Plastic Surgery Operating Dictation Report Evaluation

Resident Name: ____________________________________________________ Level: _______
Date: ______________________________________________
Evaluator: __________________________________________
Type of surgery: ______________________________________

Essential content
- Date of surgery
- Patient’s identification
- Referent’s/family doctor’s name
- Surgeon’s name
- Assistant’s name
- Anesthesiologist’s name
- Pre-op diagnosis/post-op diagnosis
- Type of surgery
- Pertinent Surgical findings
- Type of anesthetic
- Patient’s positioning
- Preparation of patient
- Relevant clinical information (imaging report, audio, urgency etc.)
- Surgical steps description with comments

______________________________________________________________________________
______________________________________________________________________________

- Closure/Dressing
- Complications
- Tools/gauze/suture count
- Transfer of patient
- Organization of report (circle the answer)
  - Below expectation, meet expectation, above expectation
- Dictation is timely

Evaluator’s comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Evaluator’s signature ___________________________ Resident’s signature ___________________________

Do you agree with this operating report Evaluation? Yes ☐ No ☐