe.

IV EDUCATIONAL NEEDS

Have you participated in any continuing education activities in surgery?

- Yes
 No

When is the last time you received any training in how to diagnose or manage a surgical condition? Give date.

When is the last time you received any training in the technical aspects of a surgical procedure? Give date.

Please describe any continuing education activities in surgery you have participated in. Give dates.

How would you rate the effectiveness of the continuing education you have received in surgery?

- Very effective
- Somewhat Effective
- Neither Effective nor Ineffective
- Somewhat Ineffective
- Very Ineffective

Do you agree with the following statement: Continuing education in surgical care is needed at my hospital.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Do you agree with the following statement: I would benefit from continuing education in surgical care.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

How likely are the following continuing medical education methods to be effective in teaching surgical skills to practitioners at your hospital?

	Very Unlikely	Somewhat Unlikely	Undecided	Somewhat Likely	Very Likely
Web Based Curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onsite lectures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onsite technical training with models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onsite technical training on real patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onsite conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offsite conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe your ideal continuing education program in surgical care for your hospital:

Is there anything else you would like to add about the role of continuing education in surgical care?

Please describe your future career plans, including how long you plan to remain at this hospital.