

Resident Competency Evaluation_Lesion Removal: Cryo Rev 7/2015

Instructions:

Number of competent Lesion Removals: Cryo evaluations to fulfill graduation requirement: 2

Subject Name: _____

Evaluator Name: _____

Evaluator Signature: _____

1* Date of Procedure

2* Patient Medical Record #

3* Overall observation of lesion removal: cryo

- Competent
 Not Competent

4 Indications for liquid nitrogen cryo are appropriate

- Yes
 No

5 Resident appropriately explains risks, benefits, and likely success of cryo procedure to the patient

- Yes
 No

6 Resident helps the patient feel comfortable

- Yes
 No

7 Prior to the procedure, resident appropriately explains to the patient what to expect during the procedure

- Yes
 No

8 Resident is attentive to patient comfort during the procedure

- Yes
 No

9 Resident provides appropriate instructions for care of site following procedure

- Yes
 No

10 Patient is appropriately and comfortably positioned

- Yes
 No

11 Resident pares lesion or wart prior to cryo, if appropriate

- Yes
 No

12 Resident maintains adequate duration freeze of site during procedure

- Yes
 No