

Procedure Competency Assessment Tool – Incision & Drainage

Provider: _____ Date: _____

Procedure: 10060-1 Skin Abscess/Paronychia: 10140 Hematoma/Seroma:
 10080-1 Pilonidal Cyst: 10180 Complex Wound Infection: Location: _____
 10120-1 Foreign Body Removal: Location: _____

Number Completed to date: _____

| Please check the box corresponding to the candidate's performance in each category, irrespective of the training level. | | | | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Criterion | Novice | | Competent | | Expert |
| | 1 | 2 | 3 | 4 | 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, inappropriate needle or syringe selection, poor patient positioning, poor sterile technique, or does not properly identify landmarks | <input type="checkbox"/> | <input type="checkbox"/> Gathers key instruments and supplies; selects appropriate size needle/syringe; 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 Not Applicable <input type="checkbox"/> | <input type="checkbox"/> Requires guidance to provide adequate block | <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 |
| Flow of Procedure | <input type="checkbox"/> Frequently stops procedure and seems unsure of next move | <input type="checkbox"/> | <input type="checkbox"/> Demonstrates some forward planning with reasonable progression of procedure | <input type="checkbox"/> | <input type="checkbox"/> Obviously plans course of procedure with effortless flow from one move to the next |
| Incision & Respect for Tissue | <input type="checkbox"/> Inadequate incision size or depth; uses inappropriate force, causes damage by inappropriate use of instruments, or inadequate exploration or drainage | <input type="checkbox"/> | <input type="checkbox"/> Appropriate incision size and depth, careful handling of tissue using appropriate force; clears all drainable pockets and/or removes all foreign body fragments | <input type="checkbox"/> | <input type="checkbox"/> Consistently handles tissue adeptly and appropriately with minimal damage; thorough drainage |
| 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 without awkwardness; comfortable with application and extraction |
| Packing/Drain Placement Not Applicable <input type="checkbox"/> | <input type="checkbox"/> Needs guidance to adequately pack or avoid overpacking of wound, or to place drain | <input type="checkbox"/> | <input type="checkbox"/> Adequate packing of wound and/or places appropriate drain without guidance | <input type="checkbox"/> | <input type="checkbox"/> Smooth and efficient packing of wound and/or drain placement without excess waste |
| 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)