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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
|  | Significant Concerns/  Needs Remediation | Below  Expectations | Meets  Expectations | Above  Expectations | 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