Transition to Perioperative Practice Program

CLINICAL SKILLS AND PERFORMANCE ASSESSMENTS

NSW GOVERNMENT

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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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CLINICAL SKILLS AND PERFORMANCE ASSESSMENTS (CSPA) OVERVIEW

Your perioperative nursing skills will develop as you undertake clinical practice across a range of roles and experiences. To assess your clinical progress and provide you with feedback on your practice, you will undertake a series of clinical skills and performance assessments during T2PP.

CLINICAL SKILLS

There are a number of stand-alone clinical skills assessments to assess participant development whilst undertaking specific skills e.g. scrubbing, gowning and gloving, or checking an anaesthetic machine. These skills can be assessed under simulation conditions if clinical opportunities are unavailable or are considered unsuitable for a novice nurse to participate. You must 'achieve' each criteria to satisfactorily complete the skills assessment. If one of more of the criteria are deemed 'not yet achieved', additional education will be recommended and supported, and further clinical skills assessments carried out until all criteria are achieved.

PERFORMANCE ASSESSMENTS

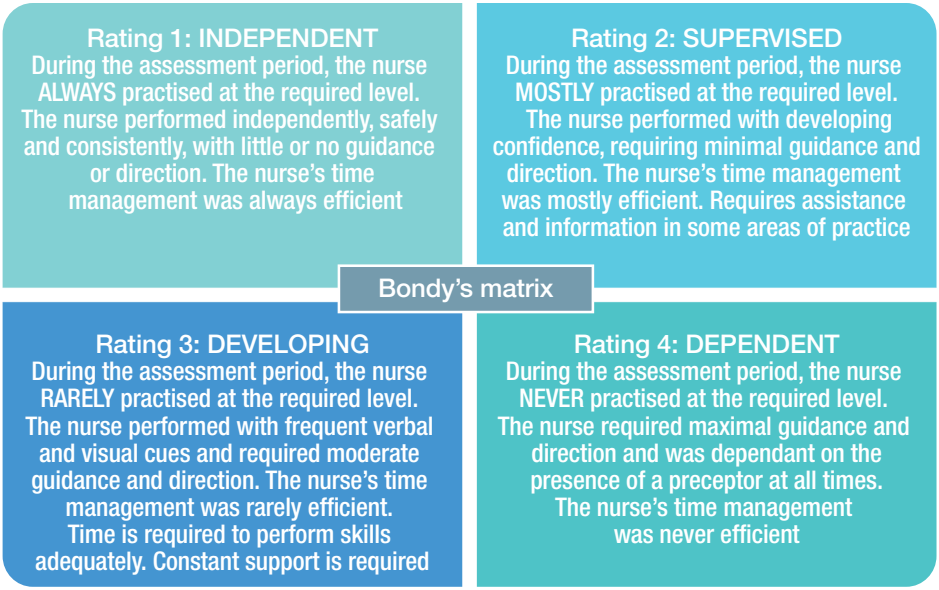
In addition to the clinical skills assessments, performance assessments are to be completed for each perioperative nursing role you undertake during T2PP. They take a holistic approach to clinical performance assessment, requiring observation of your practice over approximately a four hour period (or one theatre session) by your facilitator or clinical support person. This provides the opportunity to observe you undertake a number and variety of procedures and related nursing care.

The performance assessments use the Bondy rating matrix (see Figure 1) which is a recognised educational evaluation tool intended to evaluate the amount of supervision required to carry out professional responsibilities (EdCan, ND). The four-point rating scale allows feedback to be provided on your performance as you develop skills and knowledge in each specialty area. The Bondy rating matrix assists in identifying your areas of strength and areas which require further experience or additional education.

You are encouraged to self-assess at the same time as the performance assessment is being undertaken, using a duplicate form. You and the assessor (facilitator or clinical support person) will then meet to confidentially discuss and compare ratings, and complete the assessment documentation.

A minimum of two performance assessments should be undertaken for each role you are allocated to during T2PP. It is recommended that one assessment is undertaken during the first few weeks of your rotation in a specific role. This provides the facilitator and clinical support person with the opportunity to evaluate your performance at the start of your rotation. Feedback on your strengths can be provided and further education and support in areas that require improvement. A further assessment is carried out at the completion of your rotation to evaluate your performance. Additional assessments can be carried out as required.

Figure 1. Bondy's assessment matrix



The ongoing assessment of clinical performance should be viewed as a tool to guide learning and development. You will be assessed as a foundation level clinician.

The following table summarises the CSPAs to be performed with each nursing role.

CLINICAL SKILLS AND PERFORMANCE ASSESSMENTS FOR EACH SPECIALTY ROLE

Role	Clinical skills & performance assessments
Anaesthetic nurse	**Performance assessment**
	Clinical skills: • checking anaesthetic machine • basic airway management (anaesthetics) • intubation (adult) • rapid sequence induction • managing accountable items (for anaesthetic procedures and relief)
Circulating nurse	**Performance assessment**
	Clinical skill: • managing accountable items
Instrument nurse	**Performance assessment**
	Clinical skill: • surgical hand antisepsis, gowning and gloving
PACU nurse	**Performance assessment**
	Clinical skills: • pain management • airway management (PACU) • intubation (adult, PACU)

Reference: Australian Government, Cancer Australia. ND. *EdCan, National education framework: Assessment fact sheet: Performance assessment using competency assessment tools.* Queensland University of Technology.
Accessed: http://edcan.org.au/assets/edcan/files/docs/EdCan-FactSheet-CATs.pdf

CLINICAL SKILLS AND PERFORMANCE ASSESSMENTS

RECORD OF T2PP CLINICAL SKILLS AND PERFORMANCE ASSESSMENTS

Nursing role	Date of completion	Date of completion	Date of completion	Date of completion
	First attempt	Subsequent attempts		
Anaesthetic nurse				
Performance Assessment				
Clinical Skill: Checking anaesthetic machine				
Basic airway management (anaesthetics)				
Intubation (adult)				
Rapid sequence induction				
Managing accountable items (for anaesthetic procedures and relief)				
Circulating nurse				
Performance Assessment				
Clinical Skill: Managing accountable items				
Instrument nurse				
Performance Assessment				
Clinical Skill: Surgical hand antisepsis, gowning and gloving				
PACU nurse				
Performance Assessment				
Clinical Skills: Pain management				
Airway management (PACU)				
Intubation (adult, PACU)				

ANAESTHETIC NURSE

T2PP Clinical Skill Assessment – Anaesthetic machine check: Level 2 check

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Undertakes machine check according to relevant standards, policies and guidelines						
Ensures service label is present confirming service status and next service due						
Ensures anaesthetic machine is connected to an Uninterrupted Power Supply (UPS)						
Performs a level 2 check of the anaesthetic machine as per ANZCA Guidelines: PS31						
Confirms gas pipelines are connected correctly within the anaesthesia delivery system						
Confirms the integrity of oxygen failure warning devices and associated gas shut-off systems						
Identifies the composition and verifies accuracy of flow-rates of delivered gases						
Checks pressure and volume delivery						
Checks alarm functions						
Confirms gas scavenging system is functioning						
Confirms patient suction system is functioning						
Ensures reserve oxygen cylinder pressure is appropriate and the cylinder can be turned on and off						
Checks required vapouriser is present and performs a leak test						
Checks the volatile anaesthetic agent levels are within the marked limits						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Checks breathing system and circuit to ensure correct assembly and absence of leaks						
Checks the indicator colour of the carbon dioxide absorbent against the manufacturer's specifications; explains indications of exhaustion						
Confirms the availability of alternate method of oxygen delivery and positive ventilation						
Confirms the availability of emergency airway equipment						
Checks availability and functioning of ETCO2 analysis device						
Checks availability of IV infusion devices						
Final Check at conclusion of operating session Ensures vapourisers are turned off and the breathing system is purged with oxygen						
Changes circuit when appropriate and performs leak check						
Changes carbon dioxide absorbent as required						
Documents and escalates any issues noted						

*** METHOD OF ASSESSMENT (tick appropriate response)**

O = Observation of performance **Q** = Questioning to elicit knowledge of criteria **SIM** = Simulation using training models

^ RATINGS:

ACHIEVED Performs independently and consistently, requiring little or no guidance or direction. Does not require the presence of a preceptor.	**NOT YET ACHIEVED** Requires frequent verbal and visual cues, moderate guidance and direction. Time is required to perform skills adequately and constant preceptor presence is required.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation			

OVERALL RESULT: ☐ **Achieved** ☐ **Not yet achieved**

ACHIEVED: The participant has achieved all relevant criteria during the assessment.

NOT YET ACHIEVED: The participant has not yet achieved one or more criteria and will require re-assessment.

Re-assessment is recommended within _____ days/weeks. Prior to re-assessment, it is recommended the participant undertakes additional:
☐ theory ☐ instruction ☐ clinical practice

Acknowledgments: Minty, C. (2002), ***The Mater Hospital Perioperative Clinical Competency Assessments***, South East Health Foundations in Perioperative Nursing Program; Randwick Campus Operating Suite (2018), Core Skills SESLHD; Australian College of Operating Room Nurses (2018), ***ACORN Standards for Perioperative Nursing in Australia***; Nursing and Midwifery Board of Australia (2016), ***Registered Nurse Standards for Practice***; Australian and New Zealand College of Anaesthetists (ANZCA) (2014), ***PS31:Guidelines on Checking Anaesthetic machine***; ANZCA (2015), ***PS18: Guidelines on Monitoring During Anaesthesia***.

T2PP Clinical Skill Assessment – Basic airway management (Anaesthetics)

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Checks and confirms patient identity using ID band, patient notes and verbally with patient (if appropriate)						
Introduces self to patient						
Explains the nurse's role in airway management						
Prepares the patient for relevant airway management according to evidence based practice, national standards, guidelines, policies and anaesthetist's preference						
Provides reassurance and explanations to patient						
Adheres to infection prevention and asepsis principles as appropriate; selects and dons appropriate PPE						
Ensures anaesthetic machine has been checked						
Ensures suction is turned on and easily accessible						
Prepares the appropriate equipment in consultation with the anaesthetist including rationale and sizes for mask, artificial airway, blade, and other equipment						
States upper airway anatomical considerations for an adult						
Assesses the patient's airway and patient's ability to maintain own airway						
Describes steps in basic airway management, such as jaw thrust and head tilt						
Demonstrates bag/valve mask ventilation						
Demonstrates correct technique for placement of LMA/ETT (circle)						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Assesses patency and correct placement of artificial airway: observes for air and chest movement, use of accessory muscles, ETCO2						
Demonstrates technique for effective maintenance of airway						
Discusses the indications for rapid sequence intubation						
Explains nursing actions in the event of a planned difficult intubation including equipment and process						
Explains nursing actions in the event of an unanticipated difficult airway including emergency equipment, communication, and protocols						
Demonstrates assistance in airway removal: LMA/ ETT (circle)						
Monitors patient's physiological responses and initiates appropriate action and rationale as required						
Monitors patient's emotional responses, initiates appropriate action and provides rationale						
Removes all equipment from patient area and manages disposal or reprocessing according to policy						
Communicates effectively with colleagues if assistance is required						
Documents all interventions appropriately						

*** METHOD OF ASSESSMENT (tick appropriate response)**

O = Observation of performance **Q =** Questioning to elicit knowledge of criteria **SIM** = Simulation using training models

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ACHIEVED Performs independently and consistently, requiring little or no guidance or direction. Does not require the presence of a preceptor.	NOT YET ACHIEVED Requires frequent verbal and visual cues, moderate guidance and direction. Time is required to perform skills adequately and constant preceptor presence is required.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation			

OVERALL RESULT: ☐ **Achieved** ☐ **Not yet achieved**

ACHIEVED: The participant has achieved all relevant criteria during the assessment.

