

Confidential

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Grading Sheet Reviewer 1

Please complete the survey below.

Thank you!

Phase 1: From onset of hypotension (Please note we will ask for the time to each step below)

	Yes	No
1) Give IV fluids	<input type="radio"/>	<input type="radio"/>
2) Give a dose of vasopressor	<input type="radio"/>	<input type="radio"/>
3) Decrease volatile to less than 1 MAC	<input type="radio"/>	<input type="radio"/>
4) Requests blood to the OR	<input type="radio"/>	<input type="radio"/>
5) Discusses differential with surgeon	<input type="radio"/>	<input type="radio"/>

Phase 2

	Yes	No
6) Did they ask for Help?	<input type="radio"/>	<input type="radio"/>
7) Did they insert another IV?	<input type="radio"/>	<input type="radio"/>
8) Did they request the surgeon convert to open?	<input type="radio"/>	<input type="radio"/>
9) Did they request that the surgeon get help?	<input type="radio"/>	<input type="radio"/>

BARS/Holistic Rankings Poor (1,2,3), OK (4,5,6), Excellent (7,8,9)

	1	2	3	4	5	6	7	8	9	
10) Vigilance and situational awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11) Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12) Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13) Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14) Medical/Technical Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15) Behavioral/Nontech Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16) Did the participant perform at a level expected of an anesthesiology resident? (Safe, Competent, Professional)				<input type="radio"/> Yes						
				<input type="radio"/> No						