Open I Knot-Tying and Suturing Curriculum 2013-2014
Post-Test Questionnaire

Name: ______________________ Date: ______________________ DOB: __________

Gender: Female ____ Male____

1. Do you feel **comfortable** with your current **open** technical skills?  (circle)  yes  no

2. **Open self-rating:** How good are you at **open surgical skills** (suturing and knot-tying)?

   (circle) **very poor**  **poor**  **moderate**  **good**  **excellent**

3. Do you feel comfortable with the following **open surgical skills**?

   - **Palming** the needle driver (circle)  yes  no
   - 2-handed ties on tissue not under tension (circle)  yes  no
   - 1-handed ties on tissue not under tension (circle)  yes  no
   - 2-handed ties on tissue **under tension** using a surgeon’s knot (circle)  yes  no
   - 2-handed ties on tissue **under tension** using a slip knot (circle)  yes  no
   - 1-handed ties on tissue **under tension** using a slip knot (circle)  yes  no
   - Suturing using a **simple interrupted** technique (circle)  yes  no
   - Suturing using a **horizontal mattress** technique (circle)  yes  no
   - Suturing using a **vertical mattress** technique (circle)  yes  no
   - Suturing using a **simple running** technique (circle)  yes  no
   - Suturing using a **running subcuticular** technique (circle)  yes  no
   - Suturing using a **buried simple interrupted subcuticular** technique (circle)  yes  no

4. Do you feel **more comfortable** with your **open** technical skills than you did at the beginning of training?

   (Circle)  yes  no

5. Were the **open skills** models helpful?

   (Circle)  yes  no

6. Were the **open** proficiency levels:

   (Circle)  **too hard**  **about right**  **too easy**

7. **Operative Improvement:** Do you think that the **open skills lab training** will improve your ability to assist/perform cases in the OR?  (circle)  yes  no

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8. How difficult were the proficiency levels?

**Easy** = levels were easy to achieve without much effort

**Hard** = levels were very difficult or nearly impossible to achieve and required a great deal of effort

<table>
<thead>
<tr>
<th>Task</th>
<th>Easy</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td>Task 1: Palming Needle Driver</td>
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<tr>
<td>Task 2: 2-Handed Ties No Tension</td>
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<td>Task 3: 1-Handed Ties No Tension</td>
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<tr>
<td>Task 4: 2-Handed Ties With Tension, Surgeon’s Knot</td>
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<tr>
<td>Task 6: 1-Handed Ties With Tension, Slip Knot</td>
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<td>Task 7: Simple Interrupted</td>
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<td>Task 9: Vertical Mattress</td>
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<td>Task 12: Simple Interrupted Subcuticular</td>
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9. Were the proficiency levels and the training protocol appropriate?

**Not Appropriate** = the proficiency levels and protocol were too challenging, took too much effort, and required too much practice

**Appropriate** = the proficiency levels and protocol were appropriately challenging and required a reasonable amount of effort and practice

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10. Did the proficiency levels help motivate you to achieve your performance goals? (circle)  yes  no

11. Did the proficiency levels help provide feedback on your performance? (circle)  yes  no

12. During training (not counting the pre-test session), how many times did you watch the videos for each task?  
(write in the # of times videos were viewed)

   Task 1: Palming Needle Driver
   Task 2: 2-Handed Ties No Tension
   Task 3: 1-Handed Ties No Tension
   Task 4: 2-Handed Ties With Tension, Surgeon’s Knot
   Task 5: 2-Handed Ties With Tension, Slip Knot
   Task 6: 1-Handed Ties With Tension, Slip Knot
   Task 7: Simple Interrupted
   Task 8: Horizontal Mattress
   Task 9: Vertical Mattress
   Task 10: Simple Running
   Task 11: Running Subcuticular
   Task 12: Simple Interrupted Subcuticular

13. Did you receive adequate feedback during training from the videos?  
   Not Adequate  Adequate
   1  2  3  4  5

14. Did you complete a mentored session with an upper level prior to post testing? (circle)  yes  no
   If yes, who assisted you with your mentored session? ________________________________
   If no, reason for not having mentored session? ________________________________

15. How much feedback did you receive during training from the instructors?  
   Instructors: ________________________________
   None  Extensive
   1  2  3  4  5

16. Was the amount of feedback you received during training from the instructors appropriate?  
   Not Appropriate  Appropriate
   1  2  3  4  5

17. Comments and Suggestions: ________________________________

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