



To be completed by _____

On this form, you will be evaluating _____

For dates: _____ to _____

GLOBAL RATING SCALE OF OPERATIVE PERFORMANCE- DAILY EVALUATION

Please circle the number corresponding to the residents'/fellows' performance regardless of the residents'/fellows' level of training.

	1 Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	2	3 Careful handling of tissue but occasionally caused inadvertent damage	4	5 Consistently handled tissue appropriately with minimal damage to tissue
Respect for tissue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 Many unnecessary moves	2	3 Efficient time/motion but some unnecessary moves	4	5 Clear economy of movement and maximum efficiency
Time and motion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 Repeatedly makes tentative or awkward moves with instruments through inappropriate use	2	3 Competent use of instruments but occasionally appeared stiff or awkward	4	5 Fluid movements with instruments and no stiffness or awkwardness
Instrument handling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 Frequently asked for wrong instrument or used inappropriate instrument	2	3 Knew names of most instruments and used appropriate instrument	4	5 Obviously familiar with instruments and their names
Knowledge of Instruments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 Frequently stopped operating and seemed unsure of next move	2	3 Demonstrated some forward planning with reasonable progression of procedure	4	5 Obviously planned course of operation with effortless flow from one move to the next
Flow of Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	N/A	1 Consistently placed assistants poorly or failed to use assistants	2	3 Appropriate use of assistants most of the time	4	5 Strategically used assistants to the best advantage at all times
Use of Assistants (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 Deficient knowledge. Required specific instruction Required specific instruction	2	3 Knew all important steps of operation	4	5 Demonstrated familiarity with all steps of the operation
Knowledge of Specific Procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 Very poor	2	3 Competent	4	5 Clearly superior
OVERALL PERFORMANCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QUALITY OF FINAL PRODUCT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Three things this resident did well today:

Three things that need improvement:

General Comments

Specific Suggestions for Improvement

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

* Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

(for the evaluatee to answer...)

* Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No