

## Physiological Observation Chart (Adult Track and Trigger Tool) and SBAR(d) Competency Assessment

Name:	Role:
Base:	Date initial training completed:

**Competency Statement:**

The participant demonstrates clinical knowledge and skill in the use of the Physiological Observation Chart (Adult track and trigger observation tool and SBAR(d)) without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Health Care Professional who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
<b>The Participant will be able to:</b>				
<b>1. Demonstrate clinical knowledge and skill in the use of the Physiological Observation Chart Adult Track and Trigger Tool</b>				
a) Demonstrate knowledge of what baseline observations should be carried out for all patients	Questioning/ Direct observation			
b) Demonstrate knowledge of when the Physiological Observation Chart (Adult track and trigger observation Tool) should be used and when inappropriate	Questioning/ Direct observation			
c) Demonstrate ability to perform patient observations including AVPU	Direct observation			
d) Correctly score (example) patients using the generic assessment / scoring document	Direct observation			
e) Correctly identify immediate actions required relative to the Track and Trigger status	Questioning/ Direct observation			
f) Use the management algorithm relative to the clinical area	Questioning/ Direct observation			
g) Correctly identify transfer urgency category (if applicable)	Questioning/ Direct observation			
h) Construct an appropriate management plan resultant from identified clinical needs	Questioning/ Direct observation			
<b>2. Demonstrate clinical knowledge and skill in the use of SBAR(d)</b>				
a) Demonstrate knowledge of when SBAR(d) can be used	Questioning			
b) Demonstrate knowledge of the four stages and what information should be communicated in each stage	Questioning/ Direct observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
c) Demonstrate accurate recording of SBAR(d) in patients notes	Questioning/ Direct observation			

**Date all elements of Competency Tool completed to level 3** \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in the use of the Modified Early Warning System and SBAR

Assessor \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

Review Dates:	Competent Yes / No	Health Care Professional / Assessor Signature	Verifier signature	Comments