**HawkID of Form Filer: Operation Date:**

***Surgical Procedure Information*:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Institution:** | **University of Iowa** | | | **Other (specify):** | | |
| ***Arthroscopy***  **KneePre-dia**  **KneePost-dia**  **ShldrPre-dia**  **ShldrPostdia**  **Hip**  **Ankle**  **Other** | ***Trauma***  **Open reduction hip fracture --dynamic hip screw**  **Open reduction hip fracture --cannulated screw**  **Closed reduction hip fracture --cannulated screw**  **Percutaneous sacroiliac fixation**  **Pediatric supracondylar elbow fract redct &pin**  **Open and percutaneous pilon fractures**  **Slipped capital femoral epiphysis** | | **Intramedullary nail – CMN**  **Intramedullary nail – AG Femoral**  **Intramedullary nail – RG Femoral**  **Intramedullary nail – Tibia**  **Scaphoid fracture**  **Sacroiliac screw**  **Other:** Enter Text | | | |
| **EPIC Start Time:** | | **EPIC End Time:** | | | | | |
| **Side of Patient’s Body:** | | |  |  |  | | --- | --- | --- | | Left | Right | N/A: | | | | | | |
| **Patient MRN (for filer’s reference only):** | |  | | | | | |
| **OR Location:** | |  | | | | | |
| **Supervising Surgeon’s *HawkID*:** | | |  |  |  | | --- | --- | --- | | Present | Retrospective review | Other: | | | | | | |
| **Performing Surgeon’s *HawkID*:** | | |  |  | | --- | --- | | **Years Exp./Residency:** | **# of similar cases logged:** | | | | | | |
| **Was the performing surgeon assisted for any portion of the procedure?** | | | | | No | Yes | |

**If yes, detail the participants and their contributions like this {*HawkID* – task(s)}:**

|  |  |  |
| --- | --- | --- |
| **Any unusual features or deviations from a standard procedure for this case?** | No | Yes |

**If yes, describe them**:

**Diagnostic Note (for Arthroscopy cases only):**

**Miscellaneous comments (e.g., BMI, pre-existing conditions, clarify ‘Other’ selection for procedure name):**

***Skills Assessment Information (if available):***

|  |  |  |
| --- | --- | --- |
| **Was an assessment requested by the resident for this case?** | No | Yes |

**If yes, what is the full title of the assessment**:

**If yes, name the supervisor (*HawkID*) who gave the assessment:**

**If yes, please list relevant details that are available, i.e., date of assessment, score, etc:**

***Digital Display Information* (**\*Information regarding how the image/video data was stored\*):

**Name and Type of Storage Device (e.g., Flash-drive, Radiology)**:

**Relevant Folder and File Name**(s):

**If radiology was contacted, list the date and time:**