

PROCEDURAL COMPETENCY EVALUATION

Name _____

Date _____

Mask CPAP / BiPAP™ Initiation

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 for appropriate modality | <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 | <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 in nonmedical terms that a mask CPAP/BiPAP™ device is going to be applied and what is involved; confirms the patient's understanding and answers any questions or concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Assessment and Implementation

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. Assesses the patient's vital signs, SpO ₂ , breath sounds, and ventilatory status | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Positions patient and measures the patient for the appropriate mask size | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Uses spacers to fill any gaps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Attaches the mask to the hose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Turns the unit or system on and selects proper mode | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Attaches the head straps to the patient's head; confirms proper fit and comfort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Adjusts the pressure to conform with the physician's order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Reassess vital signs, SpO ₂ , breath sounds, and ventilatory status | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Asks the patient how he or she is tolerating the pressure; readjusts mask if necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Follow-up

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 16. Maintains/processes equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Disposes of infectious waste | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Washes hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Records pertinent data in chart and departmental records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. 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: _____

