Evaluation of Operative Performance

NOT PART OF MEDICAL RECORD—DO NOT FILE IN CHART

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Resident Date Procedure (major part)

Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chief Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Significant Concerns/Needs Remediation | Below Expectations | MeetsExpectations | AboveExpectations | Outstanding | NA |
| 1. Patient well prepared? (H&P, studies, consent, prep; prepared by another = NA)
 |  |  |  |  |  |  |
| Comments: |
| 1. Resident well prepared? (anatomy, physiology, disease, has met/examined the patient)
 |  |  |  |  |  |  |
| Comments: |
| 1. Cognitive conduct of operation(steps of operation, alternatives/bailouts, problem areas)
 |  |  |  |  |  |  |
| Comments: |
| 1. Technical content of operation(exposure, tissue/instrument handling, confidence, use of assistants, safety)
 |  |  |  |  |  |  |
| Comments: |
| 1. Professionalism(respects/communicates well with team members, pt., pts family, accepts correction gracefully)
 |  |  |  |  |  |  |
| Comments: |
| 1. Appropriate post-op plans/Initial care
 |  |  |  |  |  |  |
| Comments: |

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| --- |
| Comments about Entire Procedure: |

\_\_\_\_Feedback provided to the resident at the time of observation