

Version No: 3.0 Version Date: 12/15/2015

## **VAPOST-TEST QUESTIONNAIRE**

Date: _					Name	e:				
DOB: _					PGY:					
Gende	r: F	emale	Male		Writi	ng Hand:	Right	Left		
A CCEC	COMEN	T OF DD	OFICIENCY	INI ADAD	OCCODY	ENDOSCO	DV/DADA	FIC CUDCEDY.		
			rrent Fundam					FIC SURGERY:		
Not preparing Currently Preparing				-	Failed on I					
	a) <i>If</i>	you are "	currently prep	oaring", "fai	led" or "pas	ssed", please	specify whi	ich one?		
Circle d	all that	apply.								
Currently Preparing:			Knowledge	ge Skills						
Failed:			Knowledge	e	Skills					
Passed	:		Knowledge	2	Skills					
2	<b>VI</b> 714	•	F I	4 I C I		C (E1	C) =4=4==9			
	What is your current Fundan			Failed on						
rvot pre	-							 i <b>ch one?</b> Circle all		
	_	at apply.	линениу ргер	aring , jui	ica or pas	scu , picuse	зресту ши	en one. Circle an		
Curren			Knowledge	e	Skills					
Failed:			Knowledge		Skills					
Passed:		Knowledge		Skills						
	How v	-	<u>currently</u> rate	-			_	surgery?		
None		ŀ	oor	Moderate	Good	E	xcellent			
4.	Name	the proce	dure vou nerfi	ormed on the	e robot unon	ı vour returi	n from the I	ntuitive on-site		
	Name the procedure you performed on the robot upon your return from the Intuitive on-site training for the GEARS evaluation?									
None	/	•	oor	Moderate	Good		xcellent			
	b) <i>H</i>	ow would	you rate your	comfort in p	erforming t	this procedu	re?			
None	,		oor	Moderate	Good	_	xcellent			
	c) Li	st up to 5	major procedi	ural complic	ations you f	aced during	this proced	ure? Did any of		
			h ones required							
		scue?	•	•				1		



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Procedure	List Complications	Did you require rescue?
After Robotic Surgery	1.	☐ Yes Specify which
Training	2.	
	3.	
	4.	□ No
	5.	

Training	2.			
	3.			
	4.	□ No		
	5.			
5. Which training Simulation Training	component did you find mo	ost beneficial?  Intuitive On-site Training  Please specify	Other	
6. Which training	component would you like	to see more off?		
Simulation Training	Didactic Training	Intuitive On-site Training  Please specify	Other	