

## Procedure Competency Assessment Tool – Newborn Circumcision

Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
 Procedure: 54150 Circumcision:  Other: \_\_\_\_\_  
 Method: Gomco:  Mogen:  Plastibell:   
 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
<b>Indication/ Informed Consent:</b>	<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 parent/guardian	<input type="checkbox"/>	<input type="checkbox"/> Clearly articulates the clinical value, potential complications, and alternatives to patient; accurately answers all parent/guardian questions to obtain informed consent
<b>Knowledge of Specific Procedure</b>	<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
<b>Procedure Setup</b>	<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; maintains sterile technique	<input type="checkbox"/>	<input type="checkbox"/> Anticipates supplies needed for unexpected complications; ergonomic setup of all instruments and supplies
<b>Local Anesthesia</b>	<input type="checkbox"/> Requires guidance to perform adequate block	<input type="checkbox"/>	<input type="checkbox"/> Uses correct technique to perform nerve or field block without guidance and achieves adequate anesthesia	<input type="checkbox"/>	<input type="checkbox"/> Smoothly and efficiently performs nerve or field block without guidance and with good anesthesia
<b>Procedure Flow &amp; Efficiency</b>	<input type="checkbox"/> Frequently stops procedure and seems unsure of next move; 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; clear economy of movement and maximum efficiency
<b>Respect for Tissue</b>	<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 excessive force	<input type="checkbox"/>	<input type="checkbox"/> Consistently handles tissue adeptly and appropriately with minimal damage
<b>Instrument Handling</b>	<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
<b>Management of Complications</b> 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:

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Attending Name (Print) \_\_\_\_\_ Signature/Date: \_\_\_\_\_

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