



SURG-6600 FIRST ASSISTANT CLINICAL EVALUATION

Student Name: _____ Date: _____ Facility: _____

Preceptor (OR Management/Surgeon only)

Preceptor Name: _____ Title: _____

Preceptor Signature: _____ Date: _____

Surgical procedures as First Assistant Rating Form:

Proficiency in positioning: Pass: _____ Fail: _____

Aseptic Technique: Pass: _____ Fail: _____

Skin Prep: Pass: _____ Fail: _____

Draping: Pass: _____ Fail: _____

Proper technique in handling instruments, bovie, etc.: Pass: _____ Fail: _____

Suturing and tying techniques: Pass: _____ Fail: _____

Anticipates Surgeon needs, confirm x-rays, patient consent: Pass: _____ Fail: _____

Knowledge of Anatomy and surgical procedure: Pass: _____ Fail: _____

Verify placement of equipment and supplies: Pass: _____ Fail: _____

Knowledge of proper tissue handling and retracting: Pass: _____ Fail: _____

Comments: _____
