Procedural Competency Evaluation

STUDENT: **DATE:**

MEDICAL RECORD DOCUMENTATION

		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).*			
1. Identifies and selects the proper medical record			
2. Identifies the proper section of the chart for documenting respiratory care services			
3. Dates and times the entry			
4. Charts the respiratory care procedure according to facility policy			
5. Includes all patient assessment data			
6. Includes medication dosage and mode of delivery, if indicated			
7. Charts patient response to therapy			
8. Signs the note (including credential) according to facility policy			
9. If a paper record is used, returns the chart to the proper location			
10. If an electronic record is used, closes the record and logs off the computer			

SIGNATURES   Student: Evaluator: Date: