“Sample” Form Only
(Actual form will be sent to proposed evaluator directly from ABPS)

Verification of Surgical Competency
ABPS
Family Medicine Obstetrics

Establishing Eligibility to Serve as a Physician Evaluator

1. Do you actively possess, or did you possess at the time of the evaluation period, privileges to perform Cesarean section in the same facility as the applicant?
   Yes____ No____

2. Have you participated and observed obstetrical patient care performed by the applicant to a degree that allows you to adequately assess the applicant’s skills as requested below? Yes____ No____

   If the answer to either of these questions is NO please return the form without going further.

3. Do you have a personal, familial or financial relationship with the applicant that would hinder your ability to serve as an independent observer of the applicant’s skills or eligibility for Certification by this Board?
   Yes ____ No ____

   If the answer to this question is YES please return the form without going further.

Evaluator Name ______________________________________________
(Please print)
Signed ______________________________________________________

Evaluation of Cesarean Section Skills

Family Medicine Obstetrician ________________________________________

Applicant Physician: _____________________________________________

Based on your direct observation and awareness of the applicant’s performance, please circle the number that best describes your perception of the applicant, in the following general areas using the following scale.

1. The physician is still developing skills and is not yet independent in the performance of the majority of routine Cesarean sections.

2. This physician has developed the skills to perform independently in the majority of routine Cesarean sections.

Disclaimer: It is recognized that emergent and complicated clinical scenarios may present a challenge for any physician, and that this verification process is not intended to encompass all such scenarios.

Please circle the applicant’s demonstrated level of performance in the following areas of operative obstetrics.

1. Response to feedback. Accepts constructive criticism and takes appropriate actions. 1 2

2. Level of Knowledge. Exhibits appropriate clinical judgment regarding anatomy, placement of incision, and need for hemostasis. 1 2

3. Psychomotor Skills. Demonstrates ability to handle instruments and tissue. Employs appropriate knot and suturing techniques 1 2
4. Communication skills. Demonstrates effective communication skills in peri-operative settings with patients and staff.
   1   2

5. Seeks consultation and assistance when appropriate.
   1   2

6. Indications for Cesarean Section including appropriate management of labor leading up to the decision.
   1   2

7. Knowledge of Surgical Instruments
   1   2

8. Knowledge of Suture Material
   1   2

9. Ability to discuss risk and benefits of a Cesarean section
   1   2

10. Knowledge of risk and benefits of various skin incisions as well as the indications for those incisions.
    1   2

    1   2

12. Knowledge of Pelvic Anatomy
    1   2

13. Ability to discuss and demonstrate various surgical methods to deal with postpartum hemorrhage.
    1   2

15. Ability to develop and follow a postoperative care plan.
    1   2

Comments: The contents of this document will remain confidential.

Would you like a member of the Board to contact you for additional confidential information? Yes __ No __

Signature: _____________________________________________ Date:__________________

Thank you for taking the time to complete this evaluation.

Please return to:
American Board of Physician Specialties
American Board of Family Medicine Obstetrics
Attn: Director of Certification
5500 W. Executive Drive, Suite 400
Tampa, Florida 33607