###### SURGICAL ASSISTANT ROLE WEEKLY CLINICAL JOURNAL

**Time Period\_\_\_.\_\_\_.\_\_\_ to \_\_\_.\_\_\_.\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mentor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### Submit form each day. If not submitted grade = “0”.

### Student completes - *Self Evaluation* (10%)*:*

**Satisfactory Rating: Meets standards, follows principles, surgeon input positive**

**Needs Improvement: Had to readjust after instruction from surgeon X 1.**

**Unsatisfactory: Had to readjust after instruction from surgeon or others X 2 or more.**

**A. Self-Evaluation Rating scale: S NI U N/A COMMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Prepared– Reviewed case prior to scrub and setup.** |  |  |  |  |  |
| 1. **Punctual- (On time/Responds smoothly to requests)** |  |  |  |  |  |
| 1. **Demonstrated aseptic technique/principles correctly** |  |  |  |  |  |
| 1. **Maintains exposure, surgeon can visualize without interference. (Light is maintained centered on operative site, suction utilized from side, etc.)** |  |  |  |  |  |
| 1. **Handles tissue gently with no tissue trauma, attention to hemostasis, blanching, and desiccation.** |  |  |  |  |  |
| 1. **Follows verbal directions without difficulty, surgeon satisfied with response.** |  |  |  |  |  |
| 1. **Anticipates next step without hesitation, work mirrors that of surgeon.** |  |  |  |  |  |
| 1. **Completes wound closure technique correctly, suture tags appropriate length, no gaps in suture closure line, eversion noted of epidermal tissue.** |  |  |  |  |  |
| 1. **Applies dressing correctly.** |  |  |  |  |  |

1. **Opportunity for Improvement: What could I improve and how can I improve it (Knowledge? Performance? Skills better or quicker? Preparation?) (Plan to correct it? How to fix it? -Practice? Review? Ask? Research?) (30%):**
2. **What?**
3. **How?**
4. **Strengths Identified: (I felt confident about….What did I do right/do well today?) (20%):**

**D. Journal: How do I feel about today?**

**1. What did I like least about today? Why? (10%)**

**2. What did I like best about today? Why?(10%)**

#### II. Evaluation of Assigned Mentor (5%)(Surgeon/CSFA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@Facility \_\_\_\_\_\_\_\_\_\_\_\_

**ES = Extremely Satisfied S = Satisfactory N= Neutral D = Dissatisfied ED = Extremely Dissatisfied**

**ES S N D ED COMMENTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Provided Feedback regarding expectations & performance effectively** |  |  |  |  |  |  |
| 1. **Demonstrated skills effectively that I needed assistance with.** |  |  |  |  |  |  |
| 1. **Preceptor was willing to work with me - teamwork.** |  |  |  |  |  |  |
| 1. **I feel that the clinical objectives of experience are being met.** |  |  |  |  |  |  |
| 1. **I would recommend this program.** |  |  |  |  |  |  |

**COMMENTS:**

Reviewed with Student: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgeon/Instructor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. The student performed the following duties during each surgical intervention, with proficiency:** If student has a NO designation on any 8 of the 10 items, then the case does not count toward the 135 required cases, it is recorded as a second assist (2nd A) case. If student completed or N/A is checked for 9 or more of the items, it is recorded as a First Assistant (FA).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date: Month.Day.Year** | **1st Case: \_\_\_.\_\_\_.\_\_\_** | | | **2nd Case:**  **\_\_\_.\_\_\_.\_\_\_** | | | **3rd Case:**  **\_\_\_.\_\_\_.\_\_\_** | | | **4th Case:**  **\_\_\_.\_\_\_.\_\_\_** | | | **5th Case:**  **\_\_\_.\_\_\_.\_\_\_** | | | **6th Case:**  **\_\_\_.\_\_\_.\_\_\_** | | | **7th Case:**  **\_\_\_.\_\_\_.\_\_\_** | | |
| **Case Completed – Abbreviate - Write in Full Case on Hours Log:** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **ENTER CPT CODE FOR CASE HERE:** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Surgeon Mentor:** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Duties** | **Yes** | **No** | **N/A** | **Yes** | **No** | **N/A** | **Yes** | **No** | **N/A** | **Yes** | **No** | **N/A** | **Yes** | **No** | **N/A** | **Yes** | **No** | **N/A** | **Yes** | **No** | **N/A** |
| 1. Confirm placement and functionality of equipment and supplies with surgical team. (Did you look to see if equip/supplies are there? If not did you ask?) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Confirm X-rays, MRIs, CTs, results of diagnostic tests, patient chart, etc. are in the OR and available for review. (Looks to see if there, if not asks) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Communicate surgeon’s preferences to surgical team, ie suture needs. (Did you check to see if everything is there/check the card?) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Monitor and aid in the positioning of the patient according to surgeon’s preference. (Where you in the room before the surgeon? Did you help with positioning? Did you review the chart/labs/images?) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Monitor and aid in the draping of the patient; communicate surgeon’s preference to the surgical team. (Did you assist with draping?) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Provide visualization of the operative site during the operative procedure. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Using appropriate technique, assist the surgeon in providing hemostasis. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Appropriate technique, assist with the insertion trocar, injection local, drains, and closure of body planes. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Assist with Postop Drsg application, transfer, Monitor immediate postop complications. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Demonstrate advanced knowledge of normal and pathological anatomy and physiology, while assisting the surgeon during procedures. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Performance Satisfactory - Check Yes, No, or NI (If No/NI: Document the issues below.)** | **Yes** | **No** | **NI** | **Yes** | **No** | **NI** | **Yes** | **No** | **NI** | **Yes** | **No** | **NI** | **Yes** | **No** | **NI** | **Yes** | **No** | **NI** | **Yes** | **No** | **NI** |
| **Completed Less than < 90% of case**  **(Second Assistant)** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| **Completed greater than > 90% of Case (Assistant)** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| ***Signature of Instructor or Validated by:*** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| ***Signature of Student-***  ***Confirming review of case:*** |  | | |  | | |  | | |  | | |  | | |  | | |  | | |

**IF PERFORMANCE IS NOT SATISFACTORY:** *Date in front of each area(s) that need improvement*:

\_\_\_\_Sterile Technique regarding\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Being on time \_\_\_\_Professional behavior regarding\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Handling of Sharps \_\_\_\_Draping with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Anticipation of routine sequences\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Checking case with Preference Card \_\_\_\_Reviewing chart \_\_\_\_Choice/Placement of Radiographic films

\_\_\_\_Insertion Trocar \_\_\_\_Injection of Local Anesthetics \_\_\_\_Skin Prep \_\_\_\_\_\_\_Positioning \_\_\_\_\_\_Catherization

\_\_\_\_Knowledge of \_\_\_\_\_\_\_\_\_\_\_\_Procedure or\_\_\_\_\_\_\_\_\_\_ instrument(s) \_\_\_\_Exposure \_\_\_\_Speed/Reaction time

\_\_\_\_Skill at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Suturing, suctioning, retraction, etc.)

**Comments:**

Reviewed with Student: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed with Student: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgeon/Instructor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_