



Patient Care Technician PCT Clinical Competencies Checklist



Clinical Competencies

- **Module 3: Promoting Safety in Health Care Settings**
 - **Controlling the Spread of Infection**
 - Hand hygiene/ hand washing
 - Put on and take off personal protective equipment (PPE) correctly.
 - Open and close the trash bag correctly.
 - Apply different types of infection/ isolation precautions:
 - Standard precautions
 - Transmission-based precautions
 - Airborne precautions,
 - Droplet precautions,
 - Contact precautions
 - **Responding to Emergencies**
 - Clear the airway of a conscious choking adult.
 - Adult CPR.
- **Module 4: Fundamentals of providing care by the PCT in the ambulatory and inpatient care settings**
 - **Bed Making**
 - Make an unoccupied and an occupied bed.
 - **Vital signs**
 - Checking body temperature.
 - Assessing pulse rate.
 - Assessing respiration rate.
 - Assessing blood pressure.
 - Assessing pain level.
 - Measurement of weight and height.
 - **Personal Hygiene and Care**
 - Brush and comb a person's hair.
 - Wash a person's hair in bed.
 - Assist a person with shaving using a safety razor and an electric razor.
 - Assist a person to dress and undress.
 - Assist a person with hand and foot care.
 - Assist a person with perineal care.
 - Give a person a complete bed bath.
 - Assist a person with a shower or tub bath.
 - **Assisting Patients with Repositioning / Turning / Mobility**
 - Helping a Person to Walk
 - Reposition a person in bed or a chair.
 - Transfer a person from a bed to a chair, and from a chair to a bed.
 - Use of elastic stocking and pneumatic device
 - Use a mechanical lift to transfer a person from a bed to a chair. (If available in the training center)
 - Promoting Comfort and Rest
 - **Eating & Drinking**
 - Help a person to eat.
 - Measuring Blood Sugar of a Person
 - **Helping with Elimination (Inpatient care)**
 - Help a person use a toilet, portable commode, bedpan, or urinal.
 - Apply a condom catheter.
 - Measure urine output.
 - Obtain urine and stool specimens.
 - Provide catheter care for a person with a urinary catheter.
 - Empty a urine drainage bag.
 - Change an ostomy appliance.





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Controlling the Spread of Infection					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
<u>Critical Steps:</u> Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Understands how infections can be spread from one person to another.				
2	Recognizes the signs and symptoms of an infection.				
3	Understands the hospital acquired infections.				
4	Identifies indications of hand washing.				
No.	SKILLS				



5	Wets hands and wrists with warm water.				
6	Applies soap to hands and wrists (use enough to produce lather).				
7	Rubs hands together vigorously using approved hand hygiene technique for at least 40-60 seconds.				
8	Interlaces fingers and rubs back and forth.				
9	Rubs back of hands and wrists.				
10	Cleans nails by running them over soap lathered palm of opposite hand.				
11	Rinses wrists and hands keeping hands below wrists.				
12	Dries hands with clean dry paper towel.				
13	Discards towels.				
14	Turns off faucet with a clean dry paper towel.				
15	Discards towels.				
16	Hand washing with hand gel				
17	Applies alcohol-based hand rub to palm of hand.				
18	Rubs hands together covering all surfaces for at least 20- 30 seconds and until alcohol has evaporated following the approved hand hygiene technique.				
19	Washes hands after 5-10 applications of hand gel.				
20	Wear personal protective equipment (PPE)				
21	Identifies the appropriate respirator to be used.				





22	Puts on a gown properly.				
23	Puts on the right respirator.				
24	Puts on protective eyewear.				
25	Puts on gloves.				
26	Puts off PPEs and disposes properly.				
27	Handles plastic trash bags according to the hospital standards.				
28	Handles sharp objects carefully and safely.				
29	Handles contaminated articles carefully.				
No.	ATTITUDE				
30	Maintains professionalism all throughout the procedure.				

