**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 * Follow correct procedure regarding the independent double checking of insulin | |  | |  |
| **Communication and Cultural Safety** | |  | |  |
| * AI2DET demonstrated throughout * Ensures patient/whaanau receives appropriate education regarding medication and subsequent monitoring required * Communicates using SBAR with MDT (multi-disciplinary team) | |  | |  |
| **Health & Safety** | |  | |  |
| * Patient identification procedure followed * Ensures call bell available to patient and explanation of side effects provided * Correct use of equipment – able to explain the differences between an insulin syringe and a 1mL syringe. Able to identify how to use an insulin pen. * Be able to identify and describe the following reasons medications may not be given: Withheld, Missed, Delayed, Not Taken. | |  | |  |

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| **Name:** | **Department:** | | **Date:** | |
| **Competencies** | | **Comments** | | **Scale** |
| **Allergies and adverse drug reactions** | |  | |  |
| * Locate allergies and alerts on MedChart * Type of reaction experienced categorised appropriately * Activate the reporting system via NMW or CARM as required | |  | |  |
| **Documentation** | |  | |  |
| * Documentation completed as per policies | |  | |  |
| **Infection Control** | |  | |  |
| * Hand hygiene * Adheres to Infection Control policies and procedures * Disposes of equipment used as per policies and guidelines | |  | |  |
| **Knowledge/Rationale** | |  | |  |
| * Describes patient’s diagnoses, indications for use and expected drug action * Adequate oral intake assessed * Describes the usual dose range, frequency of administration, potential side effects and contraindications * Identify the type of insulin (rapid, short, intermediate, long acting) * States the recommended best practice method of administration (needle angle, rotation of sites) * Accurately calculates the dose and draws up the correct amount in the correct syringe * Can identify the four places where the last administered time can be found * Ensures the patient is not on any other forms of insulin therapy/self-administering | |  | |  |
| **Procedure** | |  | |  |
| * Blood glucose level checked immediately prior to administration * Insulin is dispensed correctly * Correct insulin is removed, expiry date and date of opening checked * Checks the five rights (right patient, right drug, right dose, right time, right route) * Checks for any known allergies * Ensures the medication is administered * Press confirm at the time of administration. * Outline plan for ongoing monitoring of blood glucose levels * Knows the hypoglycaemia & hyperglycaemia management procedures | |  | |  |

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| **Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Name of Assessor:** | Date: | **Signature & designation of assessor:** |
| **Senior Nurse/Midwife Signature**: | Date: | *Upload this completed form to the Ko Awatea LEARN course* |