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Re-assessment is recommended within _____days/weeks. Prior to re-assessment, it is recommended the participant undertakes additional:
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T2PP Clinical Skill Assessment – Intubation (adult, ANAES)

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Introduces self to patient; explains role in anaesthesia						
Checks and confirms patient identity using ID band, patient notes and verbally with patient (if appropriate)						
Prepares the patient for relevant airway management according to evidence based practice, national standards, guidelines, policies and anaesthetist's preference						
Adheres to infection prevention and asepsis principles as appropriate; selects and wear appropriate PPE						
Ensures anaesthetic machine has been checked						
Ensures suction is turned on and easily accessible						
Ensures oxygen supply is turned on to appropriate level						
Provides rationale for use of airway equipment, including nasopharyngeal, Guedels, LMA and ETT						
Collaborates with anaesthetist to plan the induction, maintenance and emergence phases of anaesthesia or sedation						
Selects and provides rationale for additional equipment i.e. suction catheter, stylet, bougie, NG tube, Magills forceps						
States upper airway anatomic considerations for an adult patient						
States action of anaesthetic drugs required						
Implements appropriate monitoring, interprets data and reports changes to anaesthetist						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Works with anaesthetist to provide IV access, fluid management and drug administration						
Assists anaesthetist with intubation						
Confirms placement and securement of ETT						
Assists anaesthetist with maintenance of airway						
Selects equipment in preparation for extubation i.e. suction, syringe, oro/nasopharyngeal airways, oxygen mask						
Assesses patient for extubation readiness and explains indications						
Assists anaesthetist with extubation						
Monitors patient's physiological responses during emergence from anaesthesia						
Monitors patient's emotional responses and initiates appropriate action and rationale as required						
Describes potential complications and their management						
Removes all equipment from patient area and manages disposal or reprocessing according to policy						
Documents nursing care according to local policy						

*** METHOD OF ASSESSMENT (tick appropriate response)**

O = Observation of performance **Q** = Questioning to elicit knowledge of criteria **SIM** = Simulation using training models

^ RATINGS:

ACHIEVED Performs independently and consistently, requiring little or no guidance or direction. Does not require the presence of a preceptor.	NOT YET ACHIEVED Requires frequent verbal and visual cues, moderate guidance and direction. Time is required to perform skills adequately and constant preceptor presence is required.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation			

OVERALL RESULT: ☐ **Achieved** ☐ **Not yet achieved**

ACHIEVED: The participant has achieved all relevant criteria during the assessment.

NOT YET ACHIEVED: The participant has not yet achieved one or more criteria and will require re-assessment.

Re-assessment is recommended within _____ days/weeks. Prior to re-assessment, it is recommended the participant undertakes additional:
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T2PP Clinical Skill Assessment – Rapid sequence induction

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
States the indications for rapid sequence induction (RSI)						
Explains RSI procedure and timings						
Describes potential complications and their management						
Describes relevant anatomy and location of cricoid cartilage						
Introduces self to patient; explains role in anaesthesia						
Checks and confirms patient identity using ID band, patient notes and verbally with patient (if appropriate)						
Prepares the patient and environment for relevant airway management according to evidence based practice, national standards, guidelines, policies and anaesthetist's preference						
Adheres to infection prevention and asepsis principles as appropriate; selects and wear appropriate PPE						
Communicates with anaesthetist to plan the RSI and confirm the nurse's role in the sequence of events						
Checks and prepares equipment for RSI according to anaesthetist preference						
Implements appropriate monitoring, interprets data and reports changes to anaesthetist						
Works with anaesthetist to provide IV access, fluid management and drug administration						
Demonstrates RSI sequence including correct application of cricoid pressure and timing of release						
Assists anaesthetist to secure ETT						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Removes equipment from patient area and manages disposal or reprocessing according to local policy						
Monitors patient's colour and oxygen saturation and reports changes to anaesthetist						
Documents nursing care according to local policy						

*** METHOD OF ASSESSMENT (tick appropriate response)**

O = Observation of performance **Q** = Questioning to elicit knowledge of criteria **SIM** = Simulation using training models

^ RATINGS:

ACHIEVED Performs independently and consistently, requiring little or no guidance or direction. Does not require the presence of a preceptor.	**NOT YET ACHIEVED** Requires frequent verbal and visual cues, moderate guidance and direction. Time is required to perform skills adequately and constant preceptor presence is required.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation			
OVERALL RESULT: ☐ **Achieved** ☐ **Not yet achieved** ACHIEVED: The participant has achieved all relevant criteria during the assessment. NOT YET ACHIEVED: The participant has not yet achieved one or more criteria and will require re-assessment. Re-assessment is recommended within _____ days/weeks. Prior to re-assessment, it is recommended the participant undertakes additional: ☐ theory ☐ instruction ☐ clinical practice			

Acknowledgments: Minty, C. (2002), ***The Mater Hospital Perioperative Clinical Competency Assessments***, South East Health Foundations in Perioperative Nursing Program; Randwick Campus Operating Suite (2018), Core Skills SESLHD; Australian College of Operating Room Nurses (2018), ***ACORN Standards for Perioperative Nursing in Australia***; Nursing and Midwifery Board of Australia (2016), ***Registered Nurse Standards for Practice***.

T2PP Clinical Skill Assessment – Managing accountable items (anaesthetic)

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Adheres to NSW Health policy directive, ACORN Standards and relevant local policy						
Identifies when a count is required and when it is appropriate to document 'no count required'						
Confirms a minimum of two (2) counts to be carried out unless a cavity is opened						
Determines items to be included in the count and justifies the inclusion of 'mandatory' and 'other' items						
Ensures counts are carried out by two (2) nurses, one of whom must be a Registered Nurse/Registered Midwife						
Explains the same two (2) nurses perform all counts where possible						
Accurately completes NSW Health approved paper based system (count sheet) chronologically and contemporaneously						
Completes count of accountable items at commencement of the closure of each cavity						
Finalises tray check on completion of the procedure and prior to patient being discharged from PACU						
Ensures all instruments, waste receptacles, accountable and other items remain in the operating/procedure room until the completion of the procedure						
Ensures all instruments, waste receptacles, accountable and other items are removed from the operating/procedure room at the completion of the procedure and prior to next patient entering OR						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Demonstrates or describes the procedure in the event of a discrepancy in the count						
Documents outcome of the count on the Electronic Medical Record (EMR) as per local policy						
Ensures surgeon/proceduralist signs the count sheet						
Instrument Nurse						
Assumes ultimate responsibility for ensuring complete and accurate documentation of the count; signs count sheet to acknowledge same						
Ensures items remain in original packaging/secured so they do not become separated prior to counting						
Completely separates all items, checks integrity and visualises radio opaque marker (where applicable)						
Counts all items as per their original packaging (e.g. 5 or 10) and keeps piles separate until verification of number per package is obtained						
Counts aloud and simultaneously with the circulating nurse						
Confirms completeness of all items prior to handing them to the surgeon						
Verifies and sights any documentation of the count on the count sheet with circulating nurse i.e. when additional accountable items are opened and counted						
Keeps accountable items together until initiating 'counting away' process or final count						
Demonstrates 'counting away' technique as required						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Notifies the surgeon/proceduralist of the outcome of each closure count						
Confirms completeness of all items at the completion of the procedure						
Circulating Nurse						
Removes from the OR any accountable items dropped or contaminated prior to the initial count and does not include these in the count						
Observes, counts aloud and documents all accountable items with the instrument nurse, prior to the commencement of the procedure						
Visualises all items for completeness and identifies radio opaque marker (where applicable)						
Accurately records number of items on count sheet as each is counted with instrument nurse						
Verifies/displays entry of items on the count sheet with the instrument nurse						
Describes the process to follow in the event of an incorrect number of items within a package						
Manages accountable items outside aseptic field e.g. prep swabs						
Ensures waste and equipment remain in the room until a correct final count has been completed						
Observes, counts aloud and documents all accountable items with the instrument nurse when added during the procedure						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Displays documentation of items added during the procedure for instrument nurse to visualise						
Participates in 'counting away' procedure with instrument nurse						
Organises any items that have been 'counted away' so that they are readily visible						
Adds up each accountable item on count sheet at instrument nurse's request, prior to any count processes						
Observes, counts aloud and documents all accountable items with the instrument nurse, for all closure counts						
Assists team with management of any count discrepancies						
Participates in checking instrument trays with the instrument nurse and completes documentation						

*** METHOD OF ASSESSMENT (tick appropriate response)**

O = Observation of performance **Q** = Questioning to elicit knowledge of criteria **SIM** = Simulation using training models

^ RATINGS:

ACHIEVED Performs independently and consistently, requiring little or no guidance or direction. Does not require the presence of a preceptor.	NOT YET ACHIEVED Requires frequent verbal and visual cues, moderate guidance and direction. Time is required to perform skills adequately and constant preceptor presence is required.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation			

OVERALL RESULT: ☐ **Achieved** ☐ **Not yet achieved**

ACHIEVED: The participant has achieved all relevant criteria during the assessment.

NOT YET ACHIEVED: The participant has not yet achieved one or more criteria and will require re-assessment.

Re-assessment is recommended within _____ days/weeks. Prior to re-assessment, it is recommended the participant undertakes additional:

☐ theory ☐ instruction ☐ clinical practice

Acknowledgments: Minty, C. (2002), ***The Mater Hospital Perioperative Clinical Competency Assessments***, South East Health Foundations in Perioperative Nursing Program; Randwick Campus Operating Suite (2018), Core Skills SESLHD; Australian College of Operating Room Nurses (2018), ***ACORN Standards for Perioperative Nursing in Australia***; Nursing and Midwifery Board of Australia (2016), ***Registered Nurse Standards for Practice***; NSW Health (2013) ***Policy Directive 2013_054 Management of instruments, accountable items and other items for surgery or procedures***.

