

## RESIDENT DAILY SELF-ASSESSMENT FORM

Date:

Resident:

### OVERALL TODAY:

I think I did these things well: \_\_\_\_\_

---

---

I think I could improve on these things: \_\_\_\_\_

---

---

## ATTENDING DAILY FEEDBACK FORM

### OVERALL TODAY:

I think you did these things well: \_\_\_\_\_

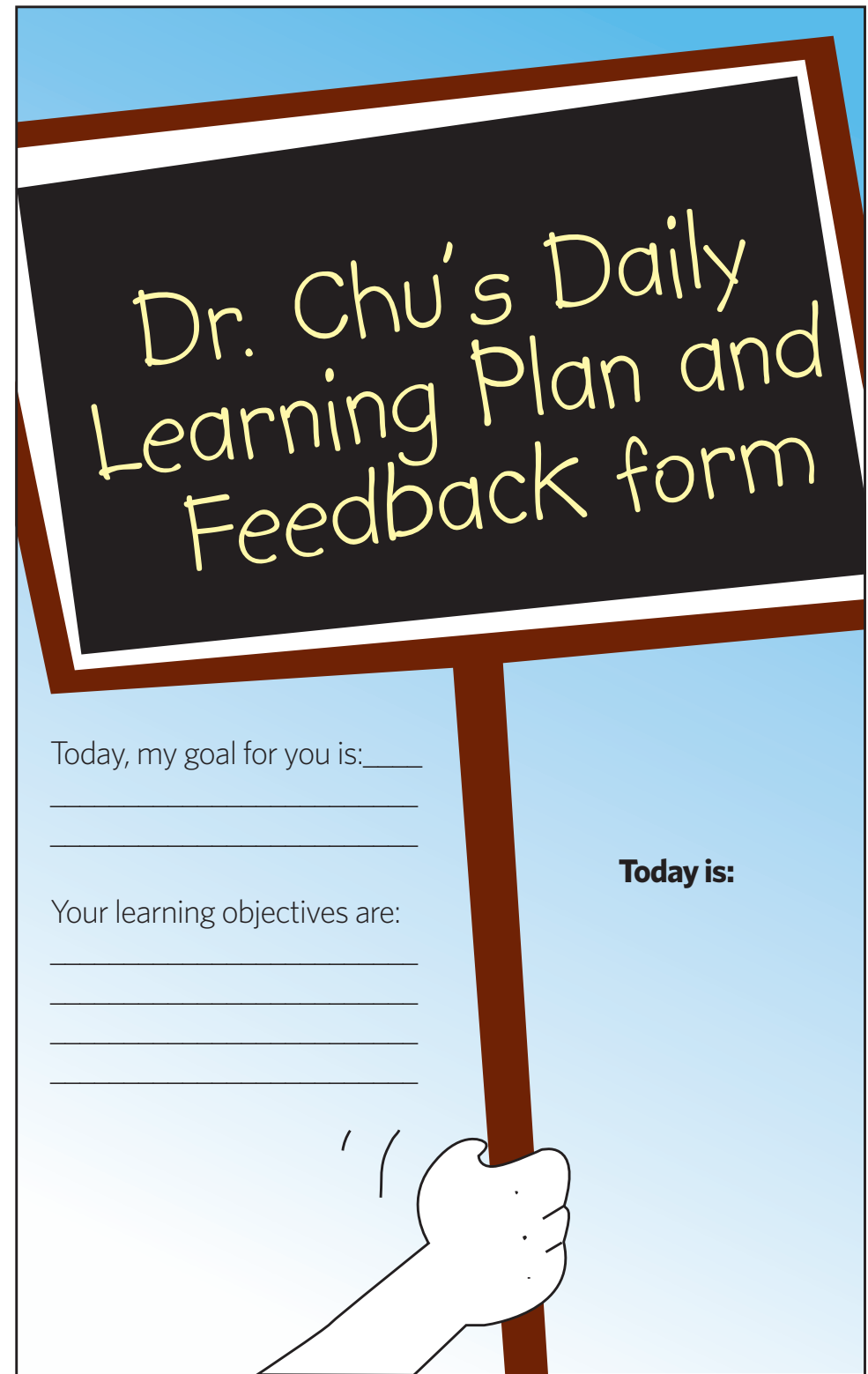
---

---

I think you could improve on these things: \_\_\_\_\_

---

---



## RESIDENT FEEDBACK FORM

Date:  
Time:

