

PROCEDURAL COMPETENCY EVALUATION

Name _____

Date _____

STANDARD PRECAUTIONS/TRANSMISSION-BASED ISOLATION TECHNIQUES

Setting: Lab Clinical

Evaluator: Peer Instructor

Conditions (describe): _____

Equipment Used

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Assessment and Implementation

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Removes jewelry and watch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Adjusts water flow and temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wets forearms and hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Applies disinfectant soap liberally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Washes the following for a minimum of 15 seconds with strong friction: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Palms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Between digits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Under fingernails and around cuticles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Never touches sink with hands or body | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Rinses from the forearm to the fingertips | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Obtains towels aseptically | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Dries hands individually using separate towels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Turns off water using dry, clean towel (if no foot pedals) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Reviews patient chart and surveys patient room for any transmission-based isolation precautions posted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Obtains and applies PPE as appropriate in the following sequence: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Hair and foot coverings: for isolation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Gown: for potential soiling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Mask | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Goggles or face shield: for potential splattering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Gloves: for any direct contact with body fluids; examines for any tears or holes and replaces if necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Performs procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Follow-up

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. Maintains/processes equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Bags, seals, labels, and transfers contaminated equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Removes PPE in the following sequence: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Head and foot coverings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mask and goggles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Gloves: removed by pulling gloves down from wrist and turning them inside out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Gown: removed from inside out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Disposes of infectious waste | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Washes hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Transports contaminated equipment in low-traffic areas | <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: _____