CLINICAL PERFORMANCE ASSESSMENT: ANAESTHETIC NURSE

ASSESSMENT CONDITIONS

- The Assessor and Participant individually rate each criteria and determine an overall rating independently, prior to a confidential feedback session to discuss the performance assessment
- The confidential feedback session is to be held as soon as possible after the assessment
- To determine the overall rating, add up the incidence of 1's, 2's etc. The overall rating is the number with the highest incidence. If the incidence is equal amongst two ratings, this is noted

The overall rating is not as important as noting the areas where the participant is 'dependent' or 'developing': these are the areas that require further experience and education. Similarly, where 'supervised' and 'independent' ratings area achieved, these provide an opportunity for positive feedback.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment **OVERALL PARTICIPANT RATING:** ☐ 1 ☐ 2 ☐ 3 ☐ 4			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation **OVERALL ASSESSOR RATING:** ☐ 1 ☐ 2 ☐ 3 ☐ 4			

Assessment matrix

1. **INDEPENDENT: During the assessment period, the nurse ALWAYS practised at the required level.** The nurse performed independently, safely and consistently, with little or no guidance or direction. The nurse's time management was always efficient.
2. **SUPERVISED: During the assessment period, the nurse MOSTLY practised at the required level.** The nurse performed with developing confidence, requiring minimal guidance and direction. The nurse's time management was mostly efficient. Requires assistance and information in some areas of practice.
3. **DEVELOPING: During the assessment period, the nurse RARELY practised at the required level.** The nurse performed with frequent verbal and visual cues and required moderate guidance and direction. The nurse's time management was rarely efficient. Time is required to perform skills adequately. Constant support is required.
4. **DEPENDENT: During the assessment period, the nurse NEVER practised at the required level.** The nurse required maximal guidance and direction and was dependant on the presence of a preceptor at all times. The nurse's time management was never efficient.

Use **Q** instead if **QUESTIONING** was used to assess Performance Criteria.

ACORN Standards: Professional Practice; Staff and Patient Safety; Nursing Role: Anaesthetic Nurse; NSW Ministry of Health Policy Directives and local policies
NMBA 1: Thinks critically and analyses nursing practice; NMBA 2: Engages in therapeutic and professional relationships; NMBA 6: Provides safe, appropriate and responsive quality nursing practice

LEGISLATION AND STANDARDS

Performance Criteria	1	2	3	4	Comments
Demonstrates compliance with ACORN Standards, AHPRA Code of Conduct, WH&S legislation and local policies					
Introduces self to patient and confirms identification with patient, identification band and patient records					
Checks consent form, including site and checks against operation list and confirms with patient					
Completes Preoperative Checklist as per local policy					
Confirms correct patient, correct procedure, correct site with anaesthetist and completes 'sign in' on the Clinical Procedure Safety Checklist					
Reports any discrepancies to the appropriate person/s					
Demonstrates correct handling and labelling of intraoperative medications as per NSW MoH Policy Directives, local policy					
Actively participates in 'Time Out' with anaesthetist for site specific regional anaesthesia blocks and documents accordingly					

ETHICAL FRAMEWORK AND PROFESSIONAL RELATIONSHIPS

Performance Criteria	1	2	3	4	Comments
Functions within AHPRA Code of Ethics					
Maintains patient privacy and confidentiality at all times					
Demonstrates respect and dignity towards the patient and multidisciplinary team					
Ensures patient safety and comfort					
Demonstrates patient advocacy e.g. consent, acts if inappropriate/unsafe care noted, maintains patient dignity etc.					

MANAGEMENT OF MEDICATION

Performance Criteria	1	2	3	4	Comments
Demonstrates knowledge of relevant legislation, policy and procedures in relation to all medications used in anaesthesia i.e. Schedules 4 and 8					
Confirms patient's identification and allergy status					
Confirms order with anaesthetist					
Completes documentation, checks and handles drugs per protocol					
Ensures accurate entries in drug register, including anaesthetist's signature					
Explains correct procedure for disposal of unused S8 medications					
Carries out end of shift drug checks (if individual DD cupboards used in each OR)					
Demonstrates correct procedure for documenting errors/incidents					

ACORN Standards: Staff and Patient Safety; Asepsis and Clinical Care: Nursing Role: Anaesthetic Nurse; NMBA 6: Provides safe, appropriate and responsive quality nursing practice

PATIENT SAFETY

Performance Criteria	1	2	3	4	Comments
Completes Clinical Procedure Safety Checklist					
Assesses function and integrity of all anaesthetic, monitoring and other equipment prior to use					
Demonstrates safe handling of i.e. patient warming devices, VTE prophylaxis devices, positioning aids					
Confirms patient allergy status and reports appropriately					
Monitors patient and team safety throughout					

PATIENT POSITIONING AND PRESSURE INJURY PREVENTION

Performance Criteria	1	2	3	4	Comments
Ensures the patient is never left unattended					
Ensures the availability of staff to transfer and position the patient					
Assists in safely transferring the patient onto OR table using positioning aids appropriately					
Assists in securely positioning the patient for planned procedure, using aids appropriately					

INFECTION CONTROL

Performance Criteria	1	2	3	4	Comments
Performs 5 moments of hand hygiene as appropriate to role					
Dons personal protective equipment (PPE) appropriate for specific procedure					
Applies standard precautions consistently for all patients					
Identifies need for and applies additional precautions					
Demonstrates compliance with environmental cleaning as per ACORN Standards and local policy					
Manages waste/recycling in accordance with infection prevention standards and local policy					
Ensures safe transfer of contaminated/used anaesthetic equipment following completion of procedure, as per local policy					

ASEPTIC TECHNIQUE/SURGICAL CONSCIENCE

Performance Criteria	1	2	3	4	Comments
Assists anaesthetist establish aseptic field for anaesthetic procedures e.g. insertion of central neural blockades, arterial lines etc.					
Opens sterile items adhering to principles of asepsis at all times					
Maintains and constantly monitors the integrity of aseptic field					
Ensures 'prep' solutions are removed from aseptic field prior to commencement of anaesthetic procedure					
Brings any breaks in asepsis to the attention of team members					
Checks medication with anaesthetist and transfers to aseptic field					
Opens sterile medication labels medication as required					
Rectifies any breaks in aseptic technique					
Manages accountable items according to NSW MoH Policy Directive e.g. needles, throat packs					

RISK MANAGEMENT

Performance Criteria	1	2	3	4	Comments
Confirms the function and integrity of all equipment prior to use					
Monitors patient and team safety throughout the procedure					
Applies knowledge of environmental control procedures e.g. surgical plume, noise level, traffic, door closures					

ACORN Standards: Staff and Patient Safety; Nursing Role: Anaesthetic Nurse
NMBA 4: Comprehensively conducts assessments; NMBA 3: Maintains the capability for practice; NMBA 5: Develops plan for nursing practice

PATIENT ASSESSMENT

Performance Criteria	1	2	3	4	Comments
Reviews patient's medical records and notes medical history and preoperative assessment issues relevant to anaesthetic management					
Checks skin integrity preoperatively, plans interventions and documents accordingly					
Describes intended anaesthetic and airway management and patient position					
Observes patient for signs of emotional stress and discomfort					
Communicates with anaesthetist regarding intended plan of care to meet patients' needs					
Assesses patient risk for inadvertent perioperative hypothermia, VTE, pressure injury and plans intervention					

PLAN OF CARE

Performance Criteria	1	2	3	4	Comments
Describes intended surgical procedure, related anatomy and patient position					
Describes proposed anaesthetic plan for patients					
Prepares the anaesthetic bay to meet specific patient needs and anaesthetist preferences					
Communicates with other team members to coordinate specific anaesthetic requirements for the patient (e.g. positioning)					
Monitors patient physiological and emotional responses and initiates appropriate action as required					
Maintains awareness of the physiological status of the patient (e.g. BP, SaO2, blood loss)					
Recognises and reports significant changes in patient vital signs and any adverse events					
Ensures that the patient is comfortable and is kept informed of anaesthetic procedures					
Assists in maintaining a clear airway					
Recognises and reports significant changes in patient vital signs and any adverse events					
Anticipates anaesthetist's needs					
Acknowledges deficits in own knowledge and participates in ongoing education					

ACORN Standards: Staff and Patient Safety; Equipment and Environment: Nursing Role: Anaesthetic Nurse; NMBA 6: Provides safe, appropriate and responsive quality nursing practice

PREPARATION AND USE OF ANAESTHETIC EQUIPMENT

Performance Criteria	1	2	3	4	Comments
Performs Anaesthesia Delivery System **Level Two** check at the start of each Anaesthetic List					
Prepares equipment required for cannulation					
Checks intravenous fluids and prepares equipment as required					
Confirms equipment required for airway management and ensures suction apparatus is functioning					
Confirms and prepares any relevant equipment required					
Implements physiological monitoring as required					
Assists anaesthetist during induction, maintenance and emergence					
Assists anaesthetist during regional/central neural block insertion and management					

MANAGEMENT OF SHARPS

Performance Criteria	1	2	3	4	Comments
Demonstrates awareness of sharps safety					
Ensures safe handling and disposal of sharps as per local policy					

ACORN Standards: Staff and Patient Safety; Management and Staffing: Nursing Role: Anaesthetic Nurse; NMBA 1: Thinks critically and analyses nursing practice; NMBA 2: Engages in therapeutic and professional relationships; NMBA 6: Provides safe, appropriate and responsive quality nursing practice

INTERPERSONAL COMMUNICATION

Performance Criteria	1	2	3	4	Comments
Displays appropriate communication strategies with the patient					
Provides reassurance to patient and appropriate use of therapeutic touch					
Demonstrates active listening and effective communication skills					
Utilises whiteboard for communication as appropriate					
Demonstrates situational awareness i.e. notes activities within the OR, is not focussed only on own tasks					
Communicates professionally with patient and other team members					
Demonstrates use of graded assertiveness as required					

DOCUMENTATION

Performance Criteria	1	2	3	4	Comments
Ensures correct documentation of patient information and nursing care performed					
Reports and/or records fluid and blood loss accurately					
Documents and reports incidents correctly					
Provides a comprehensive nursing handover to colleagues at change of shift or at breaks					

ACORN Standards: Staff and Patient Safety; Management and Staffing: Nursing Role: Anaesthetic Nurse; NMBA Standard 7: Evaluates outcomes to inform nursing practice

EVALUATION OF OUTCOMES

Performance Criteria	1	2	3	4	Comments
Observes patient's airway for patency and assists anaesthetist as required					
Checks skin integrity postoperatively and documents					
Observes and protects IV lines, wound(s), drain(s) during patient transfer from OR table					
Ensures patient is clean and dry prior to transfer from OR to PACU					
Assists team with patient transfer and ensures patient comfort					
Compares planned care to actual outcomes and reports any discrepancies					
Ensures sign out section of Clinical Procedure Safety Checklist is completed					

— End of Performance Assessment —

CIRCULATING NURSE

T2PP Clinical Skill Assessment – Managing accountable items

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Adheres to NSW Health policy directive, ACORN Standards and relevant local policy						
Identifies when a count is required and when it is appropriate to document 'no count required'						
Confirms a minimum of two (2) counts to be carried out unless a cavity is opened						
Determines items to be included in the count and justifies the inclusion of 'mandatory' and 'other' items						
Ensures counts are carried out by two (2) nurses, one of whom must be a Registered Nurse/Registered Midwife						
Explains the same two (2) nurses perform all counts where possible						
Accurately completes NSW Health approved paper based system (count sheet) chronologically and contemporaneously						
Completes count of accountable items at commencement of the closure of each cavity						
Finalises tray check on completion of the procedure and prior to patient being discharged from PACU						
Ensures all instruments, waste receptacles, accountable and other items remain in the operating/procedure room until the completion of the procedure						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Ensures all instruments, waste receptacles, accountable and other items are removed from the operating/procedure room at the completion of the procedure and prior to next patient entering OR						
Demonstrates or describes the procedure in the event of a discrepancy in the count						
Documents outcome of the count on the Electronic Medical Record (EMR) as per local policy						
Ensures surgeon/proceduralist signs the count sheet						
Instrument Nurse						
Assumes ultimate responsibility for ensuring complete and accurate documentation of the count; signs count sheet to acknowledge same						
Ensures items remain in original packaging/secured so they do not become separated prior to counting						
Completely separates all items, checks integrity and visualises radio opaque marker (where applicable)						
Counts all items as per their original packaging (e.g. 5 or 10) and keeps piles separate until verification of number per package is obtained						
Counts aloud and simultaneously with the circulating nurse						
Confirms completeness of all items prior to handing them to the surgeon						
Verifies and sights any documentation of the count on the count sheet with circulating nurse i.e. when additional accountable items are opened and counted						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Keeps accountable items together until initiating 'counting away' process or final count						
Demonstrates 'counting away' technique as required						
Notifies the surgeon/proceduralist of the outcome of each closure count						
Confirms completeness of all items at the completion of the procedure						
Circulating Nurse						
Removes from the OR any accountable items dropped or contaminated prior to the initial count and does not include these in the count						
Observes, counts aloud and documents all accountable items with the instrument nurse, prior to the commencement of the procedure						
Visualises all items for completeness and identifies radio opaque marker (where applicable)						
Accurately records number of items on count sheet as each is counted with instrument nurse						
Verifies/displays entry of items on the count sheet with the instrument nurse						
Describes the process to follow in the event of an incorrect number of items within a package						
Manages accountable items outside aseptic field e.g. prep swabs						
Ensures waste and equipment remain in the room until a correct final count has been completed						
Observes, counts aloud and documents all accountable items with the instrument nurse when added during the procedure						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Displays documentation of items added during the procedure for instrument nurse to visualise						
Participates in 'counting away' procedure with instrument nurse						
Organises any items that have been 'counted away' so that they are readily visible						
Adds up each accountable item on count sheet at instrument nurse's request, prior to any count processes						
Observes, counts aloud and documents all accountable items with the instrument nurse, for all closure counts						
Assists team with management of any count discrepancies						
Participates in checking instrument trays with the instrument nurse and completes documentation						

*** METHOD OF ASSESSMENT (tick appropriate response)**

O = Observation of performance **Q** = Questioning to elicit knowledge of criteria **SIM** = Simulation using training models

^ RATINGS:

ACHIEVED Performs independently and consistently, requiring little or no guidance or direction. Does not require the presence of a preceptor.	**NOT YET ACHIEVED** Requires frequent verbal and visual cues, moderate guidance and direction. Time is required to perform skills adequately and constant preceptor presence is required.

Date of assessment	Participant's name	Participant's position	Signature

Self-evaluation of assessment

Assessor's name	Assessor's position	Assessor's signature	Date

Assessor's evaluation

OVERALL RESULT: ☐ **Achieved** ☐ **Not yet achieved**

ACHIEVED: The participant has achieved all relevant criteria during the assessment.

NOT YET ACHIEVED: The participant has not yet achieved one or more criteria and will require re-assessment.

Re-assessment is recommended within _____ days/weeks. Prior to re-assessment, it is recommended the participant undertakes additional:
☐ theory ☐ instruction ☐ clinical practice

Acknowledgments: Minty, C. (2002), ***The Mater Hospital Perioperative Clinical Competency Assessments***, South East Health Foundations in Perioperative Nursing Program; Randwick Campus Operating Suite (2018), Core Skills SESLHD; Australian College of Operating Room Nurses (2018), ***ACORN Standards for Perioperative Nursing in Australia***; Nursing and Midwifery Board of Australia (2016), ***Registered Nurse Standards for Practice***; NSW Health (2013) ***Policy Directive 2013_054 Management of instruments, accountable items and other items for surgery or procedures***.

CLINICAL PERFORMANCE ASSESSMENT: CIRCULATING NURSE

ASSESSMENT CONDITIONS

- The Assessor and Participant individually rate each criteria and determine an overall rating independently, prior to a confidential feedback session to discuss the performance assessment
- The confidential feedback session is to be held as soon as possible after the assessment
- To determine the overall rating, add up the incidence of 1's, 2's etc. The overall rating is the number with the highest incidence. If the incidence is equal amongst two ratings, this is noted

The overall rating is not as important as noting the areas where the participant is 'dependent' or 'developing': these are the areas that require further experience and education. Similarly, where 'supervised' and 'independent' ratings area achieved, these provide an opportunity for positive feedback.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment **OVERALL PARTICIPANT RATING:** ☐ 1 ☐ 2 ☐ 3 ☐ 4			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation **OVERALL ASSESSOR RATING:** ☐ 1 ☐ 2 ☐ 3 ☐ 4			

Assessment matrix

1. **INDEPENDENT: During the assessment period, the nurse ALWAYS practised at the required level.** The nurse performed independently, safely and consistently, with little or no guidance or direction. The nurse's time management was always efficient.
2. **SUPERVISED: During the assessment period, the nurse MOSTLY practised at the required level.** The nurse performed with developing confidence, requiring minimal guidance and direction. The nurse's time management was mostly efficient. Requires assistance and information in some areas of practice.
3. **DEVELOPING: During the assessment period, the nurse RARELY practised at the required level.** The nurse performed with frequent verbal and visual cues and required moderate guidance and direction. The nurse's time management was rarely efficient. Time is required to perform skills adequately. Constant support is required.
4. **DEPENDENT: During the assessment period, the nurse NEVER practised at the required level.** The nurse required maximal guidance and direction and was dependant on the presence of a preceptor at all times. The nurse's time management was never efficient.

Use **Q** instead if **QUESTIONING** was used to assess Performance Criteria.

ACORN Standard: Professional Practice; Staff and Patient Safety; Nursing Role: Circulating Nurse; NSW Ministry of Health Policy Directives and local policies
NMBA 1: Thinks critically and analyses nursing practice; NMBA 2: Engages in therapeutic and professional relationships; NMBA 6: Provides safe, appropriate and responsive quality nursing practice

LEGISLATION AND STANDARDS

Performance Criteria	1	2	3	4	Comments
Demonstrates compliance with ACORN Standards, AHPRA Code of Conduct, WH&S legislation and relevant local policies					
Actively involved in Clinical Procedure Safety Checklist and 'Time Out', by confirming patient identification, consent, site and operation list					

MANAGEMENT OF ACCOUNTABLE ITEMS

Performance Criteria	1	2	3	4	Comments
Observes, counts aloud and documents all accountable items with the instrument nurse, prior to the commencement of the procedure					
Verifies/displays entry of items on the count sheet with the instrument nurse					
Manages accountable items outside aseptic field e.g. prep swabs					
Ensures waste and equipment remain in the room until a correct final count has been completed					
Observes, counts aloud and documents all accountable items with the instrument nurse, when added during the procedure					
Observes, counts aloud and documents all accountable items with the instrument nurse, for all closure counts					
Assists team with management of any discrepancies in the count					
Participates in checking instrument trays with the instrument nurse and completes documentation					

ETHICAL FRAMEWORK AND PROFESSIONAL RELATIONSHIPS

Performance Criteria	1	2	3	4	Comments
Functions within AHPRA Code of Ethics					
Maintains patient privacy and confidentiality at all times					
Demonstrates respect and dignity towards the patient and multidisciplinary team					
Ensures patient safety and comfort					
Demonstrates patient advocacy e.g. consent, acts if inappropriate/unsafe care noted, maintains patient dignity etc.					

MANAGEMENT OF MEDICATION

Performance Criteria	1	2	3	4	Comments
Confirms verbal medication order with surgeon/ instrument nurse					
Checks medication with instrument nurse prior to transfer to aseptic field					
Opens medication and transfers to aseptic field without contamination					
Opens sterile medication labels medication as required					
Confirms medication and labelling with instrument nurse					
Ensures medication is documented as per local policy					

ACORN Standards: Staff and Patient Safety; Asepsis and Clinical Care: Nursing Role: Circulating Nurse
NMBA 6: Provides safe, appropriate and responsive quality nursing practice

PATIENT SAFETY

Performance Criteria	1	2	3	4	Comments
Actively participates in 'Time Out' and completes Clinical Procedure Safety Checklist					
Assesses the function and integrity of all equipment prior to use					
Demonstrates safe handling of i.e. patient warming devices, VTE prophylaxis devices, positioning aids					
Confirms patient allergy status and reports appropriately					
Monitors patient and team safety throughout					

PATIENT POSITIONING AND PRESSURE INJURY PREVENTION

Performance Criteria	1	2	3	4	Comments
Ensures the patient is never left unattended					
Assists in safely transferring the patient onto OR table, using aids appropriately					
Assists in securely positioning the patient for planned procedure, using positioning aids appropriately					
Ensures that patient is securely positioned correctly for planned procedure					

INFECTION CONTROL

Performance Criteria	1	2	3	4	Comments
Performs 5 moments of hand hygiene as appropriate to role					
Dons personal protective equipment (PPE) appropriate for specific procedure					
Applies standard precautions consistently for all patients					
Identifies need for and applies additional precautions					
Demonstrates compliance with environmental cleaning as per ACORN Standards and local policy					
Manages waste/recycling in accordance with infection prevention standards and local policy					
Observes all safety precautions when handling sharps					

ASEPTIC TECHNIQUE/SURGICAL CONSCIENCE

Performance Criteria	1	2	3	4	Comments
Assists instrument nurse establish aseptic field					
Opens sterile items adhering to principles of asepsis at all times					
Maintains and constantly monitors the integrity of aseptic field					
Transfers sterile items to instrument nurse without contamination					
Brings any breaks in asepsis to the attention of team members					
Rectifies any breaks in aseptic technique					

RISK MANAGEMENT

Performance Criteria	1	2	3	4	Comments
Confirms the function and integrity of all equipment prior to use					
Monitors patient and team safety throughout the procedure					
Applies knowledge of environmental control procedures e.g. surgical plume, noise level, traffic, door closures					

MANAGEMENT OF SPECIMENS

Performance Criteria	1	2	3	4	Comments
Confirms specimen description, identification markers and fixative solution with instrument nurse					
Organises specimen container appropriate to size and type of specimen					
Checks correct patient identification label e.g. patient name, date of birth, medical record number and name of specimen with instrument nurse					
Affixes label to specimen container and pathology form					
Dons PPE to receive specimen from instrument nurse					
Confirms correct patient identification and name of specimen with instrument nurse immediately prior to transfer of specimen from aseptic field					
Ensures pathology form is completed					
Ensures transfer of specimen to pathology at conclusion of procedure					

ACORN Standards: Staff and Patient Safety; Nursing Role: Circulating Nurse
NMBA 4: Comprehensively conducts assessments; NMBA 3: Maintains the capability for practice; NMBA 5: Develops plan for nursing practice

PATIENT ASSESSMENT

Performance Criteria	1	2	3	4	Comments
Collects data from a variety of sources to plan patient care e.g. surgical list, patient, medical records, multidisciplinary team					
Confirms patient allergy status and reports appropriately					
Assesses patient risks in relation to inadvertent perioperative hypothermia					
Assesses patient risks in relation to pressure injury					
Assesses patient risks in relation to VTE					

PLAN OF CARE

Performance Criteria	1	2	3	4	Comments
Describes intended surgical procedure, related anatomy and patient position					
Acknowledges deficits in own knowledge and participates in ongoing education					
Communicates with other team members to coordinate specific requirements for the patient e.g. instruments, prostheses, positioning					

ACORN Standards: Staff and Patient Safety; Equipment and Environment: Nursing Role: Circulating Nurse
NMBA 6: Provides safe, appropriate and responsive quality nursing practice

PREPARATION OF PERIOPERATIVE ENVIRONMENT

Performance Criteria	1	2	3	4	Comments
Selects instruments, supplies and equipment relevant to the planned procedure					
Positions equipment in OR appropriate to planned procedure					
Communicates with ancillary staff to obtain equipment as required					
Ensure operating room is cleaned and prepared for each procedure					

ENVIRONMENT – SAFETY AND SECURITY

Performance Criteria	1	2	3	4	Comments
Ensures the patient is never left unattended					
Ensures the patient is safely transferred onto the OR table, using aids appropriately					
Assists in securely positioning the patient for planned procedure, using aids appropriately					
Ensures diathermy return electrode is correctly positioned					
Activates surgical plume evacuation equipment					
Anticipates the needs of the surgical team throughout the procedure					
Assists anaesthetic team implement warming devices to prevent inadvertent perioperative hypothermia					
Implements pressure injury prevention strategies					
Applies VTE prophylaxis e.g. compression devices					

MANAGEMENT OF SHARPS

Performance Criteria	1	2	3	4	Comments
Demonstrates awareness of sharps safety					
Ensures safe handling and disposal of sharps as per local policy					

MONITORING OF PATIENT'S PHYSIOLOGICAL STATUS

Performance Criteria	1	2	3	4	Comments
Maintains awareness patient's physiological status (e.g. BP, SaO_2, blood loss) and communicates concerns					
Measures, reports and ensures accurate documentation of fluid and blood loss					
Demonstrates resourcefulness in troubleshooting equipment failure/malfunction.					

ACORN Standards: Professional Practice; Management and Staffing: Nursing Role: Circulating Nurse
NMBA 1: Thinks critically and analyses nursing practice; NMBA 2: Engages in therapeutic and professional relationships; NMBA 6: Provides safe, appropriate and responsive quality nursing practice

INTERPERSONAL COMMUNICATION

Performance Criteria	1	2	3	4	Comments
Demonstrates active listening and effective communication skills at all times					
Utilises whiteboard for communication as appropriate					
Demonstrates situational awareness i.e. notes activities within the OR, is not focussed only on own tasks					
Communicates professionally with patient and other team members.					
Demonstrates use of graded assertiveness as required					

DOCUMENTATION

Performance Criteria	1	2	3	4	Comments
Ensures correct documentation of patient information, nursing care as per local policy					
Completes instrument tray list and count sheet with instrument nurse according to ACORN Standards, MoH Policy Directives					

ACORN Standards: Staff and Patient Safety; Management and Staffing: Nursing Role: Circulating Nurse
NMBA Standard 7: Evaluates outcomes to inform nursing practice

EVALUATION OF OUTCOMES

Performance Criteria	1	2	3	4	Comments
Checks skin integrity postoperatively and documents accordingly					
Observes and protects the wound(s) and drain(s) during patient transfer from OR table					
Ensures patient is clean and dry prior to transfer from OR to PACU					
Assists team with patient transfer and ensures patient comfort					
Compares planned care to actual outcomes and reports any discrepancies					
Ensures sign out section of Clinical Procedure Safety Checklist is completed					
Identifies and responds to unplanned outcomes. Completes IIMS and notifies operational NUM as per local policy					

— End of Performance Assessment —

INSTRUMENT NURSE

T2PP Clinical Skill Assessment – Surgical hand antisepsis, gowning and gloving

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Preparation						
Adheres to ACORN standards and relevant local policy						
Wears clean perioperative attire						
Ensures all hair including facial hair is covered						
Dons PPE relevant to the specific procedure						
Prepares gowning trolley, confirming sterility of items prior to opening						
Opens gown and gloves (two pairs for double gloving) using aseptic technique						
Removes jewellery, watch and rings, including wedding band						
Inspects skin integrity of hands and arms; covers cuts or small lesions with waterproof dressing (as per local policy) or seeks advice about fitness to scrub						
Keeps fingernails short, no artificial or acrylic nails, nail additives or nail polish						
Surgical hand antisepsis using antimicrobial solution						
Notes the time (5 min first scrub, 3 min for subsequent scrubs)						
Selects antiseptic solution (uses same throughout procedure)						
Prepares nail cleaner (only if fingernails are dirty) and scrub brush (as per local policy)						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Rinses hands and arms under running water						
Hands remain higher than elbows at all times						
Applies antimicrobial solution onto hands, washes hands						
Uses a circular motion to wash arms in one direction only, to 2.5cm past the elbows (does not return to hands)						
Ensures recommended skin contact time of the antimicrobial agent i.e. monitors clock, ensures good coverage of solution						
If using nail pick, removes debris from under all fingernails under running water. Discards pick appropriately						
Rinses solution hands and arms (from hands to elbows)						
Applies antiseptic solution to sponge and washes hands and arms in a circular motion finishing at the elbows; discards the sponge appropriately						
Rinses hands and arms						
Applies solution and washes hands, then arms to mid forearm						
Rinses hands and arms						
Applies solution and washes hands						
Rinses solution from hands						
Keeps perioperative attire dry i.e. avoids splashing or drips, contact with taps and sink etc.						
Re-scrubs if contamination occurs at any time during scrubbing procedure						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Surgical hand antisepsis using Alcohol Based Hand Rub (ABHR)						
Performs hand wash with non-antimicrobial soap if hands visibly soiled prior to commencing ABHR						
Dispenses correct volume of ABHR onto palm of one hand, according to manufacturer's instructions						
Dips fingertips into ABHR to decontaminate fingernails						
Smears ABHR onto hand and arm up to elbow, ensuring good coverage						
Repeats above steps for other hand and arm						
Dispenses further ABHR into hands						
Completes thorough hand rub of palms, fingers and back of hands						
Keeps hands higher than elbows at all times						
Allows hands and arms to dry prior to donning gown and gloves						
Gowning and gloving						
Picks up sterile hand towel(s) without contaminating aseptic field; dries each hand and arm; disposes of hand towel(s) appropriately *N/A if ABHR is used*						
Grasps gown without contaminating aseptic field						
Dons surgical gown maintaining asepsis						
Uses closed method to don gloves						
Seeks assistance to secure back ties						
Secures front tie prior to approaching aseptic field						
Identifies aseptic areas of gown: mid chest to waist/table level, elbows to finger tips and horizontal surfaces						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Removal of gown and gloves						
Removes gown first and disposes of gown appropriately						
Removes gloves, disposing appropriately						
Demonstrates hand hygiene						

*** METHOD OF ASSESSMENT (tick appropriate response)**

O = Observation of performance **Q** = Questioning to elicit knowledge of criteria **SIM** = Simulation using training models

^ RATINGS:

ACHIEVED Performs independently and consistently, requiring little or no guidance or direction. Does not require the presence of a preceptor.	NOT YET ACHIEVED Requires frequent verbal and visual cues, moderate guidance and direction. Time is required to perform skills adequately and constant preceptor presence is required.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation			
OVERALL RESULT: ☐ **Achieved** ☐ **Not yet achieved** ACHIEVED: The participant has achieved all relevant criteria during the assessment. NOT YET ACHIEVED: The participant has not yet achieved one or more criteria and will require re-assessment. Re-assessment is recommended within _____days/weeks. Prior to re-assessment, it is recommended the participant undertakes additional: ☐ theory ☐ instruction ☐ clinical practice			

Acknowledgments: Minty, C. (2002), ***The Mater Hospital Perioperative Clinical Competency Assessments***, South East Health Foundations in Perioperative Nursing Program; Randwick Campus Operating Suite (2018), Core Skills SESLHD; Australian College of Operating Room Nurses (2018), ***ACORN Standards for Perioperative Nursing in Australia***; Nursing and Midwifery Board of Australia (2016), ***Registered Nurse Standards for Practice***.

