TULANE OTOLARYNGOLOGY – HEAD AND NECK SURGERY
PROCEDURAL AND PRACTICAL EXPERIENCE
EVALUATION OF RESIDENT

Procedure: _____

Resident:_____ **Date of Evaluation:**_____

Year: PGY-1 PGY-2 PGY-3 PGY-4 PGY-5

	Satisfactory	*Needs Improvement*	*Unsatisfactory*
1. Demonstrates awareness of patient history, indications for procedure, contraindications, anatomical considerations and potential complications of the procedure			
2. Surgical technique/handling of tissues			
3. Ability to recognize pathology			
4. Completeness of post-up orders and handwritten operative note			
5. Interpersonal/professional skills in dealing with the needs of the patient and the immediate family			

COMMENTS:_____
_____
_____
_____

☐ Resident has achieved competence in this procedure requiring minimal supervision.

_____ _____
Supervising Faculty Date Resident Date