Date: (MW/DD/YY) Trainee Name: (Last)	(First)					
Level of Training: Evaluator Name: (Last)	(First)					
Evaluator Name. (East)	(First)		Not Done or Done		Done	Not
Task-Specific Items			Incorrectly		Correctly	Observe
Surgical goals, preparation, and	potential challenges					
 Assesses anatomy, physical limitations, and ventilator settings to determine feasibility, potential challenges, and concerns. 						
Preparation of instruments						
Selects appropriate surgical length, cuff) and verifies av	ll instruments and tracheostomy tube (dia ailability.	ameter,				
Communication with operative to	eam					
Discusses roles in shared a	irway with anesthesiologist.					
Patient position and exposure						
and extension if not contrai	p of bed and uses appropriately sized sh ndicated.	noulder roll				
Tracheotomy					_	
required.	ks and incision, taking into account cervi					
anterior jugular veins.	ine between strap muscles avoiding or li	gating				
7. Safely manages thyroid gla						
Palpates cricoid cartilage and considers need for cricoid hook.						
 Ensures suction, tracheostomy tube, and smaller tracheostomy tube are prepared prior to entering airway. 				_		
	nat expose the airway and do not pull thr these to the chest and labeling them as					
11. Communicates with anesthesiologist prior to entering the airway about decreasing the F ₁ O ₂ , deflating the endotracheal tube cuff, where necessary, and pulling back the endotracheal tube, where necessary.						
12. Inserts tracheostomy tube atraumatically, removes obturator, and reconnects circuit while holding tracheostomy tube in place the entire time without long						
delay. 13. Ensures ties prevent tracheostomy from falling out but do not obstruct venous flow.						
Number of items performed corn	rectly:					
Was this a standard case? ☐ Ye	es 🗆 No If not, why?					
Is this resident competent to per	rform this procedure? Yes No					
Global Rating Scale						
Respect for tissue	1	2	3	4	5	
1. Heapeut for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	-	Carefully handled tissue but occasionally caused inadvertent damage	7	Consistently h	andled tissues by with minimal
2. Time and motion	1	2	3	4	5	
	Many unnecessary moves		Efficient but some unnecessary moves			y of movement um efficiency
Instrument handling	1	2	3	4	5	
	Repeatedly made tentative or awkward moves by inappropriate use		Competent use of instruments but occasionally appeared stiff or awkward		Fluid moves a awkwardne	
4. Knowledge of	1	2	3	4	5	
instruments	Frequently asked for wrong instrument or used		Knew names of most instruments and used		Obviously fam instruments	
5. Use of assistants	inappropriate instrument 1	2	appropriate instruments 3	4	names 5	
	Consistently placed assistants poorly or failed to use		Appropriate use of assistants most of the time		to the best	sed assistants advantage at all
6. Flow of operation and	assistants 1	2	3	4	times 5	
forward planning	Frequently stopped operating or unsure of next move		Some forward planning with reasonable progression of procedure		Obviously plar operation w	nned course of ith effortless ne move to the
7. Knowledge of specific	1	2	3	4	next 5	
procedure	Deficient knowledge. Needed specific instruction at most		Knew all important steps of operation			familiarity with of operation
Total score (sum all numbers): _	steps					
Was this a standard case? ☐ Ye	es No If not, why?					
Is this resident competent to pe	rform this procedure? Yes No		Propst	et al.	Laryngos	cope 2020