

Procedure Competency Assessment Tool – Joint, Bursa, Soft Tissue Aspiration or Injection

Provider: _____ Date: _____

Procedure: 20610 Major Joint: Subacromial: Knee: Other: _____

20605 Intermediate Joint: Acromioclavicular: Olecranon: Other: _____

20600 Small Joint _____ 20526 Carpal Tunnel Injection:

20612 Ganglion Cyst: 20550 Tendon Sheath: 20551 Tendon Origin/Insertion:

20552 Trigger Point (1-2): 20553 Trigger Point (3+):

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, 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
Ultrasound Transducer Use Not Applicable <input type="checkbox"/>	<input type="checkbox"/> Unsure of orientation and alignment of transducer	<input type="checkbox"/>	<input type="checkbox"/> Properly orients and scans with the transducer to acquire images needed	<input type="checkbox"/>	<input type="checkbox"/> Rapidly orients and scans with the transducer to acquire images needed
Recognition of Key Ultrasound Findings Not Applicable <input type="checkbox"/>	<input type="checkbox"/> Has difficulty identifying or differentiating key structures	<input type="checkbox"/>	<input type="checkbox"/> Identifies all key structures, including: tendon, muscle, bone, joint space, nerve, vessels, needle tip	<input type="checkbox"/>	<input type="checkbox"/> Rapidly and accurately identifies all relevant structures
Needle Positioning	<input type="checkbox"/> Corrections needed to properly position and direct needle/catheter	<input type="checkbox"/>	<input type="checkbox"/> Demonstrates proper technique to find anatomic landmarks for needle entry; independently positions and directs needle/catheter, repositioning or redirecting as needed	<input type="checkbox"/>	<input type="checkbox"/> Easily locates the anatomic landmarks and needle entry point positions and directs needle/catheter without need for repositioning or redirection
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
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
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

– CONTINUED ON OTHER SIDE –

Attending Name (Print) _____ Signature/Date: _____

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

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

Yes: No:

Comments:

Attending Name (Print) _____ Signature/Date: _____

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