

Interim Procedure Skills Assessment Form

Candidate Name:

<u>Candidate</u>: Using the chart below, indicate your *level of comfort* performing each of the procedures listed at the beginning of the CFA. The ranking scale is as follows:

- 1 = Not confident OR have never performed this procedure.
- 2 = Minimally confident; have learned and/or performed this, but not recently.
- 3 = Somewhat confident; have performed this in the recent past.
- 4 = Very confident; this is something I perform routinely and with skill.

Record the number of times you performed each procedure during the first six weeks of the CFA period. Please add procedures if necessary.

<u>A</u>	<u>lssessor:</u> Please indicate that you have observed the procedures listed, provide
у	our assessment of the candidate's competence in each procedure, sign below
а	nd return to PRA-BC with Interim CFAR report.

weeks of the CFA period. Please add procedures if necessary. Please sign and date the form and give it to your primary assessor at the beginning of Week 6. Assessor Name:								
	Candidate to complete:		Assessor to complete:					
Procedure	Self- ranking week 1	# performed at week 6	Competence Not Demonstrated	Competence Partially Demonstrated	Competence Demonstrated	Not Yet Assessed		
Pelvic Examination								
Papanicolou Examination								
Breast Examination								
Rectal exam/Prostate exam								
Suturing of lacerations under local anesthesia								
Removal of sutures/staples								
Wound assessments, debridement and dressings								
Syringing ear wax/removal of ear foreign body								
Wart treatments	1							
I & D of abscesses								
Identifying eye foreign bodies and treatment or appropriate referral								
Punch biopsies of skin lesions								
Excision of skin lesions								
Sebaceous cyst removal								
Splinting a limb for suspected or confirmed								
fracture, prior to referral to ER								
Partial/total nail removal								
Removal of foreign body from nose								
Aspirating/injecting a joint								
Other procedures (please list below):								
•								
•								
•								
•								
•								
•								
Assessor comments:								
Candidate comments:								
andidate Signature Date			Assessor Signa	ture	D	Date		