

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							
Fellow		Na se Refere perating D		Procedure Performed			
B. ASSESSMENT SCALE							
1 Not performed, step had to be done by trainer							
2 Partly performed, step had to be partly done by tra	ainer						
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



General Assessment Scale (GAS) Robotic Competency Evaluation Form



2. Vascular:							
5. Safe dissection of vascular plane	1	2	3	4	5	6	N/A
6. Dissection of Mesentery	1	2	3	4	5	6	N/A
7. Identification of Ureter or duodenum	1	2	3	4	5	6	N/A
3. Mobilization							
8. Dissection of hepatic or splenic flexure	1	2	3	4	5	6	N/A
9. Mesorectal dissection (where applicable)	1	2	3	4	5	6	N/A
10. Safe dissection of bowel	1	2	3	4	5	6	N/A
4. Anastomosis							
11. Safe evacuation of specimen	1	2	3	4	5	6	N/A
12. Anastomosis	1	2	3	4	5	6	N/A
Overall Performance							
13. Overall performance	1	2	3	4	5	6	N/A
14. Comments:							