



Resident Name:

PGY: 1 2 3 4 5

Date of Surgery:

OSAT for Right Hemicolectomy

Pre-Operative	Consent	<input type="checkbox"/> Understands consent, participates in possible stoma marking; performs focused H&P, reviews labs, and colonoscopy results.	<input type="checkbox"/> Did not check the patient's chart	<input type="checkbox"/> Never saw patient until OR
	Indications	<input type="checkbox"/> Understands and knows the indications for right hemicolectomy	<input type="checkbox"/> Able to list two indications for right hemicolectomy	<input type="checkbox"/> Does not know indications for right hemicolectomy
	Pre-op Orders	<input type="checkbox"/> Pre-op orders (antibiotics, SCDs, etc) written and checked	<input type="checkbox"/> Few orders written or checked	<input type="checkbox"/> None of the orders written/checked
Intra-Operative	Incision/Exploration	<input type="checkbox"/> Performs right transverse or midline incision without hesitation, explores abdomen	<input type="checkbox"/> Needs prompting	<input type="checkbox"/> Hesitant in performing incision, forgets to explore the abdomen
	Anatomic Identification	<input type="checkbox"/> Identifies the vascular supply, determines the extent of resection	<input type="checkbox"/> Needs guidance	<input type="checkbox"/> Unable to identify vascular supply or extent of resection
	Mobilization of the colon	<input type="checkbox"/> Competent in mobilizing right colon	<input type="checkbox"/> Needs prompting	<input type="checkbox"/> Unable to mobilize right colon
	Ureter/duodenum identification	<input type="checkbox"/> Identifies and preserves duodenum and ureter	<input type="checkbox"/> Needs guidance in identifying duodenum and ureter	<input type="checkbox"/> Unable to identify ureter and/or duodenum
	Anastomosis/Stoma	<input type="checkbox"/> Competent in performing stapled and/or handsawn anastomosis or stoma	<input type="checkbox"/> Needs prompting	<input type="checkbox"/> Unable to perform anastomosis or stoma
	Tissue Handling	<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
	Overall Surgical Technique	<input type="checkbox"/> Competent	<input type="checkbox"/> Needs some work to improve	<input type="checkbox"/> Incompetent, needs more experience
	OR Etiquette (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 and does not communicate
Post-Operative	Post Op Orders	<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
	Operative Report	<input type="checkbox"/> Dictated appropriately in timely manner.	<input type="checkbox"/> Minor errors with dictation	<input type="checkbox"/> Unable to recite steps of surgery



University of Illinois, Metropolitan Group Hospitals

Resident Name:

PGY: 1 2 3 4 5

Date of Surgery:

OSAT for Right Hemicolectomy

Overall Performance

Outstanding Proficient Fail

Attending Name:

.....

Signature:

.....

Comments: