

PROCEDURAL COMPETENCY EVALUATION

Name _____

Date _____

Electrocardiography

Setting: Lab Clinical

Evaluator: Peer Instructor

Conditions (describe): _____

Equipment Used

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Equipment and Patient Preparation

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Verifies, interprets, and evaluates physician's order or protocol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Scans chart for diagnosis and any other pertinent data and notes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Selects, gathers, and assembles the necessary equipment: ECG machine, electrodes, gel, gauze, paper; ensures that the machine has sufficient paper | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Washes hands and applies standard precautions and transmission-based isolation procedures as appropriate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Identifies patient, introduces self and department | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Explains purpose of the procedure and confirms patient understanding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Assessment and Implementation

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. Plugs in the machine; ensures that the machine is operating properly and that sufficient supplies are available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Places patient appropriately in supine or semi-Fowler's position | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has patient remove all jewelry or metal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Instructs patient to relax completely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Applies clean limb electrodes to muscular areas of arms and legs; places electrodes in similar locations on both arms and legs; places chest leads in proper locations: | | | | |
| a. V1: Fourth intercostal space, right sternal margin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. V2: Fourth intercostal space, left sternal margin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. V3: Midway between V2 and V4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. V4: Fifth intercostal space, left midclavicular line | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. V5: Fifth intercostal space, left anterior axillary line | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. V6: Sixth intercostals space, left midaxillary line | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ensures patient comfort and respects patient privacy and modesty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Calibrates machine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Runs test strip | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Inspects rhythm strip for | | | | |
| a. Wandering baseline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 60-Cycle artifact | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Muscle tremor artifact | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Disconnected lead or intermittent loss of signal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Poor prep (contact) artifact | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Runs complete 12-lead ECG | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Follow-up

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 17. Removes electrodes and cleans electrode sites | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Maintains patient's privacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| 19. Cleans electrodes and machine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Scans cardiogram for any major arrhythmias | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Records pertinent data in chart and departmental records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Measures, analyzes, or interprets | | | | |
| a. Rhythm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Rate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. P wave | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. P-R interval | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. QRS complex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ST segment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. T wave | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Rhythm strip interpretation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Notifies appropriate personnel and makes any necessary recommendations or modifications to the patient care plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Evaluator

Signature of Student

PERFORMANCE RATING SCALE

- 5** EXCELLENT – FAR EXCEEDS EXPECTED LEVEL, FLAWLESS PERFORMANCE
4 ABOVE AVERAGE – NO PROMPTING REQUIRED, ABLE TO SELF-CORRECT
3 AVERAGE – THE MINIMUM COMPETENCY LEVEL, NO CRITICAL ERRORS
2 IMPROVEMENT NEEDED – PROBLEM AREAS EXIST; CRITICAL ERRORS, CORRECTIONS NEEDED
1 POOR AND UNACCEPTABLE PERFORMANCE – GROSS INACCURACIES, POTENTIALLY HARMFUL

PERFORMANCE CRITERIA

SCALE

1. DISPLAYS KNOWLEDGE OF ESSENTIAL CONCEPTS	5	4	3	2	1
2. DEMONSTRATES THE RELATIONSHIP BETWEEN THEORY AND CLINICAL PRACTICE	5	4	3	2	1
3. FOLLOWS DIRECTIONS, EXHIBITS SOUND JUDGEMENT, AND DEMONSTRATES ATTENTION TO SAFETY AND DETAIL	5	4	3	2	1
4. EXHIBITS THE REQUIRED MANUAL DEXTERITY	5	4	3	2	1
5. PERFORMS PROCEDURE IN A REASONABLE TIME FRAME	5	4	3	2	1
6. MAINTAINS STERILE OR ASEPTIC TECHNIQUE	5	4	3	2	1
7. INITIATES UNAMBIGUOUS GOAL-DIRECTED COMMUNICATION	5	4	3	2	1
8. PROVIDES FOR ADEQUATE CARE AND MAINTENANCE OF EQUIPMENT AND SUPPLIES	5	4	3	2	1
9. EXHIBITS COURTEOUS AND PLEASANT DEMEANOR	5	4	3	2	1
10. MAINTAINS CONCISE AND ACCURATE RECORDS	5	4	3	2	1

ADDITIONAL COMMENTS: INCLUDE ERRORS OF OMISSION OR COMMISSION, COMMUNICATIVE SKILLS, AND EFFECTIVENESS OF PATIENT INTERACTION:

SUMMARY PERFORMANCE EVALUATION AND RECOMMENDATIONS

SATISFACTORY PERFORMANCE – Performed without error or prompting, or able to self-correct, no critical errors.

_____ LABORATORY EVALUATION. SKILLS MAY BE APPLIED/OBSERVED IN THE CLINICAL SETTING.

_____ CLINICAL EVALUATION. STUDENT READY FOR MINIMALLY SUPERVISED APPLICATION AND REFINEMENT.

UNSATISFACTORY PERFORMANCE – Prompting required; performed with critical errors, potentially harmful.

_____ STUDENT REQUIRES ADDITIONAL LABORATORY PRACTICE.

_____ STUDENT REQUIRES ADDITIONAL SUPERVISED CLINICAL PRACTICE.

SIGNATURES

STUDENT: _____

EVALUATOR: _____

DATE: _____

DATE: _____

