# **Procedure Competency Assessment Tool – Arterial Cannulation**

|               | Provider:           |                    |                       | Date:   |  |  |  |  |
|---------------|---------------------|--------------------|-----------------------|---|--|--|--|--|
|               | Procedure:          | [ ] 36620 Arte     | rial cannulation      | [ ] 76937 Ultrasound guidance for vascular access           |  |  |  |  |
|               | Site:               | [ ] Radial         | [ ] Brachial          | [ ] Femoral   |  |  |  |  |
|               | How many of thi     | is procedure have  | you completed thus    | s far?  |  |  |  |  |
| Please circle | e the descriptor co | rresponding to the | e candidate's perforn | nance in each category, irrespective of the training level. |  |  |  |  |

# **Indication/Informed Consent:**

| Novice   | Competent   | Expert   |
|--|---|--|
| Not sure of the patient's history,<br>context of the procedure, or has<br>knowledge gaps in procedure<br>contraindications or potential<br>complications | Understands the general indications,<br>contraindications, potential<br>complications, and clinical value of<br>procedure; able to explain to patient | Clearly articulates the clinical value,<br>potential complications, and<br>alternatives to patient; able to<br>accurately answer all patient<br>questions to obtain informed consent |

# **Knowledge of Specific Procedure:**

| Novice  | Competent   | Expert   |
|---|---|--|
| Deficient knowledge; unable to articulate procedure steps | Able to articulate all important steps of procedure | Demonstrates familiarity with all aspects of procedure |

### **Procedure Setup:**

| Novice  | Comp               | petent   | Expert  |
|---|--------------------|--|---|
| Does not gather required supplies,<br>poor patient positioning, poor sterile<br>technique, or does not properly<br>identify landmarks | properly positions | ments and supplies;<br>s patient; identifies<br>ns sterile technique | Anticipates supplies needed for unexpected complications; ergonomic setup of all instruments and supplies |

# Ultrasound Transducer Use: [ ] Not Applicable

| Novice  | Competent   | Expert   |
|---|---|--|
| Unsure of orientation and alignment of transducer | Properly orients and scans with the transducer to acquire images needed | Rapidly orients and scans with the transducer to acquire images needed |

#### Recognition of Key Ultrasound Findings: [ ] Not Applicable

| Novice   |   | Competent  | Expert  |
|--|---|--|---|
| Has difficulty identifying intended artery for cannulation, or differentiating from veins, nerves, or other structures | a | Identifies intended artery for cannulation and nearby structures to avoid; visualizes needle position relative to artery in short axis | Rapidly and accurately identifies all relevant structures; visualizes needle position relative to artery in long axis |

# **Procedure Competency Assessment Tool – Arterial Cannulation**

# **Needle Positioning:**

| Novice   | Competent   | Expert   |
|--|---|--|
| Corrections needed to properly position and direct needle/catheter | Independently positions and directs<br>needle/catheter, repositioning or<br>redirecting as needed | Easily positions and directs needle/catheter without need for repositioning or redirection |

#### Flow of Procedure:

| Novice   | Competent   | Expert   |
|--|---|--|
| Frequently stops procedure and seems unsure of next move | Demonstrates some forward planning with reasonable progression of procedure | Obviously plans course of procedure with effortless flow from one move to the next |

# Management of Complications: [ ] Not Applicable

| Novice  | Competent   | Expert  |
|---|---|---|
| Does not recognize or appropriately address developing complication; does not appropriately halt procedure with failed attempts | Recognizes and appropriately addresses developing complication; halts the procedure appropriately | Immediately recognizes developing complication; manages with precise direction and without hesitation |

| Overall on this task did the provider demonstrate competency to perform this procedure independently? |      |                 |  |  |
|---|------|-----------------|--|--|
| Yes N   | lo   |                 |  |  |
| Comments:   |      |                 |  |  |
|   |      |                 |  |  |
|   |      |                 |  |  |
| Attending Name (Pri   | nt): | Signature/Date: |  |  |