

PySAR

Record ID _____

Are you completing this as a self-assessment? Yes No

Is the surgeon being assessed still in training? Yes No

Faculty experience with robot-assisted pyeloplasty (total case numbers in practice post-training):

- 0-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51-100
- > 100

Level of surgeon being assessed


- Resident PGY-1
- Resident PGY-2
- Resident PGY-3
- Resident PGY-4
- Resident PGY-5
- Resident PGY-6
- Resident PGY-7
- Fellow First Year
- Fellow Second Year
- Fellow Third Year

Trainee experience with robot-assisted surgery (number of cases participated in):

- 0-5
- 6-10
- 11-15
- 16-20
- 20-25
- >25

Case complexity (1= least complex, 10=most complex)

1 5 10



(Place a mark on the scale above)

PYSAR:

Novice: Requires step by step instruction and rules to complete a task, has superficial understanding, largely observing

Advanced Beginner: Starting to understand tasks but needs heavy and active "hands on" guidance

Competent: Plans tasks and manages multiple facets of a task with passive "verbal" guidance and supervision

Proficient: Complete understanding, can adapt plan to complete tasks, views task from a holistic view, requires little to no supervision

Expert: Intuitive performance, innate skillset to complete tasks, provides strategic guidance to others

Novice / Show and Tell	Advanced Beginner / Active Guidance	Competent / Passive Guidance	Proficient / Little to no supervision needed	Expert / Provides guidance	Did not participate
------------------------	-------------------------------------	------------------------------	--	----------------------------	---------------------

<p>Preoperative Planning: Identification of all supplies, advanced interpretation of preoperative imaging, expert identification of possible anatomical variations for surgical planning.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Patient Positioning, Prep, Draping: Safe and effective positioning, padding, prepping, and draping.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Port Placement and Docking: Port placement technique is safe, effective, and efficient. Port number and location is thoughtful and optimizes space. Insufflation is safely performed. Surgeon efficiently conducts all docking procedures appropriately.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Retroperitoneal dissection / ureteral exposure: Thoughtfully decide on transmesenteric approach versus retroperitoneal exposure with medial mobilization of the colon. Effective exposure is obtained with ample access to structures of importance.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Ureteral dissection: Ureter is identified and dissected with careful attention to avoid injury or devascularization. Identify and dissect crossing vessel when present..</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Prepare for UPJ Reconfiguration: Prepares the anatomy to optimize incision on the pelvis (includes hitch stitch), expertly determines appropriateness of dismembered versus non-dismembered pyeloplasty</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Anastomosis: Atraumatic anastomosis which mimics principles of anastomosis in open pyeloplasty

Port Removal / Undocking / Closure: Inspects the abdomen for unanticipated organ injury or bleeding, undocking is performed safely, and ports are removed safely. Fascial and skin closures are performed safely and effectively.

Tube Placement (optional): Retrograde versus Antegrade, includes cystoscopy and retrograde pyelogram if performed.

FEASIBILITY QUESTIONS (OPTIONAL IF ALREADY COMPLETED ON PRIOR SURVEY)

Did you review this assessment tool with the surgeon being assessed pre-operatively? Yes No

How long was your pre-operative "brief" to review the rubric with the surgeon to be assessed? 0-5 minutes 6-10 minutes 11-15 minutes 16-20 minutes > 20 minutes

Did you review this assessment with the surgeon being assessed post-operatively? Yes No

What was the duration of your post-operative "debrief" and feedback to review the rubric with the assessed surgeon? 0-5 minutes 6-10 minutes 11-15 minutes 16-20 minutes > 20 minutes

How would you grade the PySAR in clarity? Many unclear and ambiguous terms Few unclear and ambiguous terms Clear and unambiguous

How would you grade the PySAR in terms of length? Too short Just right Too long

The interface (REDCap) used to complete the PySAR is: Very challenging to use Somewhat challenging to use Easy to use