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Check mistakes made or potential mistakes needing prompting from the supervisor to avoid					
Confirm Indication	Did not identify a proper indication				
Contra-indications	Did not consider relevant contraindications				
Obtain Consent	 Did not obtain signed consent or justify forgoing it for an emergent condition Used medical jargon when explaining the procedure, if obtained Did not confirm patient's/surrogate's understanding, if obtained 				
Optimize Procedural					
Environment and Positioning	 Did not position patient to adequately engorge the vein (e.g., Trendelenburg) Did not position the US in clear view 				
Pre-procedural	Did not correctly identify IJ				
Ultrasound	Did not confirm vessel patency to the level of the clavicle				
Supplies	Did not obtain all necessary supplies before starting				
Timeout	Did not perform timeout				
Prepare supplies and sterile prep	 Did not don cap, mask with eye protection, sterile gown, and sterile gloves Scrubbed chlorhexidine <30 seconds Sterilized area smaller than drape aperture Misaligned drape over sterilized area Did not fully extend drape Did not fully extend drape Did not appropriately address contamination, if occurred Did not flush and clamp/cap lumens pre-procedure Did not test and prep guidewire 				
Procedural Steps	 Did not anesthetize tissue superficial to the vessel Did not directly visualize the tip of the needle as it is advanced Did not maintain negative pressure with the syringe while advancing the needle Did not advance guidewire to a sufficient depth Did not confirm guidewire position within the IJ by US in both short and long-axis views Did not maintain control of the guidewire throughout the procedure, until removing it Did not advance the catheter to at least 12cm Did not pull back catheter if ectopy occurred Did not confirm venous blood return in each port Did not flush and Luer lock (or clamp) each port post-procedure Did not apply chlorhexidine sponge or sterile dressing over the catheter insertion 				
Clean up, re-assess and line confirmation	 Did not dispose of sharps Did not reassess condition or update RN Did not perform beside US or order CXR for line confirmation and evaluation for pneumothorax 				



Passing Cut-offs

Minimum Passing Standard (MPS): Unsupervised Practice Standard (UPS): Checklist: \leq 21 mistakesGlobal: \geq 2Checklist: \leq 5 mistakesGlobal: \geq 4

Global: ≥ 2 Entrustment: ≥ 2 Global: ≥ 4 Entrustment: ≥ 4

Global Skills Assessment (GSA)						
1	2	3	4	5		
Novice	Beginner	Intermediate	Proficient	Expert		
Movements guided by	Knowledgeable about	Self-directed	Smooth and well-	Efficient, well-planned,		
verbal instruction or	appropriate steps but	movements with	coordinated	and fluid movements.		
through trial and	still familiarizing with	increased efficiency	movements. Readily	Facile with all		
error. Unable to	equipment and	and planning. Success	identifies unexpected	equipment and		
anticipate subsequent	inefficient or awkward	with uncomplicated	or high-risk conditions.	seamlessly adjusts for		
steps or adjust for	movements and	procedures. But slow	Familiar with	new conditions with		
new conditions.	positioning.	to recognize high-risk	troubleshooting	effectively		
		conditions, fails to	options and	implemented		
		request assistance	appropriately seeks	troubleshooting		
		when needed or and	assistance when	techniques.		
		not familiar with best	needed for higher			
		troubleshooting	level considerations.			
		methods.				
Entrustment: At what level do you entrust the provider to perform and/or supervise the procedure?						
1	2	3	4	5		
Critical Deficiencies	Full supervision	Partial supervision	Unsupervised practice	Educator		
High-risk for patient	Supervisor is gloved	Supervisor is ungloved	("indirect supervision")	Serves as instructor in		
harm. Can observe	and immediately	but immediately	Back-up assistance	didactics, and		
the procedure but not	available throughout	available for all critical	available within facility	simulation settings and		
ready to perform on	procedure providing	steps, offering	for unexpected and	is clinical back-up for		
live patients.	frequent verbal	occasional verbal	complex conditions.	high-risk and complex		
	instruction and/or	instruction and/or		situations.		
	hands on assistance.	assisting for complex	May provide			
		and unanticipated	supervision to trainees			
		conditions	but maintains low			
		conditions	threshold to request			
		conditions	threshold to request expert assistance in			
		conditions	threshold to request			
		conditions	threshold to request expert assistance in			
Final Score: Errors/pro	mpts on checklist:		threshold to request expert assistance in			