PROCEDURAL COMPETENCY EVALUATION

Name _____ Date _____

Oxygen Therapy

Setting: ☐ Lab ☐ Clinical Evaluator: ☐ Peer ☐ Instructor

Conditions (describe): _____
_____

Equipment Used
_____
_____

	SATISFACTORY	UNSATISFACTORY	NOT OBSERVED	NOT APPLICABLE
Equipment and Patient Preparation				
1. Verifies, interprets, and evaluates physician's order or protocol	☐	☐	☐	☐
2. Scans chart for diagnosis and any other data and notes	☐	☐	☐	☐
3. Selects, gathers, and assembles the necessary equipment, including the appropriate oxygen administration device	☐	☐	☐	☐
4. Washes hands and applies standard precautions and transmission-based isolation procedures as appropriate	☐	☐	☐	☐
5. Identifies patient, introduces self and department	☐	☐	☐	☐
6. Explains purpose of the procedure and confirms patient understanding, including the safety considerations regarding smoking and electrical devices; posts "No Smoking" sign if required by policy	☐	☐	☐	☐
Assessment and Implementation				
7. Assesses the patient before beginning oxygen therapy by measuring pulse, respiratory rate, quality of respirations, and color; a pulse oximeter may be used; interviews the patient to determine if dyspnea is present	☐	☐	☐	☐
8. Assembles the equipment as required	☐	☐	☐	☐
9. Adjusts the flowmeter to the prescribed or adequate level	☐	☐	☐	☐
10. Verifies flow or concentration	☐	☐	☐	☐
11. Places the administration device properly and comfortably on the patient's face	☐	☐	☐	☐
12. Confirms fit and verifies patient comfort	☐	☐	☐	☐
13. Reassesses the patient after 5 min	☐	☐	☐	☐
14. Makes any adjustments in flow if required	☐	☐	☐	☐
Follow-up				
15. Maintains/processes equipment	☐	☐	☐	☐
16. Disposes of infectious waste and washes hands	☐	☐	☐	☐
17. Records pertinent data in chart and departmental records	☐	☐	☐	☐
18. Notifies appropriate personnel and makes any necessary recommendations or modifications to the patient care plan	☐	☐	☐	☐

_____ _____
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: _____