Procedural Competency Evaluation

STUDENT: **DATE:**

CLINICAL ORIENTATION

	PERFORMANCE LEVEL	PERFORMANCE RATING
Evaluator: ☐ Peer ☐ Instructor **Setting:** ☐ Lab ☐ Clinical Simulation		
Equipment Utilized: **Conditions (Describe):**		
Performance Level: S or ✓ = Satisfactory, no errors of omission or commission U = Unsatisfactory error of omission or commission NA = Not applicable		
Performance Rating: **5** **Independent:** Near-flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative; A = 4.7–5.0 average **4** **Minimally Supervised:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe; C = 3.0–3.65 **2** **Marginal:** Below average; critical errors or problem areas noted; would benefit from remediation; D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful; F = < 2.0 *Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure, and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).*		
STUDENT PREPARATION		
1. Obtained health clearance		
2. CPR certification verified		
3. Completed OSHA bloodborne pathogen training		
4. Completed HIPAA training		
5. Completed any other training as required by the clinical site		
6. Compliant with uniform dress code including: cleanliness of uniform, appropriate length of hair, and hand and fingernail hygiene		
7. Has stethoscope and other appropriate equipment		
8. Has received a clinical policy and procedure manual		
9. Placed in a course appropriate clinical rotation		
CLINICAL SITE		
10. Introduced to Department Director and other appropriate clinical staff		
11. Given a tour of the facility		
12. Instructed on site-specific policies regarding: infection control, fire and safety, cell phone and beeper usage, and other policies		

SIGNATURES   Student: Evaluator: Date: