VA POST-TEST QUESTIONNAIRE

Date: __________________________ Name: __________________________

DOB: __________________________ PGY: __________________________

Gender: Female Male Writing Hand: Right Left

ASSESSMENT OF PROFICIENCY IN LAPAROSCOPY/ENDOSCOPY/ROBOTIC SURGERY:

1. What is your current Fundamentals of Endoscopic Surgery (FES) status?
   Not preparing   Currently Preparing   Failed on ___________   Passed on ___________
   a) If you are “currently preparing”, “failed” or “passed”, please specify which one?
      Circle all that apply.
      Currently Preparing: Knowledge Skills
      Failed: Knowledge Skills
      Passed: Knowledge Skills

2. What is your current Fundamentals of Laparoscopic Surgery (FLS) status?
   Not preparing   Currently Preparing   Failed on ___________   Passed on ___________
   a) If you are “currently preparing”, “failed” or “passed”, please specify which one? Circle all that apply.
      Currently Preparing: Knowledge Skills
      Failed: Knowledge Skills
      Passed: Knowledge Skills

3. How would you currently rate your overall proficiency in performing robotic surgery?
   None Poor Moderate Good Excellent

4. Name the procedure you performed on the robot upon your return from the Intuitive on-site training for the GEARS evaluation? ______________________
   a) How would you rate your proficiency in performing the above procedure?
      None Poor Moderate Good Excellent
   b) How would you rate your comfort in performing this procedure?
      None Poor Moderate Good Excellent
   c) List up to 5 major procedural complications you faced during this procedure? Did any of the listed ones require rescue by the attending physician? Please list which ones required rescue?

Resident’s Initials: _____
<table>
<thead>
<tr>
<th>Procedure</th>
<th>List Complications</th>
<th>Did you require rescue?</th>
</tr>
</thead>
<tbody>
<tr>
<td>After Robotic Surgery</td>
<td>1.</td>
<td>□ Yes Specify which</td>
</tr>
<tr>
<td>Training</td>
<td>2.</td>
<td>_______________________</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>□ No</td>
</tr>
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<td></td>
<td>4.</td>
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<td>5.</td>
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</table>

5. **Which training component did you find most beneficial?**

Simulation Training       Didactic Training       Intuitive On-site Training       Other

*Please specify________________________

6. **Which training component would you like to see more off?**

Simulation Training       Didactic Training       Intuitive On-site Training       Other

*Please specify________________________