

Pulaski Technical College
Anesthesia Technology
Clinical Skills Evaluation

Student Name: _____

Facility Name: _____

<u>Course</u> (Circle One)	<u>Clinical Experience 1</u>	<u>Clinical Experience 2</u>
	Operating Room	Operating Room
	Burn Unit	Burn Unit
	CVOR	CVOR
	Radiology	Radiology
	Other _____	Labor & Delivery
		Other _____

For each of the categories listed, briefly describe the experience and indicate the student's level of performance. See "Assessing Performance" in the Clinical Preceptor Agreement for examples of skills.

- 4 – The student demonstrated excellent competency
- 3- The student demonstrated satisfactory competency
- 2 – The student demonstrated novice competency and needs more experience
- 1 – The student demonstrated unsatisfactory competency and requires corrective action
- OBS - The student observed this experience only

ANESTHESIA EQUIPMENT

_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS

SPECIALITY EQUIPMENT

_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS

ANESTHESIA SUPPLIES

_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS

ANESTHESIA MEDIATIONS

_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS

DECONTAMINATION AND STERILIZATION

_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS

INFECTION CONTROLS PRECAUTIONS

_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS

STERILE TECHNIQUE

_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS

ROOM PREPARATION/TURN OVERS

_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OB
_____	4	3	2	1	OBS

ROOM CLEAN UP AND STOCKING PROCEDURES

_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS

SPECIMEN COLLECTION

_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS

EMERGENCY SITUATIONS

_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS

OTHER

_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS
_____	4	3	2	1	OBS

For each behavior that is rated a “1”, please provide an example to illustrate to the student why the behavior needs to be improved or does not meet the expectations. Recommendations, in conjunction with an action, plan, should be made as to how the student can correct/improve this behavior. This will be reviewed with the students at the Clinical Facility and as needed with the Clinical Coordinator. Use as many copies of this page as needed.

IDENTIFIED CLINICAL SKILL NEEDING IMPROVEMENT

RECOMMENDATION/ACTION PLAN

IDENTIFIED CLINICAL SKILL NEEDING IMPROVEMENT

RECOMMENDATION/ACTION PLAN

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