# cid:image001.png@01D3E83E.A0878A10COMPETENCY ASSESSMENT TOOL

**Vital Signs for Non-Nursing Clinical Trial Coordinators**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee name** |  | **Employee**  **Number** |  |
| **Date of**  **assessment** |  | **Trials Unit** |  |

The employee acknowledges they are ready for observation of practice and has completed all preparation such as; read and understood relevant policy and/or protocols and completed any associated learning packages, pathways and/or workshops as outlined in the learning package

*(Employee’s signature/initial)*

The assessor must be a Registered Nurse/Midwife, Allied Health Professional or Medical Officer, as appropriate to the skill being assessed, who has been nominated as an assessor for this competency by their manager/educator and who has achieved competency in this procedure. *(Assessor’s signature/initial)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance criteria** | **Achieved?** | | **Feedback/further action required** |
| **Yes** | **No** |
| The competency is undertaken maintaining:   * WHS principles and safe work practices * The 5 moments of hand hygiene and principles of asepsis * Appropriate use of personal protective equipment relevant to risk * Patient identification policy and protocol * Patients’ rights and privacy e.g. appropriate explanation informed consent * Compassionate, respectful communication with consideration of social, cultural and emotional needs of the patient |  |  |  |
| **Procedure** |  |  |  |
| Identifies and prepares all items required |  |  |  |
| Performs the Blood Pressure measurement as per guidelines |  |  |  |
| Performs the Pulse measurement as per guidelines |  |  |  |
| Performs Respiration measurement as per guidelines |  |  |  |
|  |  |  |  |
| **Post procedure** | | | |
| Provides any relevant post procedure instructions or information  to the patient and/or carer |  |  |  |
| Accurately and legibly completes required documentation in the  source notes |  |  |  |
| Describes the process for escalation if there are concerns with |  |  |  |
| patient condition. |  |  |  |

|  |  |
| --- | --- |
| **The employee has been assessed as:**  **Competent**  *This competency assessment identified the employee as successfully meeting all performance criteria and complying with all policies and protocols as identified by the recorded date.*  **Not yet competent If not yet competent date for reassessment:**  *Additional training and support to be provided prior to reassessment.* | |
| **Assessor’s comments (optional):** | |
| **Signature of Assessor** |  |
| **Name and Designation**  **of Assessor** |  |
| **Signature of Employee** |  |