CLINICAL PERFORMANCE ASSESSMENT: INSTRUMENT NURSE

ASSESSMENT CONDITIONS

- The Assessor and Participant individually rate each criteria and determine an overall rating independently, prior to a confidential feedback session to discuss the performance assessment
- The confidential feedback session is to be held as soon as possible after the assessment
- To determine the overall rating, add up the incidence of 1's, 2's etc. The overall rating is the number with the highest incidence. If the incidence is equal amongst two ratings, this is noted

The overall rating is not as important as noting the areas where the participant is 'dependent' or 'developing': these are the areas that require further experience and education. Similarly, where 'supervised' and 'independent' ratings area achieved, these provide an opportunity for positive feedback.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment **OVERALL PARTICIPANT RATING:** ☐ 1 ☐ 2 ☐ 3 ☐ 4			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation **OVERALL ASSESSOR RATING:** ☐ 1 ☐ 2 ☐ 3 ☐ 4			

Assessment matrix

1. **INDEPENDENT: During the assessment period, the nurse ALWAYS practised at the required level.** The nurse performed independently, safely and consistently, with little or no guidance or direction. The nurse's time management was always efficient.
2. **SUPERVISED: During the assessment period, the nurse MOSTLY practised at the required level.** The nurse performed with developing confidence, requiring minimal guidance and direction. The nurse's time management was mostly efficient. Requires assistance and information in some areas of practice.
3. **DEVELOPING: During the assessment period, the nurse RARELY practised at the required level.** The nurse performed with frequent verbal and visual cues and required moderate guidance and direction. The nurse's time management was rarely efficient. Time is required to perform skills adequately. Constant support is required.
4. **DEPENDENT: During the assessment period, the nurse NEVER practised at the required level.** The nurse required maximal guidance and direction and was dependant on the presence of a preceptor at all times. The nurse's time management was never efficient.

Use **Q** instead if **QUESTIONING** was used to assess Performance Criteria.

ACORN Standard: Professional Practice; Staff and Patient Safety; Nursing Role: Instrument Nurse; NSW Ministry of Health Policy Directives and local policies
NMBA 1: Thinks critically and analyses nursing practice; NMBA 2: Engages in therapeutic and professional relationships; NMBA 6: Provides safe, appropriate and responsive quality nursing practice

LEGISLATION AND STANDARDS

Performance Criteria	1	2	3	4	Comments
Demonstrates compliance with ACORN Standards, AHPRA Code of Conduct, WH&S legislation and relevant local policies					
Actively involved in Clinical Procedure Safety Checklist and 'Time Out', by confirming patient identification, consent, site and compares with operation list					

MANAGEMENT OF ACCOUNTABLE ITEMS

Performance Criteria	1	2	3	4	Comments
Ensures items remain in original packaging/ secured so they do not become separated prior to counting					
Completely separates all items, checks integrity and visualises radio opaque marker (where applicable)					
Counts all items as per original packaging (e.g. 5 or 10.) Keeps piles separate until verification of number per package is obtained					
Counts items aloud and simultaneously with circulating nurse					
Confirms completeness of all items prior to handing them to the surgeon					
Verifies and sights any documentation of the count with circulating nurse i.e. when additional accountable items are opened and counted					
Keeps items together until initiating 'counting away' process or final count					
Demonstrates 'counting away' technique as required					
Notifies the surgeon/ proceduralist of the outcome of each closure count					
Confirms completeness of all items at the completion of the procedure					
Assumes ultimate responsibility for ensuring complete and accurate documentation of the count; signs count sheet as acknowledgement of same					
Ensures surgeon/proceduralist signs the count sheet					

ETHICAL FRAMEWORK AND PROFESSIONAL RELATIONSHIPS

Performance Criteria	1	2	3	4	Comments
Functions within AHPRA Code of Ethics					
Maintains patient privacy and confidentiality at all times					
Demonstrates respect and dignity towards the patient and multidisciplinary team					
Ensures patient safety and comfort					
Demonstrates patient advocacy e.g. consent, acts if inappropriate/unsafe care noted, maintains patient dignity etc.					

MANAGEMENT OF MEDICATION

Performance Criteria	1	2	3	4	Comments
Confirms medication with surgeon and communicates order to circulating nurse					
Checks medication with circulating nurse prior to transfer to aseptic field					
Receives medication from circulating nurse following aseptic principles					
Draws up and labels medication					
Confirms medication with surgeon prior to administration					
Ensures medication is documented as per local policy					

ACORN Standards: Staff and Patient Safety; Asepsis and Clinical Care: Nursing Role: Instrument Nurse
NMBA 6: Provides safe, appropriate and responsive quality nursing practice

PATIENT SAFETY

Performance Criteria	1	2	3	4	Comments
Actively participates in 'Time Out' and completes Clinical Procedure Safety Checklist					
Assesses the function and integrity of all equipment prior to use					
Demonstrates safe handling of equipment i.e. patient warming devices, VTE prophylaxis devices, positioning aids					
Confirms patient allergy status and reports appropriately					
Monitors patient and team safety throughout					

PATIENT POSITIONING AND PRESSURE INJURY PREVENTION

Performance Criteria	1	2	3	4	Comments
Ensures the patient is never left unattended					
Assists in safely transferring the patient onto OR table, using aids appropriately					
Assists in securely positioning the patient for planned procedure, using positioning aids appropriately					
Ensures that patient is securely positioned correctly for planned procedure					

INFECTION CONTROL

Performance Criteria	1	2	3	4	Comments
Performs 5 moments of hand hygiene as appropriate to role					
Dons personal protective equipment (PPE) appropriate for specific procedure					
Applies standard precautions consistently for all patients					
Identifies need for and applies additional precautions					
Demonstrates compliance with environmental cleaning as per ACORN Standards and local policy					
Manages waste/recycling in accordance with infection prevention standards and local policy					
Observes all safety precautions when handling sharps					
Ensures instruments are cleaned of gross contamination during procedure					
Ensures safe transfer of contaminated/used instruments following completion of procedure, as per local policy					

ASEPTIC TECHNIQUE/SURGICAL CONSCIENCE

Performance Criteria	1	2	3	4	Comments
Performs surgical hand antisepsis, gowning and gloving according to ACORN Standards					
Establishes aseptic field and sets up instruments in logical manner relevant to procedure					
Maintains and constantly monitors the integrity of aseptic field					
Adheres to principles of asepsis at all times					
Brings any breaks in asepsis to the attention of team members					
Rectifies any breaks in aseptic technique					
Skin antisepsis					
Selects a broad spectrum, fast acting, non-toxic skin antiseptic in accordance with manufacturer's instructions, surgical procedure and surgeon's preference					
Performs skin antisepsis immediately before incision maintaining aseptic technique at all times					
Commences skin antisepsis at proposed incision site, proceeding in a circular motion to the furthest area, using a new swab/applicator each time					
Prepares contaminated area (perineum, axilla), commencing at area of least bacterial count to areas of higher contamination, using a new swab/applicator for each site					
Prepares area large enough to permit extension of the incision					
Disposes of used 'prep' swabs correctly					
Assists surgical team drape the patient following principles of asepsis					
Demonstrates draping for specialised surgery e.g. limbs, head and neck					
Secures drapes in place					

RISK MANAGEMENT

Performance Criteria	1	2	3	4	Comments
Confirms the function and integrity of all equipment prior to use					
Monitors patient and team safety throughout the procedure					
Applies knowledge of environmental control procedures e.g. surgical plume, noise level, traffic, door closures					

MANAGEMENT OF SPECIMENS

Performance Criteria	1	2	3	4	Comments
Confirms specimen description and identification markers with surgeon					
Confirms correct fixative solution with surgeon					
Confirms specimen description, identification markers and fixative solution with circulating nurse					
Confirms correct patient identification with circulating nurse e.g. patient name, date of birth, medical record number prior to transfer of specimen from aseptic field					
Checks patient identification label, specimen name on specimen container immediately prior to transferring specimen from aseptic field					
Ensures pathology form is completed					
Ensures transfer of specimen to pathology at conclusion of procedure					

ACORN Standards: Staff and Patient Safety; Nursing Role: Instrument Nurse
NMBA 3: Maintains the capability for practice; NMBA 4: Comprehensively conducts assessments; NMBA 5: Develops plan for nursing practice

PATIENT ASSESSMENT

Performance Criteria	1	2	3	4	Comments
Collects data from a variety of sources to plan patient care e.g. surgical list, patient, medical records, multidisciplinary team					
Confirms patient allergy status and reports appropriately					
Assesses patient risks in relation to inadvertent perioperative hypothermia					
Assesses patient risks in relation to pressure injury					
Assesses patient risks in relation to VTE					

PLAN OF CARE

Performance Criteria	1	2	3	4	Comments
Describes intended surgical procedure, related anatomy and patient position					
Acknowledges deficits in own knowledge and participates in ongoing education					
Communicates with other team members to coordinate specific requirements for the patient e.g. instruments, prostheses, positioning					

ACORN Standards: Staff and Patient Safety; Equipment and Environment: Nursing Role: Instrument Nurse
NMBA 6: Provides safe, appropriate and responsive quality nursing practice

PREPARATION OF PERIOPERATIVE ENVIRONMENT

Performance Criteria	1	2	3	4	Comments
Selects instruments, supplies and equipment relevant to the planned procedure					
Positions equipment in OR appropriate to planned procedure					
Communicates with ancillary staff to obtain equipment as required					
Ensure operating room is cleaned and prepared for each procedure					

ENVIRONMENT – SAFETY AND SECURITY

Performance Criteria	1	2	3	4	Comments
Ensures diathermy return electrode is appropriately positioned					
Activates surgical plume evacuation equipment					
Ensures management strategies for inadvertent perioperative hypothermia have been implemented					
Ensures pressure injury prevention strategies have been implemented					
Ensures VTE prophylaxis devices e.g. compression devices have been applied					
Anticipates the needs of the surgical team throughout the procedure					
Handles instruments with dexterity i.e. passes instruments to surgeon correctly					

MANAGEMENT OF SHARPS

Performance Criteria	1	2	3	4	Comments
Demonstrates awareness of sharps safety					
Ensures safe handling and disposal of sharps as per local policy					

MONITORING OF PATIENT'S PHYSIOLOGICAL STATUS

Performance Criteria	1	2	3	4	Comments
Maintains awareness patient's physiological status (e.g. BP, SaO2, blood loss) and communicates concerns					
Measures, reports and ensures accurate documentation of fluid and blood loss					
Demonstrates resourcefulness in troubleshooting equipment failure/malfunction					

ACORN Standards: Professional Practice; Management and Staffing: Nursing Role: Instrument Nurse
NMBA 1: Thinks critically and analyses nursing practice; NMBA 2: Engages in therapeutic and professional relationships; NMBA 6: Provides safe, appropriate and responsive quality nursing practice

INTERPERSONAL COMMUNICATION

Performance Criteria	1	2	3	4	Comments
Demonstrates active listening and effective communication skills at all times					
Utilises whiteboard for communication as appropriate					
Demonstrates situational awareness i.e. notes activities within the OR, is not focussed only on own tasks					
Communicates professionally with patient and other team members.					
Demonstrates use of graded assertiveness as required					

DOCUMENTATION

Performance Criteria	1	2	3	4	Comments
Ensures correct documentation of patient information, nursing care as per local policy					
Completes instrument tray list and count sheet with instrument nurse according to ACORN Standards, MoH Policy Directives					

ACORN Standards: Staff and Patient Safety; Management and Staffing: Nursing Role: Instrument Nurse
NMBA Standard 7: Evaluates outcomes to inform nursing practice

