



Post case completion the GEARS Form needs to be completed by the attending Clinic # is NOT to be used on this form **Fellow Name Procedure Performed Case Reference Operating Date** Depth perception 2 3 4 5 1 Constantly overshoots Some overshooting or Accurately directs target, wide swings, missing of target, but instruments in the slow to correct quick to correct correct plane to target **Bimanual dexterity** 2 3 4 5 1 Uses both hands, but Uses only one hand, Expertly uses both ignores nondominant does not optimize hands in a interaction between hand, poor coordination complementary way to provide best exposure hands Efficiency 2 3 4 5 1 Confident, efficient and Inefficient efforts; Slow, but planned many uncertain movements are safe conduct, maintains movements; constantly reasonably organized focus on task, fluid changing focus or progression persisting without progress Force sensitivity 2 3 4 5 Handles tissues Applies appropriate Rough moves, tears tissue, injures nearby reasonably well, minor tension, negligible structures, poor injury to adjacent trauma to adjacent control, frequent tissue, rare suture structures, no suture suture breakage breakage breakage Autonomy 2 3 4 5 1 Unable to complete Able to complete task Able to complete task entire task, even with safely with moderate independently without verbal guidance guidance prompting **Robotic control** 2 3 4 5 1 Consistently does not View is sometimes not Controls camera and optimize view, hand optimal. Occasionally hand position optimally and independently. position, or repeated needs to relocate collisions even with arms. Occasional Minimal collisions or quidance collisions and obstruction of assistant obstruction of assistant.