

Clinical Competencies for Medical Devices

Name:	Role:
Base:	Date initial training completed:
Medical Device (state name of device)	

Competency Statement:

The participant demonstrates clinical knowledge and skill in the use of the medical device without assistance and/or direct supervision (level 3). See page 5 for level descriptors.

This document is a self assessment for registered practitioners. Non registered staff should be signed off by a registered practitioner competent to Level 4. Line managers must have final sign off for all staff.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to:				
1. Demonstrate the knowledge and skill required to use this medical device				
a) Understand why the device is to be used.	Questioning			
b) Demonstrate that any manufacturers materials relating to the medical device have been read and / or viewed	Questioning			
c) Demonstrate an understanding of the specifications of the device	Questioning			
e) Understand any safety features on the device and the rationale for them being there.	Questioning			
f) Understand the difference between models and the effects this may have on safety and function of the device	Questioning			
h) Recognise a device malfunction or error and take appropriate action	Questioning / observation			
i) Demonstrate an awareness of the reliance that should be placed on the device to perform it's required task.	Questioning			
j) Demonstrate an understanding of how the device produces results and the reliance that should be placed on these.	Questioning			
k) Demonstrate an understanding of the safety features available on the device and the level of reliance that should be placed on them.	Questioning			
l) Demonstrate ability to discuss any potential problems that may arise from the device as well as any likely / potential causes of failure	. Questioning			
2. Demonstrate the safe use of the medical device				

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
a) Show understanding and competency in setting up the device correctly	Observation			
b) Demonstrate how to set the controls on the device appropriately	Observation			
c) Demonstrate safe practice by ensuring they double check both the patient and the device.	Observation			
d) Demonstrate an understanding of and appropriately set and use any alarms.	Observation			
e) Demonstrate ability to monitor and check safe functioning of the device as per manufacturers guidance	Observation			
f) Demonstrate ability to recognise any common faults in the use of the device	Observation			
g) Demonstrate appropriate consultation of manufacturer's instructions or seek guidance when required	Observation			
h) Demonstrate ability to disassemble and reassemble (including accessories) for safe decontamination of the device	Observation			
i) Demonstrate ability to decontaminate / clean the device as appropriate	Observation			
j) Demonstrate understanding of optimal storage of the device	Observation			
k) Report any concerns relating to the use of the device	Observation / questioning			
l) Demonstrate when and how to obtain assistance or advice	Observation / questioning			

Source HCHC Medical Devices Policy

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named person and can verify that he/she demonstrates competency in using the named medical device

Assessor _____ Signature _____ Status _____ Date _____

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments