

ing at each of the 3 exercises individually, we found that the residents demonstrated significant improvement in the cutting and suturing exercises. Improvement in the pegboard exercise did not reach statistical significance ( $p = 0.11$ ). Perhaps this reflects that eye–hand coordination that is already acquired does not necessarily improve significantly over 2 years, or that the number of trainees evaluated was inadequate. Construct validity was demonstrated by observing improvement in total score as the resident advanced in training. By linear regression analysis there was a significant correlation between level of training and total score.

## CONCLUSIONS

Objective, structured criteria for evaluation provide reliable feedback. This feedback becomes increasingly accurate and objective. It also provides

comparison for progress. A laparoscopic skills evaluation such as this can serve as an adjunct to the present evaluation of technical skill in in-training evaluations.

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## SESAP Questions / Questions SESAP

### ITEMS 629–632

629. Trismus and limitation of mandibular movement  
 630. Malocclusion  
 631. Lengthening of the face  
 632. Paresthesia and numbness

- (A) Bilateral mandibular fracture  
 (B) Bilateral zygoma (malar) fracture  
 (C) Both  
 (D) Neither

For the numbered items above select (A) if the item is associated with (A) *only*, (B) if the item is associated with (B) *only*, (C) if the item is associated with *both* (A) *and* (B), and (D) if the item is associated with *neither* (A) *nor* (B).

For the critique of items 629 to 632 see page 301.

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