Total Mark: _____ Total Score ()
 $\times 100 =$
 No. of Evaluated Items { }
 REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL
 (≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)

Assessor's Comments/Recommendations:


NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	

Learning resources:

Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. 2.American Red Cross (2013). *American Red Cross Nurse Assistant Training Textbook*: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Hand Hygiene- Hand washing					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
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COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Describes the transmission of the infection from one individual to another.				
2	Identifies the signs and symptoms of an infection.				
3	Lists the procedures that can control the spread of infection.				
No.	SKILLS				



4	Pushes wrist watch and long uniform sleeves above wrists.				
5	Avoids wearing rings. If worn, removed during hand hygiene.				
Antiseptic Hand Rub					
6	Dispenses sufficient amount of product into palm of one dry hand.				
7	Rubs hands together, covers all surfaces of hands and fingers with antiseptic.				
8	Rub hands together until alcohol was dry. Allows hands to dry completely before applying gloves.				
Handwashing using regular or antimicrobial soap					
9	Stands in front of sink, keeps hands and uniform away from sink surface.				
10	Turns on water or pushes knee pedals laterally or presses pedals with foot to regulate flow and temperature.				
11	Avoids splashing water against uniform.				
12	Regulates flow of water so temperature was warm.				
13	Wet hands and wrists thoroughly under running water. Keeps hands and forearms lower than elbows during washing.				
14	Applies 3–5 mL of antiseptic soap and rubbed hands together.				
15	Performs hand hygiene using plenty of lather and friction for at least 15s.				
16	Interlaces fingers and rubbeded palms and back of hands with circular motion at least 5 times each.				
17	Keeps fingertips down to facilitate removal of microorganisms.				



18	Cleans areas underlying fingernails with fingernails of other hand and additional soap or with disposable nail cleaner.				
19	Rinses hands and wrists thoroughly, keeping hands down and elbows up.				
20	Dries hands thoroughly from fingers to wrists with paper towel or single-use cloth.				
21	discards paper towel in proper receptacle				
22	Uses clean, dry paper towel to turn off hand faucet				
23	Avoids touching handles with hands.				
24	Turns off water with foot or knee pedals, if applicable.				
25	Uses small amount of lotion or barrier cream to apply to dry or chapped hands				
No.	ATTITUDE				
26	Maintains professionalism all throughout the procedure.				

Total Mark: _____ Total Score ()
x 100 =

No. of Evaluated Items { }

REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL
(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)


Assessor's Comments/Recommendations



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 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Put on and take off personal protective equipment (PPE)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
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COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Describes the transmission of the infection from one individual to another.				
2	Identifies the signs and symptoms of an infection.				
3	Lists the procedures that can control the spread of infection.				
No.	SKILLS				



4	Collects the required supplies: Gown, mask, face shield, goggles, and alcohol-based sanitizer.				
5	Faces the back opening of the gown.				
6	Unfolds the gown.				
7	Puts your arms into the sleeves.				
8	Secures the neck opening at the back of your neck.				
9	Secure the waist, making sure that the back flaps overlap each other and covering your clothing as completely as possible.				
10	Puts on a mask and, if needed, goggles or face shield.				
11	Puts on gloves.				
12	Ensures the gloves overlap the gown sleeves at the wrist.				
13	When care is complete and before leaving the room, removes the gloves BEFORE removing the gown.				
14	Removes the gloves, turning them inside out.				
15	Disposes of the gloves in the appropriate container.				
16	Performs hand hygiene.				
17	Removes any goggles or face shield and place in the appropriate receptacle.				
18	Unfastens the gown at the neck.				
19	Unfastens the gown at the waist.				



20	Removes the gown starting at the top of the shoulders, turning it inside out and folding soiled area to soiled area.				
21	Dispose of the gown in an appropriate container.				
22	Removes the mask by grasping loop behind ear or untying at back of head.				
23	Performs hand hygiene				
No.	ATTITUDE				
24	Maintains professionalism all throughout the procedure.				

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 x 100 =
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 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Caring for Patients Under Isolation Precautions					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
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COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Describes the importance of applying standard precautions and transmission-based precautions.				
2	Describes the procedures that are done to protect you from exposure to bloodborne pathogens on the job.				
3	Differentiates between different types of isolation precautions.				
No.	SKILLS				



4	Performs hand hygiene.				
5	Prepares all equipment to be taken into patient's room.				
6	Prepares for entrance into isolation room. Applied PPE outside of the room.				
7	Applies gown, being sure that it fully covering all outer garments.				
8	Pulls sleeves down to wrist.				
9	Ties securely at neck and waist.				
10	Applies either surgical mask or fitted respirator.				
11	Secures ties or elastic band at middle of head and neck.				
12	Fits flexible band to nose bridge.				
13	Ensures mask or respirator fits snugly to face and below chin				
14	Applies eyewear or goggles snugly around face and eyes.				
15	Wears side shields as indicated If prescription glasses were worn				
16	Applies clean gloves.				
17	Brings glove cuffs over edge of gown sleeves.				
18	Arranges supplies and equipment when you enter patient's room.				
19	Removes PPE worn in room before leaving room.				
20	Removes gloves.				




