

ASSOCIATION OF PROFESSORS OF DERMATOLOGY

Simple Excision & Repair Assessment Tool

Expert rater checklist/scale for assessing technical skills during a simple excision

Purpose of Tool

To purpose of this tool is to assess proficiency in completing a simple excision. This tool can also be used to assess bilayered repairs, such as intermediate and complex repairs, but is of less utility for these, as it does not specifically assess some relevant elements such as undermining and the placement of deep sutures.

Components of the Tool

The tool is divided into two parts: (1) a step-by-step item checklist; and (2) a global rating scale. These tools can be used separately or in combination.

Detailed Description and Thresholds for Proficiency

The checklist includes 16 specific tasks (Figure 1), and in the simplest version each task is scored as yes/no, so total score on each can range from 0-16. A modified version may assign subscores for each category, with one version suggesting a value of 0 (not performed), 1 (performed with moderate proficiency), or 2 (performed with full proficiency), with a preset score level at which proficiency is considered to be demonstrated.

The global rating scale includes 8 categories (Figure 2) rated from a scale of 1 to 5, with 1 being minimal proficiency and 5 being full proficiency. Proficiency could be said to be achieved when each score were 3 or greater. Lower subscores at a point when proficiency was achieved in other categories may indicate the need for targeted remediation.

Scoring Protocols and Calibration of Raters

Scoring using these tools may be performed by a supervising dermatologist or dermatologic surgeon. In a program where multiple faculty are independently rating multiple residents, it is recommended that there be a formal calibration exercise to ensure that the expert raters are applying similar standards. One method for calibration is for two experts to simultaneously observe one or more resident excisions and then compare and discuss their ratings afterwards. Alternatively a video recording of an excision may be subsequently reviewed by a second faculty member, and then the ratings of two faculty discussed and compared.

When the Tool May be Administered

These tools may be administered at a point when proficiency has likely been achieved, to formally confirm proficiency. They may additionally be administered as a diagnostic tool early in residency training, significantly before proficiency is likely to be obtained, to guide training and identify areas for improvement.

Video Recording

If possible, it may be useful to obtain video recordings of excisions that are rated so that these can be reviewed later. Later reviews of video recordings may be with resident surgeons, to facilitate the provision of specific feedback. If these tools are used early in residency, saving early videos and comparing these to the later videos by the same resident may also be useful for monitoring progress. If video recording is to be performed, appropriate informed consent must be elicited from the patient, and recordings must be compliant with HIPAA provisions. It is also prudent to ensure that no patient identifiers are revealed in the recording.



ASSOCIATION OF PROFESSORS OF DERMATOLOGY

Simple Excision & Repair Assessment Tool

PART 1: Technical Skill Task Checklist

1.6 Selection of appropriate instruments and suture Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Correct placement of needle in holder Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Correct insertion of needle into tissue >80% of bites (i.e., at 90°) Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Equal bites on either side of wound Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Correct entry and exit points for given needle Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Distance between sutures Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Curvature of needle followed Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Smooth passage of needle, no hesitancy Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Careful handling of skin edge with forceps Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Dermis handled to cause eversion of edge Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Adequate dermis bite Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

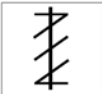
1.6 Square knot from first two throws Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Adequate number of throws Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Knot moved from suture line to cause eversion if necessary Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Stitch perpendicular to wound edge Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision

1.6 Eversion and Apposition of Wound Edge Did not assess this excision
 Competently Performed with this Excision Competency Not Yet Displayed with this Excision



ASSOCIATION OF PROFESSORS OF DERMATOLOGY

Simple Excision & Repair Assessment Tool

Part II: Global Rating Scale

Respect for Tissue Did not assess with this excision

I.6	1	2	3	4	5
	Minimally Proficient				Fully Proficient

Time and Motion Did not assess with this excision

I.6	1	2	3	4	5
	Minimally Proficient				Fully Proficient

Instrument Handling Did not assess with this excision

I.6	1	2	3	4	5
	Minimally Proficient				Fully Proficient

Suture Handling Did not assess with this excision

I.6	1	2	3	4	5
	Minimally Proficient				Fully Proficient

Flow of Operation Did not assess with this excision

I.6	1	2	3	4	5
	Minimally Proficient				Fully Proficient

Knowledge of Procedure Did not assess with this excision

II.3C	1	2	3	4	5
	Minimally Proficient				Fully Proficient

Overall Performance Did not assess with this excision

I.6	1	2	3	4	5
	Minimally Proficient				Fully Proficient

Quality of Final Product Did not assess with this excision

I.6	1	2	3	4	5
	Minimally Proficient				Fully Proficient

PART II Score out of 40: _____

COMMENTS FOR THE RESIDENT: