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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