Student OR Case Verification Sheet

Student Name: ______________________________________________________

Student’s assigned service: _____________________________________________

Attending Surgeon: ___________________________________________________

Service performing procedure: __________________________________________

Date of Procedure: ___________________________________________________

Procedure: __________________________________________________________

Is this to count as one of the required procedures? □ Yes □ No

If yes, which one?

□ Abdominal Wall Hernia        □ Breast Operation
□ Laparotomy for gastro-intestinal disease        □ Major non-cardiac thoracic operation
□ Major pediatric operation, pt < 2 yrs old        □ Major trauma case (resus &/or operation)
□ Major vascular (aortic or peripheral) operation
□ Major video assisted operation        □ Operation involving cardiopulmonary bypass
□ Plastic or reconstructive operation        □ Transplant operation
□ Major cancer operation        □ Major bariatric operation

Attending: Before signing this form please discuss the following with the student.

1. Students review of patient’s pre op findings
2. Indication for surgery
3. Intra-op decision making
4. Students review of entity being treated
5. Students review of potential short & long term post-operative complications
6. Students review of ongoing follow up requirements if any

Attending signature: ___________________________________________________

Student’s signature: ___________________________________________________