



CREATION OF ARTERIOVENOUS (AV) FISTULA

Evaluator:	Resident:
Resident Level: 2 3 4 5	

Date of Procedure:	Time Procedure Was Completed:
Date Assessment Was Completed:	Time Assessment Was Initiated:

Please rate this resident's performance during this operative procedure. For most criteria, the caption above each checkbox provides descriptive anchors for 3 of the 5 points on the rating scale. "NA" (not applicable) should only be selected when the resident did not perform that part of the procedure.

Case Difficulty

1	2	3
Straightforward anatomy, no related prior surgeries or treatment	Intermediate difficulty	Abnormal anatomy, extensive pathology, related prior surgeries or treatment (for example radiation), or obesity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Degree of Prompting or Direction

1	2	3
Minimal direction by attending. Resident performs all steps and directs the surgical team independently with minimum or no direction from the attending, to either the resident or to the surgical team.	Some direction by attending. Resident performs all steps but the attending provides occasional direction to the resident and /or to the surgical team.	Substantial direction by attending. Resident performs all steps but the attending provides constant direction to the resident and surgical team.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Performance

Rating of 4 or higher indicates technically proficient performance (i.e., resident is ready to perform operation independently, assuming resident consistently performs at this level)

5	4	3	2	1	NA
Excellent	Very Good	Good	Fair	Poor	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the weaknesses in this resident’s performance:

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