EVALUATION OF OUTCOMES

Performance Criteria	1	2	3	4	Comments
Checks skin integrity postoperatively and documents accordingly					
Observes and protects the wound(s) and drain(s) during patient transfer from OR table					
Ensures patient is clean and dry prior to transfer from OR to PACU					
Compares planned care to actual outcomes and reports any discrepancies					
Ensures sign out section of Clinical Procedure Safety Checklist is completed					
Provides thorough clinical handover to anaesthetic team and PACU					
Identifies and responds to unplanned outcomes. Completes IIMS and notifies operational NUM					

— End of Performance Assessment —

PACU NURSE

T2PP Clinical Skill Assessment – Pain management (adult)

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Communicates with the patient to determine site of pain and severity						
Consults the patient and medical record to determine if pain is acute or chronic, related to surgery or otherwise						
Uses an appropriate form of pain assessment as needed						
Documents findings and actions as per local policy						
Communicates effectively with the patient: gives explanations, support and answers questions						
Efficiently determines most effective strategy for alleviating pain and communicates same with patient						
Discusses alternative means of pain management in PACU i.e. non-pharmaceutical methods for pain relief (e.g. ice), position change or elevation						
Demonstrates understanding of local pain protocols						
Consults medication orders to determine medication and mode of administration						
Performs hand hygiene and dons PPE as required						
Adheres to infection prevention and asepsis principles as appropriate						
Demonstrates correct procedure for management of dangerous drugs i.e. checking, documentation, 7 Rights						
Demonstrates correct administration of medication						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Documents medication administration as per local policy						
Demonstrates correct disposal of equipment						
Discusses understanding of PCA and demonstrates correct loading of syringe/flask, labeling, connection, documentation and communication with the patient						
Discusses understanding of epidural infusion/PCEA and demonstrates correct loading of syringe/flask, labeling, connection, documentation and communication with the patient						
Knowledge of side effects of key analgesics						
Monitors for side effects post administration						
Monitors therapeutic effect of pain-relieving methods and takes further action if required						
Consults with anaesthetist for additional medication and action if needed						

*** METHOD OF ASSESSMENT (tick appropriate response)**

O = Observation of performance **Q** = Questioning to elicit knowledge of criteria **SIM** = Simulation using training models

^ RATINGS:

ACHIEVED Performs independently and consistently, requiring little or no guidance or direction. Does not require the presence of a preceptor.	NOT YET ACHIEVED Requires frequent verbal and visual cues, moderate guidance and direction. Time is required to perform skills adequately and constant preceptor presence is required.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation			
OVERALL RESULT: ☐ **Achieved** ☐ **Not yet achieved** ACHIEVED: The participant has achieved all relevant criteria during the assessment. NOT YET ACHIEVED: The participant has not yet achieved one or more criteria and will require re-assessment. Re-assessment is recommended within _____days/weeks. Prior to re-assessment, it is recommended the participant undertakes additional: ☐ theory ☐ instruction ☐ clinical practice			

Acknowledgments: Minty, C. (2002), ***The Mater Hospital Perioperative Clinical Competency Assessments***, South East Health Foundations in Perioperative Nursing Program; Randwick Campus Operating Suite (2018), ***Core Skills SESLHD***; Australian College of Operating Room Nurses (2018), ***ACORN Standards for Perioperative Nursing in Australia***; Nursing and Midwifery Board of Australia (2016), ***Registered Nurse Standards for Practice***.

T2PP Clinical Skill Assessment – Basic airway management (PACU)

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Checks and confirms patient identity using ID band, patient notes and verbally with patient if appropriate						
Introduces self to patient if appropriate						
Provides reassurance and explanations to patient						
Adheres to infection prevention and asepsis principles as appropriate						
Ensures suction is turned on and easily accessible						
Ensures continuous supplementary oxygen supply until appropriate to cease						
Assesses patency and correct placement of artificial airway in situ						
Demonstrates safe artificial airway removal: LMA/ETT/Guedel's/ NP (circle)						
Assesses airway: notes level of consciousness, airway adjunct in situ, patency/obstruction, mask fogging, breath sounds, patient colour						
Assesses breathing: notes rate, depth, rhythm, symmetry, noise, effort, accessory muscle use, SpO2						
Explains and demonstrates management of hypoventilation/apnoea including O_2, stimulate patient, positioning, jaw support/head tilt						
Explains and demonstrates management of upper airway obstruction including O_2, stimulate patient, positioning, jaw support/ head tilt, use of Guedel's airway						
Explains signs, symptoms, and nursing management of laryngospasm						
Explains escalation process for airway concerns						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Communicates effectively with colleagues if assistance is required						
Demonstrates one or two person bag/valve mask ventilation						
Explains and demonstrates insertion of oropharyngeal airway (Guedel's) including indications, size, and technique						
Explains and demonstrates insertion of nasopharyngeal airway including indications, size, and technique						
Monitors patient's physiological responses, initiates appropriate action and provides rationale						
Monitors patient's psychological responses, initiates appropriate action and provides rationale						
Removes all used equipment from patient area and manages disposal or reprocessing according to policy						
Documents all interventions appropriately						
States upper airway anatomical considerations for an adult						

*** METHOD OF ASSESSMENT (tick appropriate response)**

O = Observation of performance **Q** = Questioning to elicit knowledge of criteria **SIM** = Simulation using training models

^ RATINGS:

ACHIEVED Performs independently and consistently, requiring little or no guidance or direction. Does not require the presence of a preceptor.	NOT YET ACHIEVED Requires frequent verbal and visual cues, moderate guidance and direction. Time is required to perform skills adequately and constant preceptor presence is required.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation			

OVERALL RESULT: ☐ **Achieved** ☐ **Not yet achieved**

ACHIEVED: The participant has achieved all relevant criteria during the assessment.

NOT YET ACHIEVED: The participant has not yet achieved one or more criteria and will require re-assessment.

Re-assessment is recommended within _____ days/weeks. Prior to re-assessment, it is recommended the participant undertakes additional:
☐ theory ☐ instruction ☐ clinical practice

Acknowledgments: Minty, C. (2002), ***The Mater Hospital Perioperative Clinical Competency Assessments***, South East Health Foundations in Perioperative Nursing Program; Randwick Campus Operating Suite (2018), Core Skills SESLHD; Australian College of Operating Room Nurses (2018), ***ACORN Standards for Perioperative Nursing in Australia***; Nursing and Midwifery Board of Australia (2016), ***Registered Nurse Standards for Practice***.

T2PP Clinical Skill Assessment – Intubation (adult, PACU)

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Explains indications for intubation in PACU context						
States upper airway anatomic considerations for an adult patient						
Introduces self to patient; provides reassurance and explanations to patient (if appropriate)						
Checks and confirms patient identity using ID band, patient notes and verbally with patient (if appropriate)						
Prepares the patient for relevant airway management according to evidence based practice, national standards, guidelines, policies and anaesthetist's preference						
Adheres to infection prevention and asepsis principles as appropriate, selects and dons PPE						
Ensures suction is turned on and easily accessible						
Ensures oxygen supply is turned on to appropriate level						
Demonstrates knowledge and rationales of anaesthetic drugs for intubation						
Demonstrates knowledge and rationales of airway equipment for intubation						
Communicates with anaesthetist to plan the induction, maintenance and emergence phases of anaesthesia						
Gathers required intubation equipment and medications						
Implements appropriate monitoring, interprets data and reports changes to anaesthetist						

Performance Criteria	* Method			^ Rating		
	O	Q	Sim	Achieved	Not yet achieved	Comments
Works with anaesthetist to provide IV access, fluid management and drug administration						
Assists anaesthetist with intubation						
Confirms placement and securement of ETT						
Monitors patient's physiological responses during anaesthesia						
Describes potential complications and their management						
Removes all equipment from patient area and manages disposal or reprocessing according to policy						
Documents nursing care according to local policy						

*** METHOD OF ASSESSMENT (tick appropriate response)**

O = Observation of performance **Q** = Questioning to elicit knowledge of criteria **SIM** = Simulation using training models

^ RATINGS:

ACHIEVED Performs independently and consistently, requiring little or no guidance or direction. Does not require the presence of a preceptor.	NOT YET ACHIEVED Requires frequent verbal and visual cues, moderate guidance and direction. Time is required to perform skills adequately and constant preceptor presence is required.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation			

OVERALL RESULT: ☐ **Achieved** ☐ **Not yet achieved**

ACHIEVED: The participant has achieved all relevant criteria during the assessment.

NOT YET ACHIEVED: The participant has not yet achieved one or more criteria and will require re-assessment.

Re-assessment is recommended within _____ days/weeks. Prior to re-assessment, it is recommended the participant undertakes additional:
☐ theory ☐ instruction ☐ clinical practice

Acknowledgments: Minty, C. (2002), ***The Mater Hospital Perioperative Clinical Competency Assessments***, South East Health Foundations in Perioperative Nursing Program; Randwick Campus Operating Suite (2018), Core Skills SESLHD; Australian College of Operating Room Nurses (2018), ***ACORN Standards for Perioperative Nursing in Australia***; Nursing and Midwifery Board of Australia (2016), ***Registered Nurse Standards for Practice***.

CLINICAL PERFORMANCE ASSESSMENT: PACU NURSE

ASSESSMENT CONDITIONS

- The Assessor and Participant individually rate each criteria and determine an overall rating independently, prior to a confidential feedback session to discuss the performance assessment
- The confidential feedback session is to be held as soon as possible after the assessment
- To determine the overall rating, add up the incidence of 1's, 2's etc. The overall rating is the number with the highest incidence. If the incidence is equal amongst two ratings, this is noted

The overall rating is not as important as noting the areas where the participant is 'dependent' or 'developing': these are the areas that require further experience and education. Similarly, where 'supervised' and 'independent' ratings area achieved, these provide an opportunity for positive feedback.

Date of assessment	Participant's name	Participant's position	Signature
Self-evaluation of assessment **OVERALL PARTICIPANT RATING:** ☐ 1 ☐ 2 ☐ 3 ☐ 4			
Assessor's name	**Assessor's position**	**Assessor's signature**	**Date**
Assessor's evaluation **OVERALL ASSESSOR RATING:** ☐ 1 ☐ 2 ☐ 3 ☐ 4			

Assessment matrix

1. **INDEPENDENT: During the assessment period, the nurse ALWAYS practised at the required level.** The nurse performed independently, safely and consistently, with little or no guidance or direction. The nurse's time management was always efficient.
2. **SUPERVISED: During the assessment period, the nurse MOSTLY practised at the required level.** The nurse performed with developing confidence, requiring minimal guidance and direction. The nurse's time management was mostly efficient. Requires assistance and information in some areas of practice.
3. **DEVELOPING: During the assessment period, the nurse RARELY practised at the required level.** The nurse performed with frequent verbal and visual cues and required moderate guidance and direction. The nurse's time management was rarely efficient. Time is required to perform skills adequately. Constant support is required.
4. **DEPENDENT: During the assessment period, the nurse NEVER practised at the required level.** The nurse required maximal guidance and direction and was dependant on the presence of a preceptor at all times. The nurse's time management was never efficient.

