



# General Assessment Scale (GAS) Robotic Competency Evaluation Form



**Post case completion the GAS Form needs to be completed by the attending**

**A. SURGEON / TISSUE Information:**

**Clinic # is NOT to be used on this form**

<b>Fellow</b>	<b>Name</b>	
_____	<b>Case Reference</b>	
_____	<b>Operating Date</b>	<b>Procedure Performed</b>
_____		

**B. ASSESSMENT SCALE**

- 1 Not performed, step had to be done by trainer
- 2 Partly performed, step had to be partly done by trainer
- 3 Performed, with substantial verbal support
- 4 Performed with minor verbal support
- 5 Competent performance, safe (without guidance)
- 6 Proficient performance, couldn't be better

**1. Exposure:**

1. Correct OR set up	1	2	3	4	5	6	N/A
2. Correct patient positioning	1	2	3	4	5	6	N/A
3. Safe access technique	1	2	3	4	5	6	N/A
4. Exposure of operating field	1	2	3	4	5	6	N/A

