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|----------------------------------|--|-------------------|------------------|
| Name: | | Assessor: | |
| Date: | | Emergency: | Elective: |
| Procedure: | | | |
| Part of procedure / notes | | | |

RATINGS

D – Demonstrated

N – Needs development

X – Not Applicable

| | ASSESSMENT | | | COMMENTS |
|--|------------|---|---|----------|
| | D | N | X | |
| PRE-PROCEDURAL PREPARATION | | | | |
| WHO checklist | | | | |
| Clinical Evaluation, indication, consent and marking | | | | |
| COLLABORATION AND TEAMWORK | | | | |
| Listens and communicates clearly, professionally, with respect | | | | |
| Demonstrates leadership and situational awareness | | | | |
| INTRA OPERATIVE TECHNIQUE | | | | |
| Ergonomics and visibility, positioning, including incision, and use of assistant | | | | |
| Dexterity, instrument and tissue handling, including suturing and knot tying | | | | |
| Demonstrates anatomy and tissue plans well | | | | |
| Adequate flow / logical sequence / efficiency | | | | |
| Appropriate decision making / anticipation of difficulty / troubleshooting | | | | |
| POST OPERATIVE PLANNING | | | | |
| Appropriate post-op plans, including devices, documentation, and collaboration | | | | |

GLOBAL SUMMARY *(based on the observed relevant parts of this procedure only)*

Not completed independently *(At least 1 competency needing development)*

Completed independently

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|--|
| COMMENTS / DISCUSSION |
| Goals accomplished: |
| Areas of development / new goals: |
| Next steps: |

Signed as a correct and agreed reflection
