

# Evaluation Form

## Operative Performance

Evaluator: \_\_\_\_\_

Evaluation of: \_\_\_\_\_

Date: \_\_\_\_\_

Rate residents for his/her level of training. 1s and 2s indicate they are behind their peers; 3s and 4s indicate satisfactory progress.

Please mark the number for each of the following six categories.

Indicate the name / CPT code of the procedure.

Indicate how many times the resident has performed the procedure.

Indicate whether the resident is competent to perform the procedure independently.

### Pre-Operative Performance

	1	2	3	4
1. Pre-operative planning /knowledge of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor Skills	Limited Skills	Skilled	Highly Skilled

### Patient Safety

	1	2	3	4
2. Antibiotics / sign site / time out / coordination with personnel / patient safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor Skills	Limited Skills	Skilled	Highly Skilled

### Prepping

	1	2	3	4
3. Prepping and draping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor Skills	Limited Skills	Skilled	Highly Skilled

### Knowledge

	1	2	3	4
4. Knowledge / use of instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor Skills	Limited Skills	Skilled	Highly Skilled

### Time Management

	1	2	3	4
5. Time / flow of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor Skills	Limited Skills	Skilled	Highly Skilled

**Managerial**

6. Decision Making

1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Skills	Limited Skills	Skilled	Highly Skilled

**Procedure**

7. Name / CPT code of procedure \_\_\_\_\_

**Number of Procedures**

8. How many times has the resident participated in this procedure?
- < 5
  - 5 - 10
  - 11 - 25
  - > 25

**Competence**

9. Is the resident competent to perform this procedure independently?
- No
  - Yes

**Comments**

10. Comments

\_\_\_\_\_

\_\_\_\_\_

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