SCTS Education Operative Video Prize

Name

ST level 1 2 3 4 5 6 7 8

For non-ST, number of years in Cardiothoracic Surgery at registrar level

Current hospital

Video

Patient initials Patient consent obtained: Y N

Date video taken

Name of consultant responsible for the operation

Hospital where video was recorded

File format File resolution

Recording device

Operative procedure

Operative category ST group (3-8) Video number (1-10)

I would like to submit the enclosed video for consideration for the SCTS Education Operative Video prize. I confirm that the video has been taken with the patient's consent and that it does not breach patient confidentiality. I also consent to SCTS Education using the video for educational or teaching purposes.

Signature Date

Consultant signature Date

To submit operative video, please put the file in a Dropbox folder with the enclosed submission form, and send the link to the folder in an email to tutor@scts.org.

Closing date 5th January 2017.

SCTS Education