

**Ophthalmology Resident Surgical Evaluation Form**

Resident Name \_\_\_\_\_

Date \_\_\_\_\_

Attending Name \_\_\_\_\_

Procedure \_\_\_\_\_

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

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

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

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Attending Signature: \_\_\_\_\_