



Clinical Examiner Name: \*

Candidate Name: \*

## Surgical Observation

Date \*

Medical Records # \*

Surgical Procedure \*

1. **Pre-Op Evaluation:** Preparation, informed consent documentation; appropriate pre-op workup; appropriate radiologic studies; documentation of pre-op evaluation \*

Unsatisfactory
  Marginal
  Satisfactory
  Superior

2. **Surgical Indications:** Appropriate conservative treatment prescribed; surgical procedure performed is indicated \*

Unsatisfactory
  Marginal
  Satisfactory
  Superior

3. **Conduct and Communications in the OR:** Professional communications with: anesthesia, nursing, technicians, performs appropriate time-out  
Professional conduct: Adherence to aseptic technique, protects patient safety, responds appropriately to problems \*

Unsatisfactory
  Marginal
  Satisfactory
  Superior

4. **Surgical Technique:** Appropriate positioning, proper incision, effective exposure, recognizes pathology and performs proper procedure, appropriate hemostasis and use of drains, awareness of team safety, efficient and effective technique, appropriate suture and/or implants, verify sponge and needle count, appropriate splint and dressings \*

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  Marginal
  Satisfactory
  Superior

5. **Holistic Impression:** \*

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