## Ophthalmology Resident Surgical Evaluation Form

### Resident Name ________________________ Date ________________

### Attending Name ________________________

### Procedure ____________________________

**Legend:** 1 = Needs work  2 = Fair  3 = Good  4 = Very Good  5 = Excellent

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<tbody>
<tr>
<td>Pre-op Preparation</td>
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<td>Microscope Use and Eye Position</td>
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<td>Knowledge of Instrumentation</td>
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<td>Instrumentation Handling</td>
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<td>Flow of Operation</td>
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<td>Unexpected Surgical Events</td>
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<td>Interaction with Attending and Surgical Staff</td>
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<td>Final Overall Performance</td>
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1. Familiarity with patient and indications for procedure
   Prepared OR and patient properly
2. Ability to keep eye centered throughout the surgery
   Maintained clear focusing and used magnification appropriately
3. Familiar with all instruments and equipment
   Used appropriate instrumentation when needed
4. Makes appropriate movements with instrumentation with ease
   No awkward or inappropriate use of instrumentation during the procedure
5. Operation progressed smoothly and timely with a sound surgical plan
   Few if any unnecessary stoppages during the surgery
6. Resident was able to recognize adverse event/s during the procedure
   Resident was able to manage the complications independently
7. Interacted with attending and staff appropriately and professionally
   Used assistance when appropriate

If applicable, list any specific areas during the surgery that the resident had difficulty or needs improvement

1. ________________________________
2. ________________________________
3. ________________________________

Attending Signature: ____________________________