

Procedure Competency Assessment Tool – Implantable Contraception

Provider: _____ Date: _____
 Procedure: 11981 Insertion: 11982 Removal: 11983 Removal/Re-insertion:
 Device J7307 Etonogestrel implant system:
 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; identifies landmarks and needle entry site; maintains sterile technique	<input type="checkbox"/>	<input type="checkbox"/> Anticipates supplies needed for unexpected complications; ergonomic setup of all instruments and supplies
Local Anesthesia	<input type="checkbox"/> Requires guidance with local anesthesia to ensure insertion site is adequately numb	<input type="checkbox"/>	<input type="checkbox"/> Performs field block without guidance and with good anesthesia	<input type="checkbox"/>	<input type="checkbox"/> Smoothly and efficiently performs field block without guidance and with good anesthesia
Procedure Flow & Efficiency	<input type="checkbox"/> Frequently stops procedure and seems unsure of next move, or needs guidance to properly deploy or extract implant	<input type="checkbox"/>	<input type="checkbox"/> Demonstrates some forward planning with reasonable progression of procedure; properly inserts and/or removes implant without guidance	<input type="checkbox"/>	<input type="checkbox"/> Obviously plans course of procedure with effortless flow from one move to the next; high economy of movement and maximum efficiency
Respect for Tissue	<input type="checkbox"/> Uses unnecessary force, or causes damage by inappropriate use of instruments	<input type="checkbox"/>	<input type="checkbox"/> Careful handling of tissue without excess force	<input type="checkbox"/>	<input type="checkbox"/> Consistently handles tissue adeptly and appropriately with minimal damage
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)