

ABC Hospital

EVALUATION FOR **PODIATRY SURGERY** ROTATION

S=SATISFACTORY/U=UNSATISFACTORY

1. Resident demonstrates the ability to correctly identify indications for appropriate forefoot, rearfoot and ankle procedures.

S/U

2. Resident demonstrates a progressive development of knowledge, attitude and technical skills in peri-operative assessment and management.

S/U

3. Resident demonstrates appropriate knowledge and familiarity with operating room instrumentation, and internal and external fixation technique.

S/U

4. Resident demonstrates appropriate anesthetic block/ injection technique.

S/U

5. Resident demonstrates appropriate selection of suture material, instrument use and technique.

S/U

6. Resident demonstrates appropriate technique of bone and soft tissue handling.

S/U

Rotation Director Signature _____ Date _____

Resident _____ Date _____

DPME Signature _____ Date _____

Comments _____
