

Resident Competency Evaluation_Joint Aspiration & Injection Rev 7/2015

Instructions:

Number of competent Joint Aspiration and/or Injection evaluations to fulfill graduation requirement: 2

Subject Name: _____

Evaluator Name: _____

Evaluator Signature: _____

1* Date of Procedure

2* Patient Medical Record #

3* Overall observation of joint aspiration and/or injection

- Competent
- Not Competent

4 Indications for aspiration/injection are appropriate. No contra-indications are present

- Yes
- No

5 Resident chooses appropriate medication and dosage if an injection is planned

- Yes
- No

6 Resident appropriately explains joint aspiration/injection to the patient

- Yes
- No

7 Resident helps the patient feel comfortable

- Yes
- No

8 Resident explains what he/she is doing as the procedure progresses

- Yes
- No

9 Resident summarizes findings at the end of the procedure

- Yes
- No

10 Patient is appropriately and comfortably positioned

- Yes
- No

11 Correct site of entry is appropriately identified and marked

- Yes
- No

12 Good aseptic technique is used in preparing needles and syringes

- Yes
- No

13 Enters the joint space

- Yes
- No

14 Joint aspiration and/or injection are accomplished using aseptic technique

- Yes
- No

15 If obtained, joint fluid is properly preserved, labeled, and lab orders entered

- Yes
- No