**Appendix C**

**RDaSH Clinical Skills Assessment Tool**

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Name of Clinical procedural Skill **Assessment Number/Refresher(R) or Update(U):**

**Simulation or patient (circle)**

|  |
| --- |
| **Y / N**  |

**Final Assessment:**

Name of participant: Job title: Place of work:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category**  | **Areas of competence:** | **Met****Not Met****N/A** | **Areas for improvement/omissions** | **Areas of good practice** | **Level****0,1,2,3,4,5** |
| **Pre-procedure** | **ID, consent and discussion,**  |  |  |  |  |
| **Hand hygiene and PPE** |  |
| **Patient position and dignity** |  |
| **Procedure** | **Safe/effective use of equipment** |  | **Action Plan** |  |
| **Involve patient as appropriate** |  |
| **Safe disposal of equipment as appropriate**  |  |
| **Post-procedure** | **Expected outcome** |  |  |  |
| **Documentation and record keeping** |  |
|  **IPC/ decontamination**  |  |
| **Dealing with** **complications**  | **Identify complications, seek timely advice** |  |  |  |
| **Action to Rectify** |  |
| **Reporting/record keeping**  |  |
| **Reflection** | **Learner to sign once given feedback:**  |

**Assessor Name: Assessor Sign: Assessor Qualifications: Date:**

**Print Name) (Signature)**

**RDaSH Clinical Skills Assessor:**