

Procedure Competency Assessment Tool – IUD

Provider: _____ Date: _____
 Procedure: 58300 IUD Insertion: 58301 IUD Removal:
 Device J7300 Copper IUD: J7302 Levonorgestrel-releasing IUD:
 Number completed to date: _____

Please check the box corresponding to the candidate's performance in each category, irrespective of the training level.					
Criterion	Novice	2	Competent	4	Expert
	1		3		5
Indication/ Informed Consent:	<input type="checkbox"/> Not sure of the patient's history, context of the procedure, or has knowledge gaps in procedure contraindications or potential complications	<input type="checkbox"/>	<input type="checkbox"/> Understands the general indications, contraindications, potential complications, and clinical value of procedure; able to explain to patient	<input type="checkbox"/>	<input type="checkbox"/> Clearly articulates the clinical value, potential complications, and alternatives to patient; accurately answers all patient questions to obtain informed consent
Knowledge of Specific Procedure	<input type="checkbox"/> Deficient knowledge; unable to articulate procedure steps	<input type="checkbox"/>	<input type="checkbox"/> Able to articulate all important steps of procedure	<input type="checkbox"/>	<input type="checkbox"/> Demonstrates familiarity with all aspects of procedure
Procedure Setup	<input type="checkbox"/> Does not gather required supplies, poor patient positioning, poor sterile technique, or does not properly identify landmarks	<input type="checkbox"/>	<input type="checkbox"/> Gathers key instruments and supplies; properly positions patient; maintains sterile technique	<input type="checkbox"/>	<input type="checkbox"/> Anticipates supplies needed for unexpected complications; ergonomic setup of all instruments and supplies
Procedure Flow & Efficiency	<input type="checkbox"/> Frequently stops procedure and seems unsure of next move, or many unnecessary moves	<input type="checkbox"/>	<input type="checkbox"/> Demonstrates some forward planning with reasonable progression of procedure; efficient time/motion but some unnecessary moves	<input type="checkbox"/>	<input type="checkbox"/> Obviously plans course of procedure with effortless flow from one move to the next; high economy of movement
Respect for Tissue	<input type="checkbox"/> Uses unnecessary force on the cervix or uterus, or causes damage by inappropriate use of instruments	<input type="checkbox"/>	<input type="checkbox"/> Careful handling of cervix and uterus without excessive force	<input type="checkbox"/>	<input type="checkbox"/> Consistently handles cervix and uterus adeptly and appropriately with minimal damage
Patient Comfort	<input type="checkbox"/> Unresponsive to patient discomfort; does not seek patient feedback regarding comfort	<input type="checkbox"/>	<input type="checkbox"/> Seeks patient feedback; recognizes patient discomfort; alters technique as needed to reduce discomfort	<input type="checkbox"/>	<input type="checkbox"/> Anticipates sources of discomfort and eliminates them to ensure maximal comfort
Instrument Handling	<input type="checkbox"/> Repeatedly makes tentative or awkward moves with instruments by inappropriate use of instruments	<input type="checkbox"/>	<input type="checkbox"/> Competent use of instruments, but occasionally appears stiff, awkward, or uncertain	<input type="checkbox"/>	<input type="checkbox"/> Fluid moves with instruments and no awkwardness; comfortable with application and extraction
Management of Complications Not Applicable <input type="checkbox"/>	<input type="checkbox"/> Does not recognize or appropriately address developing complication; does not appropriately halt procedure with failed attempts	<input type="checkbox"/>	<input type="checkbox"/> Recognizes and appropriately addresses developing complication; halts the procedure appropriately	<input type="checkbox"/>	<input type="checkbox"/> Immediately recognizes developing complication; manages with precise direction and without hesitation

Overall on this task did the provider demonstrate competency to perform this procedure independently?

Yes: No:

Comments:

Attending Name (Print) _____ Signature/Date: _____

Please return this form to Elise Barlow (01110-I PFP)