

Resident Surgical Procedure Evaluation Form

Department of Urology, Loyola University Chicago

Resident: _____

- 5 Outstanding
- 4 Superior
- 3 Good
- 2 Needs improvement
- 1 Unacceptable

Procedure: _____

Rotation: _____

Knows patient history and exam thoroughly

1 2 3 4 5

Comments _____

Appropriate pre-operative care (preparation, consent, antibiotics when indicated, positioning and prep)

1 2 3 4 5

Comments _____

Incision

1 2 3 4 5

Comments _____

Instruments (knows instruments, uses instruments appropriately)

1 2 3 4 5

Comments _____

Dissection

1 2 3 4 5

Comments _____

Tissue handling

1 2 3 4 5

Comments _____

Closure

1 2 3 4 5

Comments _____

Overall summary

1 2 3 4 5

Comments: _____

Date: _____ Faculty Signature: _____

Resident Signature: _____