**Assessment Instrument - Observation/Feedback**

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| --- | --- |
| Candidate Name: |  |
| Assessor Name: |  |
| Date: |  |

**Assessment Instrument 1**

*Observation*

**Resources:**

**Assessment Instructions:**

Read and then follow the instructions below for your spirometry practical. You may at any time ask your assessor for guidance or an explanation.

You may consult the spirometer user guide, and workplace policies at any time, where relevant.

Observation check list is to be completed by the assessor in full for each of the 3 volunteers during the practical demonstration

* ATS approved spirometer
* 3 Litre Calibration syringe , log to store calibration results
* Disposable mouthpieces
* Nose-clip
* Bacterial wipes
* Consent form (A template for a consent form can be downloaded from the online resources if you are not already using one. Find the link on page 50 of your workbook)

**OHS Considerations:**

* Spirometer should have electrical safety checks performed regularly
* Wires should be kept off the floor to prevent a tripping hazard
* Bacterial filters must be used where possible
* Filters and nose-clips should be disposed of after the assessment.
* Bacterial wipes should be available to wipe equipment between each assessment

**Spirometry Practical Assessment Instructions:**

**Step 1** : Ensure equipment is clean, and functioning correctly. Collect environmental data required for the spirometric measurement.

**Step 2.** Using a 3 litre syringe perform a standard calibration. Calibration must fall within acceptable volume range as stipulated by the current standards.

**Step 3**. Identify client correctly following organisation’s procedures. Greet client and identify yourself

**Step 4**. Take clients height and weight in accordance with current standards

**Step 5**. Check contraindications and receive consent for performing the test. Obtain consent from requesting health professional as necessary.

**Step 6**. Enter client demographics into computer in accordance with organisation policy and procedures. Record any additional information necessary for the assessment.

**Step 7**. Ensure client is seated correctly for procedure and instruct client on correct testing position for the test.

**Step 8**. Set up equipment to commence test, ensuring zero flow is achieved if necessary

**Step 9**. Instruct client how to perform the test and provide a demonstration of the correct technique for the test. Ask client if there are questions regarding the test.

**Step 10**. Observe client throughout the manoeuvre and provide continuous instruction and encouragement.

**Step 11.** Identify is recording is technically correct. If not provide feedback and further instruction on improving technique.

**Step 12**. Repeat spirometry in accordance with acceptability and repeatability criteria.

**Step 13**. Ensure correct indices have been selected for report in accordance with the current standards. Complete report to technically acceptable standards, make comments as necessary and forward for interpretation.

**Step 14**. Administer bronchodilator in accordance with current standards and medical request.

**Step 15**. Allow sufficient time for peak response to bronchodilator and repeat spirometry as required.

**Step 16**. Assist client as required on completion and arrange follow up if required. Assist client with questions regarding the test.

**Step 17.** Dispose of consumables in accordance with local infection control policy.

**Step 18**. Clean, check and restock equipment in accordance with manufacturers guidelines.

**Step 19**. Ensure details of test are entered into information management system, where required, as per local policy and procedures

**Assessment Instrument 1**

Observation

|  |  |  |  |
| --- | --- | --- | --- |
| **During the observation, did the candidate:** | **Satisfactory performance**  **Subject 1** | **Satisfactory performance**  **Subject 2** | **Satisfactory performance**  **Subject 3** |
| **PRE-TEST** | | | |
| Prepare , clean spirometer to acceptable standards and enter relevant environmental data | Yes  No | Yes  No | Yes  No |
| Notes on performance: | | | |
| Perform a 3 L syringe check within the acceptable volume. Perform and Linearity check and discuss how to maintain a biological control record (Only needs to be shown once) | Yes  No |  |  |
| Notes on performance: | | | |
| **SUBJECT PREPARATION** | | | |
| Take clinical measurements of height and weight correctly | Yes  No | Yes  No | Yes  No |
| Notes on performance: | | | |
| Check contraindications and obtain consent | Yes  No | Yes  No | Yes  No |
| Notes on performance: | | | |
| Enter demographics correctly, ensuring ethic status is checked | Yes  No | Yes  No | Yes  No |
| Notes on performance: | | | |
| Ensure client was aware of correct seating position for the test | Yes  No | Yes  No | Yes  No |
| Notes on performance: | | | |
| **PERFORMING TEST** | | | |
| Ensure spirometer had maintained zero flow prior to starting the test (where applicable) | Yes No | Yes No | Yes No |
| Notes on performance: | | | |
| Give client correct instructions and demonstration of technique | Yes  No | Yes  No | Yes  No |
| Notes on performance: | | | |
| Observe client to ensure safety throughout, whilst providing continuous encouragement and reassurance | Yes  No | Yes  No | Yes  No |
| Notes on performance: | | | |
| Identify correct technique and give feedback of errors | Yes  No | Yes  No | Yes  No |
| Notes on performance: | | | |
| Obtained a recording which was both technically correct in terms of acceptability and repeatability. If unable to obtain acceptable and repeatable results technical comments where meet to assist with interpretation | Yes  No | Yes  No | Yes  No |
| Notes on performance: | | | |
| If bronchodilator was given – reversibility studies performed accurately and acceptable time to peak action was allowed | Yes  No | Yes  No | Yes  No |
| Notes on performance: | | | |
| Client was given proper instruction at the cessation of test, and report was prepared appropriately | Yes  No | Yes  N | Yes  N |
| Notes on performance: | | | |
| **POST TEST** | | | |
| Equipment was cleaned as per infection control policy before next client | Yes  N | Yes  N | Yes  N |
| Notes on performance: | | | |