



# University of Illinois, Metropolitan Group Hospitals

Resident Name:

PGY: 1 2 3 4 5

Date of Surgery: .....

## OSAT for Inguinal Hernia Repair (Open)

<b>Pre-Operative</b>	<b>Consent</b>	<input type="checkbox"/> Understand consents; performed focused H&P and reviewed labs	<input type="checkbox"/> Did not check the patient's chart	<input type="checkbox"/> Never saw patient until OR
	<b>External Ring</b>	<input type="checkbox"/> Able to identify hernia, defect, reduce protruding hernia	<input type="checkbox"/> Needs prompting	<input type="checkbox"/> Does NOT know patients' surface anatomy
	<b>Testis Exam</b>	<input type="checkbox"/> Examined patient and able to discuss findings	<input type="checkbox"/> Does not know how to evaluate testis	<input type="checkbox"/> Did not do testicular exam
<b>Intra-Operative</b>	<b>Incision</b>	<input type="checkbox"/> Knows patients' anatomy and can justify incision site	<input type="checkbox"/> Needs prompting	<input type="checkbox"/> Unable to explain proper incision
	<b>Cord Mobilization</b>	<input type="checkbox"/> Can isolate cord	<input type="checkbox"/> Needs prompting, if left alone may harm	<input type="checkbox"/> Has no skills to do it appropriately
	<b>Hernia Sac</b>	<input type="checkbox"/> Able to identify and manage the hernia sac	<input type="checkbox"/> Needs prompting, if left alone may harm	<input type="checkbox"/> Unable to identify the hernia sac
	<b>Hernia Repair</b>	<input type="checkbox"/> Able to perform appropriate repair of hernia on this patient	<input type="checkbox"/> Needs prompting, will not perform optimal repair on his/her own	<input type="checkbox"/> Unable to initiate repair on his/her own
	<b>Tissue Handling</b>	<input type="checkbox"/> Very gentle in tissue handling	<input type="checkbox"/> Improper use of instruments to minimize tissue trauma	<input type="checkbox"/> Lacking gentleness in dealing with tissues (repair)
	<b>Overall Surgical Technique</b>	<input type="checkbox"/> Competent	<input type="checkbox"/> Needs some work to improve	<input type="checkbox"/> Incompetent, needs more experience
	<b>OR Etiquette/ Professionalism</b> (team player, helps nurses, communicates with Anesthesia)	<input type="checkbox"/> Excellent in all three steps	<input type="checkbox"/> Needs improvement in 1 of three components	<input type="checkbox"/> Quiet, incommunicado
<b>Post-Operative</b>	<b>Post Op Orders</b>	<input type="checkbox"/> Post-op orders are appropriately written	<input type="checkbox"/> Incomplete or Improper	<input type="checkbox"/> Delegated to other members, did not check orders

Overall Performance

Outstanding     Proficient     Fail

Attending Name:

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Signature:

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Comments: