Procedural Skills Evaluation

Resident: ___________________________________  PGY  1  2  3  4  5  Date: ________________
Evaluator: _____________________  Procedure: _______ _________  Number of attempts: _______

For each skill below, consider at what level you trust the resident to perform a particular skill.

<table>
<thead>
<tr>
<th>Some knowledge but can't perform skill even with assistance</th>
<th>Should perform skill under direct supervision</th>
<th>Can perform skill under indirect supervision</th>
<th>Can perform skill independently</th>
<th>Can act as instructor or supervisor for this skill</th>
<th>Skill not observed or does not apply to this procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

1. Prepared beforehand by reviewing patient’s information and knowing indications, anticipated problems, required instruments. ______

2. Explained rationale for procedure and obtained informed consent. ______

3. Positioned patient appropriately and located traditional landmarks. ______

4. Washed hands and used gowns, glasses, gloves as appropriate. ______

5. Cleaned and draped site using sterile technique. ______

6. Performed a "Time Out." ______

7. Performed procedure in correct sequence without omitting steps. ______

8. Demonstrated competent, fluid, appropriate use of all instruments; able to use ultrasound to facilitate procedure if appropriate. ______

9. Secured line/catheter; applied dressing. ______

10. Strategically directed assisting staff; behaved professionally in a leadership role. ______

11. Handled complications. ______

12. Obtained and reviewed follow up imaging as appropriate. ______

13. Documented procedure appropriately. ______

14. Performed safe disposal of sharps and biohazard material and cleaned up area. ______

15. Overall how skilled do you think this resident was at performing this procedure? ______
Procedural Skills Evaluation

Minutes providing feedback __________

Comments:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Evaluator Signature