Use **Q** instead if **QUESTIONING** was used to assess Performance Criteria.

ACORN Standards: Professional Practice; Staff and Patient Safety; Nursing Role: PACU Nurse; NSW Ministry of Health Policy Directives and local policies
NMBA 1: Thinks critically and analyses nursing practice; NMBA 2: Engages in therapeutic and professional relationships; NMBA 6: Provides safe, appropriate and responsive quality nursing practice

LEGISLATION AND STANDARDS

Performance Criteria	1	2	3	4	Comments
Demonstrates compliance with ACORN Standards, AHPRA Code of Conduct, WH&S legislation and relevant local policies					
Introduces self to patient and confirms identification with patient (if appropriate) identification band and patient records					
Meets patient's individual needs in relation to privacy/ confidentiality					
Completes postoperative checklist as per local policy					

ETHICAL FRAMEWORK AND PROFESSIONAL RELATIONSHIPS

Performance Criteria	1	2	3	4	Comments
Functions within AHPRA Code of Ethics					
Maintains patient privacy and confidentiality at all times					
Demonstrates respect and dignity towards the patient and multidisciplinary team					
Ensures patient safety, comfort and dignity					
Demonstrates patient advocacy e.g. consent, acts if inappropriate/unsafe care noted, maintains patient dignity etc.					

MANAGEMENT OF MEDICATION

Performance Criteria	1	2	3	4	Comments
Demonstrates knowledge of relevant legislation, policy and procedures in relation to all medications used in PACU i.e. Schedules 4, 8, antiemetics etc.					
Confirms order with anaesthetist or medication chart					
Demonstrates correct handling & labelling of pain protocol medications as per NSW MoH Policy Directives, local policy					
Completes documentation, checks and handles drugs per protocol					
Ensures accurate entries in drug register, including anaesthetist's signature					
Explains correct procedure for disposal of unused S8 medications					
Carries out end of shift drug checks					
Demonstrates correct procedure for documenting errors/incidents					

ACORN Standards: Staff and Patient Safety; Asepsis and Clinical Care: Nursing Role: PACU Nurse; NMBA 6: Provides safe, appropriate and responsive quality nursing practice

PATIENT SAFETY

Performance Criteria	1	2	3	4	Comments
Monitors patient safety throughout PACU stay					
Ensures the patient is never left unattended without bedrails raised					
Demonstrates awareness of patient's physical limitations i.e. may be unable to move limb due to regional block					
Prepares patient bay, checking function and integrity of all equipment prior to use					
Positions equipment in a safe and ergonomic manner					
Demonstrates safe handling of i.e. PCA, patient warming devices, VTE prophylaxis devices,					
Confirms patient's current health history and presence of anaesthetic chart and other relevant documentation					
Confirms patient allergy status and reports appropriately					

PATIENT POSITIONING AND PRESSURE INJURY PREVENTION

Performance Criteria	1	2	3	4	Comments
Performs and documents skin integrity assessment at regular intervals (as per local policy)					
Manages actual/potential pressure injury appropriately and documents as per local policy					
Ensures required positioning aids are available and functioning					
Ensures adequate personnel available for safe positioning of patient					
Assists with safe positioning of the patient					

INFECTION CONTROL

Performance Criteria	1	2	3	4	Comments
Performs 5 moments of hand hygiene as appropriate to PACU					
Dons personal protective equipment (PPE) appropriate for specific procedure					
Applies standard precautions consistently for all patients					
Identifies need for and applies additional precautions					
Demonstrates compliance with environmental cleaning as per ACORN Standards and local policy					
Manages waste/recycling in accordance with infection prevention standards and local policy					
Demonstrates sharps safety when handling and disposing					

ASEPTIC TECHNIQUE/SURGICAL CONSCIENCE

Performance Criteria	1	2	3	4	Comments
Performs appropriate surgical hand antisepsis when engaged in procedures requiring standard/surgical aseptic non touch technique (ANTT)					
Establishes aseptic field for procedures e.g. insertion of urinary catheter, invasive monitoring					
Opens sterile items adhering to principles of asepsis at all times					
Maintains and constantly monitors the integrity of aseptic field					
Rectifies any breaks in aseptic technique					

ACORN Standards: Staff and Patient Safety; Management and Staffing; Nursing Role: PACU Nurse
NMBA 4: Comprehensively conducts assessments; NMBA 3: Maintains the capability for practice; NMBA 5: Develops plan for nursing practice

CLINICAL HANDOVER

Performance Criteria	1	2	3	4	Comments
Confirms patient identity with patient (if appropriate), patient notes, anaesthetist and nursing staff performing clinical handover					
Actively listens to clinical handover from anaesthetist and nursing staff					
Asks for clarification of ongoing management of patient if required					
Confirms medication, IV and other relevant post-operative orders are documented					
Requests anaesthetist and nursing staff to remain with until satisfied with the patient's condition and information received					
Introduces self to patient, providing reassurance and appropriate therapeutic touch					
On transferring the patient out of PACU, ensures all documentation is complete including post-operative orders and provides clinical handover to ward or receiving department nursing staff according to ISBAR					

PATIENT ASSESSMENT

Performance Criteria	1	2	3	4	Comments
Assesses patient airway status and breathing					
Describes intended airway management and patient position					
Assesses level of consciousness					
Assesses haemodynamic status i.e. applies BP cuff, pulse oximeter, ECG					
Assesses patient risk for inadvertent perioperative hypothermia, VTE, pressure injury and plans intervention					
Recognises and reports significant changes in patient vital signs and any adverse events or deterioration					
Assesses patient fluid status					
Assesses wounds/drains/catheters					
Assesses blood sugar level, if applicable and implements appropriate management					
Performs and documents specialty observations as required e.g. neuro, vascular					
Assesses level of pain and implements appropriate management					
Assesses post-operative nausea and vomiting and implements appropriate management					
Performs ongoing monitoring of vital signs, pain levels, skin integrity as per local policy and documents					
Observes patient for signs of emotional stress and discomfort					

PLAN OF CARE

Performance Criteria	1	2	3	4	Comments
Consults with multidisciplinary team e.g. PACU team members, anaesthetists, surgeons, relatives, patient, records to develop ongoing plan of care					
Adheres to PACU discharge criteria as per local policy					
Provides education to patients and significant others related to use of PCA, post-operative orders and ongoing management					
Ensures correct documentation of patient information, nursing care and 'ad hoc' data in eMR as per local policy					
Confirms patient's readiness for discharge from PACU with anaesthetist/PACU Team Leader/NUM, as per local policy					
Arranges transfer of patient to ward/department					

ACORN Standards: Staff and Patient Safety; Equipment and Environment: Nursing Role: PACU Nurse; NMBA 6: Provides safe, appropriate and responsive quality nursing practice

AIRWAY MANAGEMENT

Performance Criteria	1	2	3	4	Comments
Maintains patent airway using appropriate techniques i.e. head tilt, jaw thrust					
Demonstrates correct use of artificial airways					
Identifies and manages airway complications appropriately					
Activates emergency PACU procedures if assistance is required					
Prepares airway equipment e.g. LMA, ETT and assists anaesthetist in providing emergency airway support					

PATIENT MONITORING

Performance Criteria	1	2	3	4	Comments
Implements non-invasive physiological monitoring					
Interprets monitoring data in accordance with patient assessment					
Responds appropriately to abnormal findings					
Applies appropriate warming devices when inadvertent perioperative hypothermia is detected					
Prepares for insertion of invasive monitoring equipment, if required					

PAIN MANAGEMENT

Performance Criteria	1	2	3	4	Comments
Demonstrates understanding of drugs used in anaesthesia and their post-operative effects on patient					
Demonstrates understanding of drugs used in management of pain, PONV, their effects and side effects on patient					
Assesses patient's pain levels and implements appropriate management					
Assesses post-operative nausea and vomiting and implements appropriate management					
Administers pain protocol as required per medication order and according to local policy					
Demonstrates correct preparation and programming of PCA					
Provides patient education for use of PCA					
Communicates with the patient to assess effectiveness of pain management					
Demonstrates nurse initiated patient comfort measures					

DRESSINGS, DRAINS AND INTRAVENOUS ACCESS

Performance Criteria	1	2	3	4	Comments
Manages patient drains correctly i.e. patency, reports excess exudate etc.					
Applies correct level of suction to specialty drains as per surgeon's orders					
Ensures patency of venous/arterial access devices					
Ensures IV orders have been documented					
Maintains ongoing documentation of patient's fluid balance					

ACORN Standards: Staff and Patient Safety; Management and Staffing: Nursing Role: PACU Nurse; NMBA 1: Thinks critically and analyses nursing practice; NMBA 2: Engages in therapeutic and professional relationships; NMBA 6: Provides safe, appropriate and responsive quality nursing practice

INTERPERSONAL COMMUNICATION

Performance Criteria	1	2	3	4	Comments
Displays appropriate communication strategies with the patient					
Provides reassurance to patient and appropriate use of therapeutic touch					
Demonstrates active listening and effective, professional communication skills with the patient, relatives, PACU team members, multidisciplinary team and hospital wards/departments					
Demonstrates use of graded assertiveness as required					
Demonstrates situational awareness i.e. notes activities within PACU, is not focussed on own tasks					

DOCUMENTATION

Performance Criteria	1	2	3	4	Comments
Ensures correct documentation of patient information and nursing care performed using patient discharge criteria as per local policy					
Reports and/or records fluid and blood loss accurately					
Documents and reports incidents correctly					
Provides a comprehensive nursing handover to colleagues at change of shift or at breaks					

ACORN Standards: Staff and Patient Safety; Management and Staffing: Nursing Role: PACU Nurse; NMBA Standard 7: Evaluates outcomes to inform nursing practice

EVALUATION OF OUTCOMES

Performance Criteria	1	2	3	4	Comments
Evaluates documented discharge criteria and patient's condition to determine patient's readiness for discharge					
Checks skin integrity prior to discharge from PACU and documents as per local policy					
Ensures patient is clean and dry prior to transfer from PACU					
Observes and protects IV lines, wound(s), drain(s) during patient transfer					
Assists team with patient transfer and ensures patient comfort					
Compares planned care to actual outcomes and reports any discrepancies					
Provides a comprehensive clinical handover to ward staff using ISBAR					

— End of Performance Assessment —

NSW GOVERNMENT

SHPN (NAMO) 180595