21	Removes one glove by grasping cuff and pulling glove inside out over hand.				
22	Holds removed glove in gloved hand.				
23	Slides fingers of ungloved hand under remaining glove at wrist.				
24	Peels glove off over first glove.				
25	Discards gloves in proper waste container.				
26	Removes eyewear, face shield, or goggles. Handled by headband or earpieces. Discards in proper waste container.				
27	Removes gown.				
28	Unties neck strings and then untied back strings of gown.				
29	Allows gown to fall from shoulders; touches inside of gown				
30	Removes hands from sleeves without touching outside of gown.				
31	Holds gown inside at shoulder seams and folded inside out into bundle; discards in proper waste container.				
32	Removes mask. If mask secured over ears, removes elastic from ears and pulled mask away from face.				
33	For tie-on mask, unties bottom mask string and then top strings, pulls mask away from face, and drops into proper waste container. (Do not touch outer surface of mask.)				
34	Disposes of all contaminated supplies and equipment properly.				
35	Performs hand hygiene.				
36	Leaves room. Close the door if patient was on airborne precautions or in negative-airflow room.				



No.	ATTITUDE				
37	Maintains professionalism all throughout the procedure.				
<p>Mark: _____ Total Score () Total</p> <p>x 100 =</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS (≥ 70 %) <input type="checkbox"/> NEEDS REMEDIAL (≥ 60 % – 69 %) <input type="checkbox"/> FAIL (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
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 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Donning and Doffing gloves					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
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COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Describes the importance of applying standard precautions and transmission-based precautions.				
2	Describes the procedures that are done to protect you from exposure to bloodborne pathogens on the job.				
3	Differentiates between different types of isolation precautions.				
No.	SKILLS				




Donning (Applying) Gloves					
4	Washes and dry your hands as outlined in the hand washing procedure.				
5	If right-handed, picks up one glove with your right hand. Position glove so that the thumb side of the glove aligns with your thumb on your left hand. Slide glove onto your left hand.				
6	If left-handed, picks-up glove with your left hand and slide onto your right hand. Be sure not to touch anything that may be contaminated.				
7	Keeps hands above your waist while donning gloves to ensure you don't touch contaminated surfaces.				
Doffing (Removing) Gloves					
8	When removing gloves, touches only the outside of the glove. Do not touch your wrist or skin with contaminated gloves.				
9	Grasps the outer surface of the glove below your thumb. Be careful not to touch the skin under your glove.				
10	Grasps the glove and peel the glove off, so that it is inside out. Keep the discarded glove in the remaining gloved hand.				
11	With your ungloved hand, put two fingers underneath the cuff of the remaining glove, taking care not to touch the outside of the dirty glove.				
12	Peels glove off your hand in the direction towards your fingers, away from your body. This prevents risking contaminating your hands with the soiled gloves.				
13	As you remove the glove, turns it inside out into the other discarded glove. This keeps the soiled gloves together with their dirty surfaces folded inside, rather than on the outside.				
14	Disposes of all contaminated supplies and equipment properly.				
15	Performs hand hygiene.				



No.	ATTITUDE				
16	Maintains professionalism all throughout the procedure.				
<p>Total Mark: _____ Total Score ()</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
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NAME OF TRAINEE		SIGNATURE OF TRAINEE			
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 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Handling a Plastic Trash Bag					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
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COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Describes the importance of applying standard precautions and transmission-based precautions.				
2	Describes the procedures that are done to protect you from exposure to bloodborne pathogens on the job.				
No.	SKILLS				
Opening a Plastic Trash Bag					




3	Opens the plastic trash bag and make a cuff around the opened edge				
4	Puts the opened bag on a clean surface within easy reach of your work area.				
Closing a Used Plastic Trash Bag					
5	Puts your fingers under the cuffed edge of the used plastic trash bag.				
6	Pulls the cuffed edges together and close the bag by tying a knot. Touch only the outside of the bag because the inside of the bag is contaminated.				
Double-Bagging a Bag That is Contaminated with Body Fluids					
7	Arranges for a co-worker to assist you at a certain time.				
8	Removes the bag from the trash or laundry container inside the person's room, close				
9	Have your co-worker prepare a clean bag by folding down a cuff at the top of the clean bag and labeling the bag "contaminated." Have your co-worker hold the clean bag under the cuff and stand by the doorway.				
10	Puts the bag with contaminated items into the clean bag that your co-worker is holding under the cuff				
11	Have your co-worker close the outside bag by raising the cuffed area and tying a knot.				
12	Have your co-worker take the bag to the area designated for disposal or laundering of contaminated items.				
13	Wash your hands.				
No.	ATTITUDE				