Preoperative Assessment	Yes	No	N/A
Washed/cleaned hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greeted Patient/Introduced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H&P Performed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explained Anesthesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risks/Consent Discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Hr Update Charted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H&P Charted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anesthetic Plan Discussed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go Sticker Checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Premedication Given?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Formative Comments

---

---

---

Induction of Anesthesia	Yes	No	N/A
M (Machine check, O <sub>2</sub> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S (Suction on, Yankauer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M (Monitors on, NIBP, Baseline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A (Airway equip. ready)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I (IV access, IV bag)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D (Drugs ready)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S (Special equipment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct Ind. drug/dose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct Mask Vent. Tech?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct NMB drug/dose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tape Eyes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Formative Comments

---

---

---

Intubation/Airway Assessment	Yes	No	N/A
Sniffing Position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mouthing Opening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct Laryngoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endotracheal Intubation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LMA Placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ETT/LMA Checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ETT/LMA Secured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vent On?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Formative Comments

---

---

---

## RESIDENT FEEDBACK FORM

Date:  
Time:

Preoperative Assessment	Yes	No	N/A
Washed/cleaned hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greeted Patient/Introduced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H&P Performed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explained Anesthesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risks/Consent Discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Hr Update Charted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H&P Charted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anesthetic Plan Discussed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go Sticker Checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Premedication Given?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Formative Comments

---

---

---

Induction of Anesthesia	Yes	No	N/A
M (Machine check, O <sub>2</sub> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S (Suction on, Yankauer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M (Monitors on, NIBP, Baseline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A (Airway equip. ready)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I (IV access, IV bag)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D (Drugs ready)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S (Special equipment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct Ind. drug/dose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct Mask Vent. Tech?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct NMB drug/dose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tape Eyes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Formative Comments

---

---

---

Intubation/Airway Assessment	Yes	No	N/A
Sniffing Position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mouthing Opening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct Laryngoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endotracheal Intubation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LMA Placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ETT/LMA Checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ETT/LMA Secured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vent On?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Formative Comments

---

---

---

## RESIDENT FEEDBACK FORM

Date:  
Time:

Preoperative Assessment	Yes	No	N/A
Washed/cleaned hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greeted Patient/Introduced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H&P Performed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explained Anesthesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risks/Consent Discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Hr Update Charted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H&P Charted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anesthetic Plan Discussed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go Sticker Checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Premedication Given?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Formative Comments

---

---

---

Induction of Anesthesia	Yes	No	N/A
M (Machine check, O <sub>2</sub> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S (Suction on, Yankauer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M (Monitors on, NIBP, Baseline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A (Airway equip. ready)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I (IV access, IV bag)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D (Drugs ready)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S (Special equipment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct Ind. drug/dose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct Mask Vent. Tech?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct NMB drug/dose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tape Eyes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Formative Comments

---

---

---

Intubation/Airway Assessment	Yes	No	N/A
Sniffing Position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mouthing Opening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct Laryngoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endotracheal Intubation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LMA Placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ETT/LMA Checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ETT/LMA Secured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vent On?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Formative Comments

---

---

---

## RESIDENT FEEDBACK FORM

Date:  
Time:

Preoperative Assessment	Yes	No	N/A
Washed/cleaned hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greeted Patient/Introduced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H&P Performed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explained Anesthesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risks/Consent Discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Hr Update Charted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H&P Charted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anesthetic Plan Discussed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go Sticker Checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Premedication Given?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Formative Comments

---

---

---

Induction of Anesthesia	Yes	No	N/A
M (Machine check, O <sub>2</sub> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S (Suction on, Yankauer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M (Monitors on, NIBP, Baseline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A (Airway equip. ready)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I (IV access, IV bag)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D (Drugs ready)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S (Special equipment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct Ind. drug/dose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct Mask Vent. Tech?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct NMB drug/dose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tape Eyes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Formative Comments

---

---

---

Intubation/Airway Assessment	Yes	No	N/A
Sniffing Position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mouthing Opening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct Laryngoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endotracheal Intubation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LMA Placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ETT/LMA Checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ETT/LMA Secured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vent On?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Formative Comments

---

---

---