

Appendix 1

**RESIDENT VERSUS ATTENDING PERSPECTIVE DURING
ARTHROSCOPIC ROTATOR CUFF REPAIRS SURVEY**

PGY Level: _____
 Attending: _____
 Day of Surgery: _____

For questions 1-8 below, use a five-point scale to indicate level of attending supervision and/or involvement. Further clarification on the five-point scale can be found below.

	“I/attending had to do”	“I/attending had to talk them through”	“I/attending had to prompt them from time to time”	“I/attending needed to be in the room just in case”	“I/attending did not need to be there”
1. Pre-operative plan: Gathers/assesses required information to reach diagnosis and determine correct procedure required	1	2	3	4	5
2. Case Preparation- Patient correctly prepared and positioned, reviewed and understands imaging, approach and required instruments, prepared to deal with probable complications:	1	2	3	4	5
3. Knowledge of specific procedural steps- Understands steps of procedure, potential risks and means to avoid/overcome them:	1	2	3	4	5
4. Technical Performance- Efficiently performs steps avoiding pitfalls and respecting soft tissues:	1	2	3	4	5
5. Visuospatial Skills- 3D spatial orientation and able to position instruments/ hardware where intended:	1	2	3	4	5
6. Post-operative plan- Appropriate and complete post-operative plan:	1	2	3	4	5
7. Efficiency and Flow- Obvious planned course of procedure with economy of movement and flow.	1	2	3	4	5
8. Communication- Professional and effective communication/utilization of staff	1	2	3	4	5

Attending supervision/involvement five-point scale:

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

For questions 9 and 10, please enter the percentage of the key procedural step that the resident was given the opportunity to perform and the percentage of the step that the resident was able to complete independently with appropriate supervision in the table below (where 0% is none of the step, and 100% is all of the step).

Key Procedural Steps	9. Percent of Step Resident was Given Opportunity to Perform	10. Percent of Step Resident was able to complete independently*
A. Trochar insertion + diagnostic arthroscopy		
B. Rotator cuff releases and preparation		
C. Subacromial space assessment and/or decompression		
D. Anchor placement		
E. Suture management, passing and tying (if applicable)		

*If the resident was given the opportunity to do a portion of the step, then the maximum they can complete for that step is that same percentage (ex. a resident was given the opportunity to do 10% of step A and successfully completed that 10% of step A, thus the resident would enter 10% for both columns).

11. Resident is able to perform this procedure independently (Y/N):

- Yes
- No

12. If the resident was not able to complete the procedure independently, why?

- Not applicable (the resident did the procedure independently).
- Lack of technical skill.
- Resident was unprepared for the case.
- Loss/Lack of visualization.
- Running out of time/Taking too much time.

Attending Fills Out Only:

13. What was the level of complexity of the case?

- Simple: one anchor, one tendon repair, no releases performed.
- Moderate: More than one anchor or more than one tendon, no or small amount of releases performed.
- Complex: More than one anchor and more than one tendon and/or large of amount of releases required for repair.