

## The Ottawa Surgical Competency Operating Room Evaluation (O-SCORE)

Resident	PGY Level	Date

Evaluator	Procedure

Relative complexity of this procedure to average of same procedure:      Low      Medium      High

The purpose of this scale is to evaluate the trainee's ability to perform this procedure safely and independently.

With that in mind, please use the scale below to evaluation each item, irrespective of the resident's level of training in regards to this case.

### Scale

1	"I had to do" – i.e., Requires complete hands on guidance, did not do, or was not given the opportunity to do
2	"I had to talk them through" – i.e., Able to perform tasks but requires constant direction
3	"I had to prompt them from time-to-time" – i.e., Demonstrates some independence, but requires intermittent direction
4	"I needed to be in the room just in case" – i.e., Independence but unaware of risks and still requires supervision for safe practice
5	"I did not need to be there" – i.e., Complete independence, understands risks and performs safely, practice ready

1. Preprocedure plan	1	2	3	4	5
Gathers/assesses required information to reach diagnosis and determine correct procedure required					
2. Case preparation	1	2	3	4	5
Patient correctly prepared and positioned, understands approach and required instruments, prepared					
To deal with probable complications					
3. Knowledge of specific procedural steps	1	2	3	4	5
Understand steps of procedure, potential risks, and means to avoid/overcome them					
4. Technical performance	1	2	3	4	5
Efficiently performs steps, avoiding pitfalls and respecting soft tissues					
5. Visuospatial skills	1	2	3	4	5
3D spatial orientation and able to position instruments/hardware where intended					
6. Postprocedure plan	1	2	3	4	5
Appropriate complete post procedure plan					
7. Efficiency and flow	1	2	3	4	5
Obvious planned course of procedure with economy of movement and flow					
8. Communication	1	2	3	4	5
Professional and effective communication/utilization of staff					
9. Overall Assessment	1	2	3	4	5
10. Give at least 1 specific aspect of procedure done well and at least 1 specific suggestion for improvement					

Signatures: \_\_\_\_\_  
Attending

Resident

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Time observing: \_\_\_\_\_ minutes

Time providing feedback: \_\_\_\_\_ minutes

Evaluator satisfaction with O-SCORE

Low    1    2    3    4    5    6    7    8    9    10    High

Resident satisfaction with O-SCORE

Low    1    2    3    4    5    6    7    8    9    10    High