

- A. Supervision in the operating room:
1. The attending allows me to do insignificant parts of the case or nothing at all. The attending is not willing or comfortable letting me operate. I am an observer in the OR.
  2. The attending allows me to do parts of the case based on my ability. I am never allowed to slow down or struggle; instead, the attending often takes the case from me or directs my every move.
  3. The attending allows me to do as much of the case as I am able and even lets me struggle. The attending guides the case, asks for the next instrument, and closely supervises the procedure regardless of its complexity.
  4. The attending allows me to direct the cases that I am comfortable doing and functions as a first assistant. The attending allows me to do critical parts of the case without them.
- B. Teaching in the operating room:
1. The attending rarely discusses key points or technical aspect of the case. I usually do not learn much when I scrub with this attending and I wish I did not have to scrub with them. I receive no feedback about my performance.
  2. The attending occasionally talks about the case and the technical aspects of the procedure. I usually take away one or two teaching points. I receive minimal feedback about my performance.
  3. The attending usually teaches during and provides feedback after surgery. I learn something from nearly every case whether it is a point about the disease or a technical pearl.
  4. The attending consistently teaches during surgery. I look forward to operating with this attending. Based on the high quality feedback they provide, I feel like I improve my knowledge/ability after operating with them after every case.
- C. Supervision for clinical decision making:
1. The patient's hospital management depends entirely on the residents. I get virtually no supervision outside of the operating room from this attending.
  2. I receive no opportunity for autonomy and an excessive level of supervision from this attending. The attending makes all of the clinical decisions.
  3. I make some independent decisions but generally run everything by the attending on a daily basis. I receive a higher level of supervision than necessary from this attending but I do have some level of autonomy.
  4. I am allowed to manage most problems. I never feel that my lack of experience jeopardizes patient care; instead, the attending and I discuss patient care decisions. I feel like I have a true partnership when it comes to patient care with this attending.
- D. Teaching in hospital and clinic:
1. The attending rarely discusses the patients in clinic or on rounds. I usually do not learn much when I work with them. I feel like a hindrance to clinical workflow when I work with this attending.
  2. The attending occasionally talks about the cases in clinic or on rounds. I usually take away one or two teaching points but feel like my primary role is to do the clinic and hospital documentation.
  3. The attending usually teaches in clinic and on rounds. I learn something from them nearly every time we work together.
  4. The attending consistently takes time to teach in clinic and on rounds. I am continually learning and look forward to working with this attending.
- E. Availability:
1. This attending is frequently difficult to contact
  2. This attending is usually available during the weekdays but difficult to contact at night and on weekends
  3. This attending is routinely available. I can contact them most of the time.
  4. This attending is always available and encourages open lines of communication 24/7.
- F. Attending behavior and attitude towards the housestaff including their advocacy for surgical education
1. This attending is indifferent to the challenges associated with residency training and frequently pressures me to violate duty hours.
  2. This attending recognizes some of the challenges of residency training and on rare occasion concerns themselves with my well-being by helping to offload my clinical responsibilities to others.
  3. This attending serves as an advocate for the housestaff most of the time. They are aware of the duty hour regulations and willingly support a hand off of my clinical responsibilities to another resident to maintain my well being.
  4. This attending is a committed advocate for surgical education and my well being.
- G. In general:
1. My training program would be better off if this attending was not part of the faculty
  2. I do not enjoy working with this attending even though I do learn from them
  3. This attending contributes to my education and treats me fairly.
  4. This attending consistently makes a positive difference in my education.