

## Pediatric O-SCORE Assessment of Technical Skills

Trainee name:	Date:
Staff name:	Procedure:
Relative complexity of this procedure to the average of the same procedure:      Low      Med      High	

**The purpose of this scale is to evaluate the trainee’s ability to perform this procedure safely and independently. With that in mind, please use the scale below to evaluate each item, irrespective of the resident’s level of training, in regards to *this* case.**

### Scale

- 1—“I had to do”—*i.e.*, Requires complete hands on guidance, did not do, or was not given the opportunity to do
- 2—“I had to talk them through”—*i.e.*, Able to perform tasks but requires constant direction
- 3—“I had to prompt them from time to time”—*i.e.*, Demonstrates some independence, but requires intermittent direction
- 4—“I needed to be in the room just in case”—*i.e.*, Independence but unaware of risks and still requires supervision for safe practice
- 5—“I did not need to be there”—*i.e.*, Complete independence, understands risks and performs safely, practice ready

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|---|----------|----------|----------|----------|----------|----------|
| <b>1. Pre-procedure plan</b>  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |          |
| <i>Knows indications for the procedure; can explain why the procedure is needed; obtains informed consent as required</i>   |          |          |          |          |          |          |
| <b>2. Case preparation</b>  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |          |
| <i>Correctly prepares and positions patient; appropriately selects instruments and maintains sterile technique; is aware of and plans for potential complications (e.g., airway management)</i> |          |          |          |          |          |          |
| <b>3. Knowledge of specific procedural steps</b>  | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |          |
| <i>Understands and is able to describe the steps of the procedure</i>   |          |          |          |          |          |          |
| <b>4. Technical performance</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |          |
| <i>Efficiently and successfully performs the procedure</i>  |          |          |          |          |          |          |
| <b>5. Post-procedure plan</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |          |
| <i>Completes an appropriate post-procedure plan (e.g., post-procedure orders)</i>   |          |          |          |          |          |          |
| <b>6. Overall efficiency and flow</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |          |
| <i>Procedure (#1-5) is efficiently planned and executed</i>   |          |          |          |          |          |          |
| <b>7. Overall communication</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |          |
| <i>Professional, appropriate, and effective communication with patient, family, and team members</i>  |          |          |          |          |          |          |
| <b>8. Overall, the resident is able to safely perform <i>this</i> procedure <i>independently</i> (circle)</b>   |          |          |          |          | <b>Y</b> | <b>N</b> |
| <b>9. Give at least 1 <i>specific</i> aspect of the procedure that was done well</b>  |          |          |          |          |          |          |

**10. Give at least 1 *specific* suggestion for improvement**