**A blue and white logo with black text

Description automatically generatedAppendix C**

**RDaSH Clinical Skills Assessment Tool**

|  |
| --- |
|  |

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:**