

SYSTEM FOR EVALUATION OF COMPETENCIES IN RESIDENCIES FOR UROLOGY

Operative Performance Rating Form

Resident: _____ Staff: _____

Date of Surgery: _____ Procedure: _____ CPT Code: _____

Please circle the number corresponding to the resident's performance in each area, **irrespective of training level**

Knowledge of Operative Steps

1 Unfamiliar with steps of the operation; Unable to recall or describe many operative steps	2	3 Knows and can explain most of the operative steps but unsure of some	4	5 Obvious knowledge of all operative steps; Able to give details of steps without hesitation
---	----------	--	----------	--

Instrument Handling

1 Makes tentative or awkward moves by inappropriate use of instruments	2	3 Competent use of instruments but occasionally appears stiff or awkward	4	5 Fluid moves with instruments and no awkwardness
--	----------	--	----------	---

Knowledge of Instruments

1 Frequently asks for wrong instrument or uses inappropriate instrument	2	3 Knows names of most instruments and uses appropriate instruments	4	5 Obviously familiar with the instruments and their names
---	----------	--	----------	---

Flow of the Operation

1 Frequently stopped operating and seemed unsure of next move	2	3 Demonstrated some forward planning with reasonable progression of procedure	4	5 Obviously planned course of operation with effortless flow from one move to next
---	----------	---	----------	--

Comments:

Resident Signature: _____ Date: _____

Staff Signature: _____