



# Direct Observation of Procedural Skills in Surgery

ASSESSMENT AND FEEDBACK DURING TRAINING

Form  
**AT-04**

Resident's Name ▶ \_\_\_\_\_  
 Institution ▶ \_\_\_\_\_  
 Year Level ▶ \_\_\_\_\_ Date of Assessment ▶ \_\_\_\_\_

Name of Procedure:

Number of times Resident has performed this procedure:

Complexity of procedure:  Low  Average  High Assessor's position: \_\_\_\_\_

Please grade the areas below using the scale 1-6:	Standard: The assessment be judged against the standard expected at completion of this level of training. Levels of training are defined by respective training programs.						
	Below expectations		Borderline	Meets expectations	Above expectations		U/C <sup>1</sup>
	1	2	3	4	5	6	
1. Describes indications, relevant anatomy & details of procedure							
2. Obtains informed consent, after explaining procedure & comps							
3. Prepares for procedure according to an agreed protocol							
4. Administers effective local anesthesia (if no anesthetist)							
5. Demonstrates good asepsis and safe use of instruments/sharps							
6. Performs the technical aspects in line with the guidance notes							
7. Deals with any unexpected event or seeks help when appropriate							
8. Completes required documents (operative record)							
9. Issues clear post-procedure instructions to patient/staff							
10. Communicates with patient & staff professionally							
<b>11. Overall ability to perform the whole operation</b>							

<sup>1</sup> U/C Please mark this if you have not observed the behavior and therefore feel unable to comment.

**Suggestions for development/Agreed Action**

Evaluator's Name and Signature ▶ \_\_\_\_\_  
 Date ▶ \_\_\_\_\_