

Basic Skills Qualification Wound and Laceration Repairs



Evaluation Process

Prior to seeking BSQ certification, a resident should be confident in their skills. The "Basic Skills Qualification" is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

Resident: _____

	Competent	Needs Work
Obtains informed consent after explaining risks and benefits in terms the patient understands		
Assures adequate anesthesia. Selects the appropriate agent, including whether epinephrine is appropriate or not		
Irrigates the wound. Inspects thoroughly for evidence of damage to deep tissues. Uses radiographs appropriately		
Creates and maintains a sterile field		
Selects the appropriate suture and instruments needed. Demonstrates proper knot-tying technique and safe use of the needle		
Demonstrates appropriate placement of sutures, degree of tension, and techniques to optimize cosmesis and healing		
Explains post-op expectations, correct timeframe for return, and orders antibiotics or TD as need		

Faculty: _____

Date: _____



To demonstrate competence in wound and/or laceration repair, the resident will include the following elements:

- Obtains informed, written consent with clear explanation of risks and benefits of procedure – including (but not limited to) scarring, infection, or bleeding. Explains procedure in terms patients can understand, and answers all questions. Clarifies any allergies to anesthetics or iodine.
- Outlines indications for the repair, and the decision-making process regarding type of repair: with wound adhesive, wound tape (steri strips), staples, or sutures. Is able to articulate whether primary closure is appropriate or not in the patient's circumstances.
- Provides appropriate and adequate anesthesia. Demonstrates appropriate choice of epinephrine or not, depending upon site and procedure.
- Thoroughly irrigates any wound at risk for infection.
- Inspects the wound thoroughly and identifies any foreign bodies or injuries to underlying structures. Elects to use radiographs as needed.
- Selects proper suture materials for the site (absorbable vs non-absorbable, gauge, needle size and type)
- Selects appropriate patient positioning and is attentive to patient comfort throughout. Conducts procedure in a sensitive manner.
- Creates a sterile field and maintains sterile technique throughout.
- Demonstrates proper use of deep sutures, if appropriate. Demonstrates ability to undermine if appropriate.
- Demonstrates appropriate placement of curricular stitches, either continuous or interrupted. Demonstrates appropriate knotting technique.
- Provides appropriate patient instruction on wound care, signs of infection, return for follow-up and timeframe for suture removal as appropriate.
- Orders tetanus vaccination as needed (if >5 yrs since prior). Evaluates need for antibiotic coverage or not.

Finer Points: Optimally, the resident can demonstrate understanding and skill in creating neat closures with optimal treatment to facilitate healing. These include:

- eversion of the wound with proper needle placement
- forceps placement into dermis, to avoid tissue destruction to epidermis
- when delayed primary closure may be considered
- consideration of Langer's Lines and tension of wound
- vertical and horizontal mattress sutures as needed for areas of tension or need for greater eversion
- usually the optimal needle is reverse cutting, P is best (plastic), but also appropriate are C (cutaneous) or FS (for skin)
- when alternatives to sutures might be best