

# Golden Scalpel Games®

27 October 2018

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## PARTICIPANT GUIDE

### Welcome

The Golden Scalpel Games is an educational team-based competition sponsored by the Health Education and Training Institute to showcase the surgical skills of aspiring young surgeons across the six Surgical Skills Training Networks in NSW.

This guide contains information to help you prepare for the Games, including:

-  How to get to the venue
-  Program
-  What to expect on the Day
-  Station Overview

### Our Volunteers

There are complex logistics involved in running the Golden Scalpel Games and without our fantastic volunteers, who will spend the day judging, timekeeping, scoring, re-stocking stations and cleaning equipment, this day would not be possible.

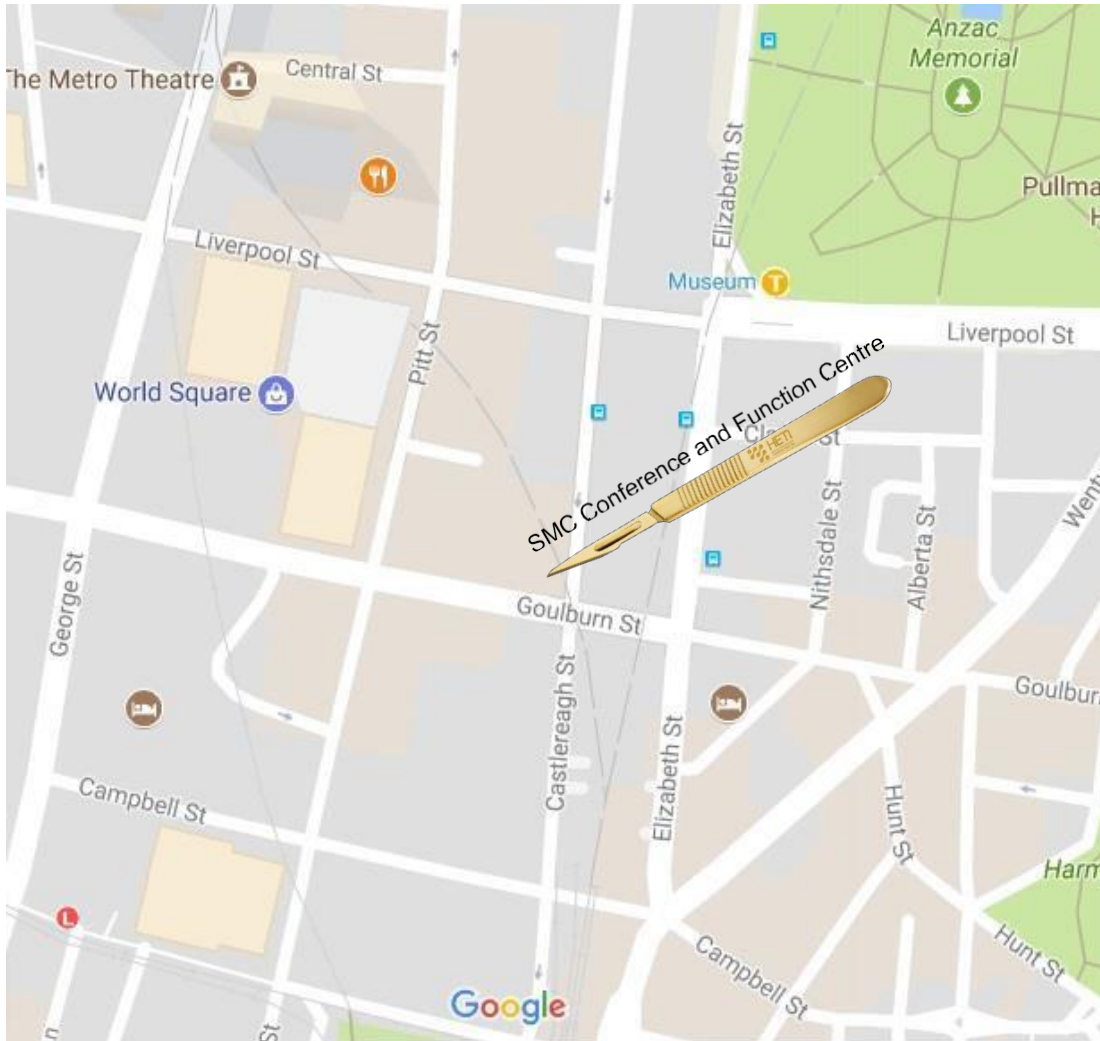
### A Supportive State Training Council

The Golden Scalpel Games has the full support of the HETI Clinical Surgical Training Council (CSTC), chaired by Associate Professor Kerin Fielding.

### The Venue

The Golden Scalpel Games will take place in the SMC Conference & Function Centre.  
Address: Ionic Room, Ground Floor, 66 Goulburn Street, Sydney NSW 2000.





## Getting There

### Train

The closest station is Museum Station (300 metres or 4 minute walk) or Central Station (700 metres or 8 minute walk).

To walk from Museum Station, simply take the Castlereagh Street exit out of Museum station, then turn left heading south down Castlereagh Street. At the first intersection (Castlereagh & Goulburn Streets), turn right to SMC main entrance on Goulburn Street.

### Light Rail

The closest stop is Capitol Square (400 meters or a 5 minute walk).

From the Light Rail stop walk away from George Street, turn left onto Pitt Street and right onto Goulburn Street. The entrance to SMC will be on the left.

### Parking

Parking is available at your own expense on the corner of Goulburn and Elizabeth Street, Sydney (entry via Goulburn Street) at Secure Parking.

## Program

Time	Event
11:45 – 12:45	Registration and Refreshments
12:45 – 13:00	Welcome and Opening of the Golden Scalpel Games
13:00 – 13:35	1st Station completed
13:35 – 14:10	2nd Station completed
14:10 – 14:45	3rd Station Completed
14:45 – 15:20	4th Station Completed
15:20 – 15:55	5th Station Completed
15:55 – 16:30	6th Station Completed
17:00 – 18:00	Medals and Perpetual Trophy Presentations

## What to Expect on the Day

### At Registration

Teams will register on arrival and collect team shirts. You will be required to wear scrub pants and practice universal precautions appropriately during the Games. Equipment for universal precautions will be supplied.

You will be asked to sign a media consent form. Photographs and quotes from the day may be used in other HETI publications promoting education and training in NSW.

### During the competition

Teams will rotate through six stations every 35 minutes which includes:

20 minutes- Task

15 minutes- Assessment and station reset

A real-time scoreboard will be visible throughout the Games.

The event will conclude with refreshments and the medal, certificate and trophy presentation.

### Golden Scalpel Games Student Edition

The Golden Scalpel Games Student Edition will begin at 7:45am. All trainees are welcome to observe.

## Station Guidelines

The following guide is an overview of each of the six stations and the key clinical areas which will be tested during the Golden Scalpel Games:

### Tendon Repair Assessment

All participants will be required to perform a tendon repair using a Kessler core suture and a circumferential running suture. You will be assessed on your basic surgical principles and those principles outlined by RACS (choosing the appropriate suture material, instruments and surgical technique).

### Laparoscopic Anatomy, Appendicectomy, Closure of Laparotomy

Teams split into two as follows

- 3 trainees for TASK ONE - laparoscopic anatomy / appendicectomy (2 senior / 1 junior)
- 3 trainees for TASK TWO - laparotomy closure (2 senior / 1 junior)

#### **Task 1 – Laparoscopic Anatomy / Appendicectomy**

**Scenario:** You have been left to complete a laparoscopic appendicectomy. The Fellow and SET registrar have left to go to another theatre for a major trauma. The Fellow and registrar have noted odd lesions in the abdomen and pelvis and have detached and divided the mesoappendix.

#### **Part A: Laparoscopic Anatomy and Operation Report**

The three trainees collaborate to complete tasks that test their knowledge of laparoscopic anatomy of the abdomen and or pelvis.

- Use rubber bands to mark specified anatomical landmarks laparoscopically
- Locate and identify a number of abnormal “lesions” laparoscopically

The junior member acts as camera operator for identification of the “lesions”. The two senior trainees proceed with Part B (appendicectomy) while the junior team member writes part of the operation report to include anatomically accurate sites of the abnormal “lesions”.

#### **Part B: Laparoscopic Appendicectomy**

The two senior trainees complete the “appendicectomy” by placing two endoloops at the base, and divide the appendix between the two endoloops. The trainees act as operator/camera holder in turn for each endoloop. The two senior trainees check the operation report and anatomical sites of the lesions once they have safely removed the appendix.

#### **Task 2 – Laparotomy Closure**

**Scenario:** You have been left to close the upper abdominal incision after a laparotomy for a perforated duodenal ulcer on a 60 year old male. There is some intestinal distension from peritonitis.

The two senior members act alternately as operator and assistant, each closing one half of the length of the fascial opening. The more junior member acts as the scrub nurse.

### Laparoscopic Suturing

Participants will be required to complete laparoscopic placement of three sutures. The station will test speed, accuracy and knot formation skills.

### Trauma Scenario

Participants will role play the simulated assessment of a severely injured trauma patient. This task will involve primary survey, EMST principles, management of severe trauma.

### End-to-Side Anastomosis

Candidates will be required to anastomose vein or synthetic graft to an artery. It requires care to ensure that the integrity of the anastomosis is maintained, especially at the heel, while stenosis is avoided. There will be three stations for the double pipe Vascular Anastomoses where three team members will complete the task with three of them assisting.

### Wound Management

Working in pairs, participants will be required to demonstrate wound closure skills, including suture choice, instrument handling, safety and sharps management. Tasks will include cleaning and closing a gaping wound and excision of skin lesions with primary and flap closures.