TABLE E-1 Assessment of Operative Report Dictation (10 pts)

Use this form to review the Operative Report for Carpal Tunnel Syndrome Release.

1.	Preparation (consent/time out)	Yes □	No □
2.	Positioning/Prep of patient/arm	Yes□	No □
3.	Proper skin incision (describes landmarks)	Yes□	No □
4.	Proper dissection of tissue layers (skin, subcutaneous fat, palmar fascia, transverse carpal ligament)	Yes □	No □
5.	Proper identification and protection of structures at risk (palmar arch, branches of median nerve)	Yes □	No □
6.	Complete release of transverse carpal ligament (proximal and distal extent)	Yes □	No □
7.	Verification of integrity/condition of median nerve and recurrent motor branch	Yes □	No □
8.	Appropriate closure	Yes□	No □
9.	Demonstrates logical order of dictation	Yes□	No □
10.	Demonstrates efficient and concise description of the surgical procedure; completed within allotted time	Yes □	No □

TABLE E-2 Detailed Checklist - Carpai Tunnel Release Proctor Score Sheet				
Proctor Number:	Actual Start Time:			
	Actual Groß Time.			
Date: Specimen #				
Checklist				
Skin incision: Yes No Skin incision from wrist crease to Kaplan line, in line with radial aspect of ring finger- drawn appropriately Holds knife perpendicular to tissue plane (incision is perpendicular to skin without flaps or skiving) Applies appropriate pressure for skin penetration without multiple passes Makes flaps with minimal tissue handling (minimal grasping, regrasping, tissue trauma, etc) Layered dissection: Incision is perpendicularly completed to the level of the palmar fascia Proper use of tissue retractors for deeper dissection Palmar fascia is incised perpendicular in the same plane through its length Identifies distal border of transverse carpal ligament Identifies and protects palmar arch at distal end of wound Complete release of TCL	Transverse carpal ligament: Yes No TCL is incised on its ulnar border TCL is incised perpendicular in the same plane through its length Median nerve is visualized as decompressed through its distal extent Median nerve is visualized as decompressed through its proximal extent Recurrent motor branch is visualized as decompressed Closure using 3 sutures: Places suture following curve of needle AND passes needle through tissue with supination: pronates wrist to regrasp needle Starts instrument tie with square throw AND subsequent throws are square to previous Ties knot without tissue strangulation (appropriate skin tension) Appropriate knot spacing			
ADVERSE EVENTS	PASS/FAIL ASSESSMENT			

(*The detailed checklist was adapted from the task-specific checklist shown in: Reznick R, Regehr G, MacRae H, Martin J, McCulloch W. Testing technical skill via an innovative "bench station" examination. Am J Surg. 1997;173:226-30.)

TABLE E-3 Global Rating Scale of Operative Performance* Resident Number : Proctor Number **Station Carpal Tunnel** To be completed by faculty observer Please circle the number for each category, irrespective of the trainee's PGY level. Instrument ID and Handling 5 3 Named all instruments; Could not name instruments, Could name some, not all instruments; selected wrong instrument(s); hesitated or changed mind in easily selected correct handled instruments selecting instruments: instruments: inappropriately handled them appropriately used them appropriately most of the time all of the time **Quality of Incision** 2 Moderately good technique, Excellent technique, Poor technique, skin compromised, skin roughly handled, single pass in one plane, difficulty with depth multiple passes excellent depth **Quality of Suturing** 2 3 Poor technique, Moderately good technique, Excellent technique, moderate dexterity, uneven spacing, poor manual dexterity, excellent dexterity, acceptable closure uneven closure excellent closure **Quality of Knots** 2 Poor technique. Moderately good technique, Excellent technique, couldn't do all 3 ties. some ties were done better than others, excellent execution of all 3 ties, insecure knots mostly secure knots very secure knots **Respect for Tissue** 2 Very careful handling of tissues Careful handling of tissue Frequently used unnecessary force, or caused damage but occasionally caused with minimal or on tissue damage no damage

Motion and Flow

1 2 3 4 5

Many unnecessary moves, frequent stops + starts, reasonably efficient, smooth progression, frequently grasped, regrasped tissue occasional regrasping of tissue

5 Clear economy of movement, easy flow /rhythm throughout, minimal regrasping of tissue

Score (6 -30):

(*Adapted from the Global Rating Scale of Operative Performance shown in: Reznick R, Regehr G, MacRae H, Martin J, McCulloch W. Testing technical skill via an innovative "bench station" examination. Am J Surg. 1997;173:226-30.)