

# PROCEDURAL COMPETENCY EVALUATION

Name \_\_\_\_\_

Date \_\_\_\_\_

## Aerosol Generators

Setting:  Lab  Clinical

Evaluator:  Peer  Instructor

Conditions (describe): \_\_\_\_\_

### Equipment Used

\_\_\_\_\_

S  
A  
T  
I  
S  
F  
A  
C  
T  
O  
R  
Y

U  
N  
S  
A  
T  
I  
S  
F  
A  
C  
T  
O  
R  
Y

N  
O  
T  
O  
B  
S  
E  
R  
V  
E  
D

N  
O  
T  
A  
P  
P  
L  
I  
C  
A  
B  
L  
E

### Equipment and Patient Preparation

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Verifies, interprets, and evaluates physician's order or protocol for mode of delivery and F <sub>1</sub> O <sub>2</sub> | <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 purpose of the procedure and confirms patient understanding   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Selects appropriate aerosol generator and delivery device to achieve therapeutic objectives                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Assessment and Implementation

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. Assembles equipment and verifies function  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Assesses patient for vital signs, chest palpation, percussion and auscultation, secretions, airway patency, and humidity deficit   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Adjusts gas source or mist density to the appropriate flow rate for adequate flow to meet the patient's inspiratory demand; for oxygen concentrations 60% or greater, uses a tandem or double nebulizer setup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Attaches the delivery device to the patient and ensures patient comfort   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Analyzes the F <sub>1</sub> O <sub>2</sub> and adjusts the entrainment selector or mist density if applicable   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Follow-up

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. Reassesses the patient after application of the aerosol device   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Collects sputum, labels specimen containers, and sends to lab if indicated                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Maintains/processes equipment  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Disposes of infectious waste and washes hands  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Records pertinent data in chart and departmental records   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. 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: \_\_\_\_\_