

Pre-Rotation Self-Assessment:

_____ (Please print your name above)

What Externships have you completed so far in your training? _____

What Externships remain after this month? _____

Have you performed any of the following? (Please check all that apply)

Digital Block **PT Block** **Mayo Block** **Ankle Block** **Popliteal Block**

Have you sutured intra-operatively yet? **Yes or No**

If yes, what suture technique? _____

Have you assisted in Rearfoot cases? **Yes or No**

If yes, how many? _____

Have you applied a lower leg cast? **Yes or No** Or a Posterior Splint? **Yes or No**

Do you feel comfortable completing a (n),

Op Note? **Yes or No**

Progress Note? **Yes or No**

Pre-Op Note? **Yes or No**

Post-Op Orders? **Yes or No**

What topics have you presented on at other programs? (Please list below)

What do you expect from this externship: (Please check all that apply)

Opportunity to Suture _____ **Opportunity to Pre-Op block** _____

Office Hours _____ **OR Time** _____

Clinic Hours _____ **Academic Meetings** _____

Travel between Hospitals _____ **Long Hours** _____

No travel _____ **Short Hours** _____