**Please ensure you complete practical assessments in order**. Oral medication administration must be completed first. Before subcutaneous insulin and simple IV and IM administration, followed by complex IV infusion assessment.

* This assessment must be completed by a Proficient Preceptor who has completed all post course requisites of the Preceptor Study Days or higher level of practice, or a Nurse Educator or Clinical Coach.
* The candidate must have completed all online medication certification required including drug calculation test.
* Please see the guide for assessment prompts, questions, and references.
* To successfully complete this assessment the candidate MUST demonstrate independent practice described in Bondy scale 1.
* *NB: If you work in an area without MedChart please indicate Not Applicable (N/A) for sections that do not apply*
* *NB: Some of these assessments are at the discretion of your clinical area.*

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| --- | --- | --- | --- |
| **Assessment scale for clinical assessments** | | | |
| **Scale label** | **Standard** | **Quality of Performance** | **Assistance** |
| **1**  **Independent** | **Safe, accurate** | **Proficient, coordinated, confident**  **Within an expedient time period**  **Accurate knowledge** | Without supportive cues |
| **2**  **Supervised** | Safe, accurate | Efficient, coordinated, confident  Within reasonable time period  Needs occasional prompting with relevant knowledge | Occasional supportive cues |
| **3**  **Supervised** | Safe, accurate,  inefficient and uncoordinated | Skilful in parts of behaviour  Inefficiency and unco-ordination  Within a delayed time period  Has some knowledge still requires explanation | Frequent verbal & occasional physical & directive cues in addition to supportive ones |
| **4**  **Marginal** | Safe but not alone  Performs at risk | Unskilled, inefficient  Prolonged time period  Needs continual cues as to relevant knowledge | Continual verbal & frequent physical cues |
| **5**  **Dependent** | Unsafe  Unable to demonstrate competency | Unable to demonstrate procedure/behaviour  Lacks confidence and efficiency  Has very limited knowledge related to the competency | Continuous verbal & physical cues |
| **N/O** | Not observed |  |  |

Adapted from: Bondy, K.M. (1983). Criterion – referenced definitions for rating scales in evaluation. Journal of Nursing Education. 22: 376-381.

When completed return form to your Nurse Educator to record in Ko Awatea LEARN to appear in the nurse’s HR record.

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|  | | | | | | | |
| **Name:** | **Department:** | | | | | **Date:** | |
| **COMPETENCIES** | | | **Comments -** Please provide an example for each section | | | | **Scale** |
| **Accountability** | | |  | | | |  |
| * Ensure the learner is able to identify their role and responsibilities regarding the administration of medication * Follows procedure regarding the checking of CD’s, IV or cytotoxic medication | | |  | | | |  |
| **Communication and Cultural Safety** | | |  | | | |  |
| 1. AI2DET demonstrated throughout  * Ensures patient/whaanau receives appropriate education regarding medication and any subsequent monitoring required  1. Communicates using ISBAR with the MDT (multi-disciplinary team) | | |  | | | |  |
| **Health & Safety** | | |  | | | |  |
| 1. Patient identification procedure followed 2. Ensures call bell available to patient and explanation of side effects provided 3. Correct use of equipment 4. Be able to identify and describe the following reasons medications may not be given: Withhold, Missed, Delay, Not Taken | | |  | | | |  |
| **Name:** | **Department:** | | | | **Date:** | | |
| **COMPETENCIES** | | | **Comments -** Please provide an example for each section | | | | **Scale** |
| **Allergies and Adverse Drug Reactions** | | |  | | | |  |
| 1. Locate allergies and alerts on MedChart 2. Type of reactions experienced categorised appropriately 3. Describe the reporting system via NMW or CARM as required | | |  | | | |  |
| **Documentation** | | |  | | | |  |
| * Documentation completed as per policies | | |  | | | |  |
| **Infection control** | | |  | | | |  |
| * Hand Hygiene performed * Adheres to infection control policies and procedures * Disposes of equipment used as per policies and procedures | | |  | | | |  |
| **Knowledge/Rationale** | | |  | | | |  |
| * Describes patients diagnoses, indications for use and expected drug action * Describes the usual dose range, frequency of administration, potential side effects and contraindications * State the recommended administration compatibilities and dilution * Accurately calculates dose * Identify the four places where the last administered time can be found in MedChart | | |  | | | |  |
| **Procedure for MedChart printing** | | |  | | | |  |
| * All required infusion equipment prepared for use * Medication dispensed correctly * Removed the medication from Pyxis, and pressed confirm   **All administration routes:**   * Checks the five rights (right patient, right drug, right dose, right time, right route) * Checks if any known allergies * Access administration site and device as per policy * Ensures medication is administered * Press confirm at time of administration | | |  | | | |  |
| **Outage Procedure for MedChart** | | |  | | | |  |
| * Describe when a medication chart requires printing * Demonstrate how to print a chart | | | | | | | |
| **Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Name of Assessor:** | | Date: | | **Signature & designation of assessor:** | | | |
| **Senior Nurse/Midwife Signature**: | | Date: | | *Upload this completed form to the Ko Awatea LEARN course* | | | |