

ABS OPERATIVE ASSESSMENT CARD

Date:

Name of resident:

Name of procedure:

Name of supervising attending:

What level of autonomy did the resident achieve with this procedure?

- Show & Tell
- Active Help
- Passive Help
- Supervision Only

Based on your overall experience with this procedure, or other comparable procedures, how complex was this case?

- Easiest 1/3
- Average 1/3
- Hardest 1/3

Comments

Faculty Signature: _____

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