Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinical Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grading Scale:
**4**......Excellent (student performs task well, needs no supervision)

**3**......Above Average (student performs task well, needs minimal supervision)

**2**......Average (student performs task with some supervision)

**1**......Below Average (student can perform task only with direct supervision, student is not at the skill level expected of students at this level)

**0**......Poor (student is unable to demonstrate task)

**N/A**....Not applicable (student cannot be judged at this time)

|  |  |
| --- | --- |
| **Skill Performed** | **Rating** |
| **Interest & Initiative**: Punctual arrival in room. Helped open & set up room/case. Asked pertinent questions | 4 3 2 1 0 N/A |
| **Scrubbing Duties:** Watched procedure closely. Gown & gloved correctly. Knew instruments & suture. Draped correctly. Knew between case routine. | 4 3 2 1 0 N/A |
| **Aseptic Technique:** Maintained sterile technique. Recognized breaks in sterile technique & took corrective action.  | 4 3 2 1 0 N/A |
| **Accepted Constructive Guidance**: Listened to staff & surgeon suggestions. Accepted criticism & continued with case. Used criticism constructively. | 4 3 2 1 0 N/A |
| **Preparedness:** Instruments were ready for use. Anticipated needs of surgeon, surgical team, & patient. Anticipated need for additional supplies. | 4 3 2 1 0 N/A |
| **Time Management**: Prepared for case with adequate time allowance. Movements were planned during back table & Mayo stand set up. Set up without wasted movement. | 4 3 2 1 0 N/A |
| **Application of Learning**: Demonstrated understanding of procedure. | 4 3 2 1 0 N/A |
| Could the student scrub without assistance on any of the cases?  | YES NO |
| Overall Performance Rating: | 4 3 2 1 0  |
| Additional Preceptor Comments: |

I have read and discussed the above with student:

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preceptor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_