

Physiological Observation (Adult Track and Trigger Tool) and SBAR(d) Clinical Competencies

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
The Participant will be able to:				
1. Demonstrate clinical knowledge and skill in the use of the Physiological Observation Chart Adult Track and Trigger Tool				
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			
2. Demonstrate clinical knowledge and skill in the use of SBAR(d)				
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