

Clinicians Competency Evaluation

Employee Name _____

License Type _____

Procedure	Verbally Demonstrated	Physical Demonstration	Competency Met	Competency Not Met
Obtained & Verified Physician Order, as needed				
Understands Professional Medical definition of clinical respiratory services				
Understands differences between adult/pediatric/infant patients				
Gathered all necessary equipment and supplies as appropriate				
Identified patient and primary caregivers				
Introduced and Identified to patient				
Wore appropriate ID				
Performed appropriate psychosocial assessment				
External indications of patient/family/caregiver relationships as appropriate				
Observed potential safety risks				
Observed assistive devices present				
Interviewed patient for brief medical history such as smoking history & medication usage				
Confirmed chief complaint/diagnosis				
Washed hands/germicidal cleaner				
Assessed for presence and characteristics of edema, cyanosis, cough & mucous production as appropriate				
Potential sites/performed appropriate pulse oximetry testing as ordered				
Documents findings on appropriate assessment form				
Informs patient/caregiver of visit schedule or findings as appropriate				
Forwards findings to ordering physician with appropriate recommendations noted				
Documents findings in the clients chart and follows up with appropriate written orders for any additions or changes to the RX				
Financial / billing considerations as applicable				

Recommendations/Comments: _____

Employee Signature: _____ Title: _____ Date: _____

Reviewers Signature: _____ Title: _____ Date: _____