**Steps Common to all Procedures: Clinical Skills Assessment**

Fellow Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Performed? | | | |
| Indepen-dently | Correctly w/ prompts | Incorrectly | No |
|  |  |  |  | Knows indications / contraindications for procedure |
|  |  |  |  | Obtains informed consent (indicate if emergency procedure) |
|  |  |  |  | Required equipment / monitoring assembled |
|  |  |  |  | Required personnel present |
|  |  |  |  | Performs time out correctly |
|  |  |  |  | Washes hands and follows universal protocol |
|  |  |  |  | Uses proper sterile technique (when applicable) |
|  |  |  |  | Positions patient appropriately |
|  |  |  |  | Able to anticipate, identify, and manage complications |
|  |  |  |  | Communicates with patient as appropriate during procedure |
|  |  |  |  | Cleans site and applies dressing |
|  |  |  |  | Disposes of all sharps appropriately |
|  |  |  |  | Collects required samples, labels correctly, send appropriate tests |
|  |  |  |  | Reviews results |
|  |  |  |  | Documents procedure / completes note |

**Overall performance:**

* Performed independently and correctly *without* prompting
* Performed completely and correctly *with* prompting
* Performed partially or incorrectly

Comments (list complications/needed improvements as well): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_