14	Maintains professionalism all throughout the procedure.				
<p>Total Mark: _____ Total Score ()</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
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 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Relieving Choking—Adult					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
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COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies disorders that put clients at greater risk for airway obstruction				
2	Recognizes the signs and symptoms of airway obstruction.				
3	Determines which variation of the Heimlich maneuver (chest thrusts, abdominal thrusts) to use.				
No.	SKILLS				




4	Check the patient's surroundings are safe before approaching				
5	Ask "can you cough?" (speak loudly and clearly)				
6	If effective cough (partial obstruction), encourage the patient to cough to clear obstruction				
7	If ineffective cough, call for help and proceed with first aid for choking				
Perform back blows					
8	Lean the patient forward				
9	With the heel of your hand, apply a firm blow to their back, between their shoulder blades				
10	Repeat this up to five times, unless the obstruction clears				
11	If obstruction clears, re-assess the patient. If obstruction does not clear, move on to abdominal thrusts				
Give abdominal thrusts					
12	Lean the patient forward				
13	Clench the fist of one hand, and place it between the umbilicus and the ribcage				
14	Place the other hand over your fist				
15	Pull sharply inwards and upwards				
16	Repeat this up to five times, unless the obstruction clears				
17	If the obstruction clears, re-assess the patient				



18	If the obstruction does not clear, continue alternating between five back blows and five abdominal thrusts				
If the patient becomes unresponsive					
19	If the patient becomes unresponsive, start basic life support				
No.	ATTITUDE				
20	Maintains professionalism all throughout the procedure.				
21	Establishes rapport with the person.				
22	Preserves person's dignity.				
23	Provides privacy.				
<p>Total Mark: _____ Total Score ()</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS (≥ 70 %) <input type="checkbox"/> NEEDS REMEDIAL (≥ 60 % – 69 %) <input type="checkbox"/> FAIL (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
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<p>Learning resources:</p> <p>American Heart Association (2020).</p>					



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PATIENT CARE ASSISTANT PROGRAM					
Adult CPR and AED					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
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COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies if the patient unresponsiveness.				
2	Determines the airway patency, normal and abnormal breathing or apnea.				
3	Recognizes the complication of ineffective CPR				
No.	SKILLS				




Assessment and Activation					
4	Check responsiveness				
5	Shouts for help/Activates emergency response system/Sends for AED				
6	Checks for breathing and pulse simultaneously				
Compressions					
7	Hand placement on lower half of sternum				
8	Perform continuous compressions for 2 minutes (100-120/min)				
9	Compresses at least 2 inches (5 cm)				
10	Complete chest recoil. (Optional, check if using a feedback device that measures chest recoil)				
AED (follows prompts of AED)					
11	Powers on AED				
12	Correctly attaches pads				
13	Clears for analysis				
14	Clears to safely deliver a shock				
15	Safely delivers a shock				
16	Shocks within 45 seconds of AED arrival				
17	Ensures compressions are resumed immediately after shock delivery				



No.	ATTITUDE				
18	Maintains professionalism all throughout the procedure.				
19	Establishes rapport with the person.				
20	Preserves person's dignity.				
21	Provides privacy.				
<p>Total Mark: _____ Total Score ()</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>American Heart Association (2020).</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Making an Occupied Bed					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purposes of making an occupied bed for the person.				
No.	SKILLS				
2	Performs hand hygiene and observe other appropriate infection control protocols.				
3	Gathers and prepares the needed supplies for the procedure.				
4	Knocks, greets the person, verifies person's identity base on hospital policy, and establishes rapport with the person.				



5	Places fresh linens on top of person's chair or over-bed table.				
6	Explains the procedure to the person.				
7	Assesses the person health status if the person can safely reposition at bed and checks vital signs if indicated.				
8	*Adjusts the bed to a comfortable working height. Makes sure, the wheels on the bed are locked.				
9	Dons clean gloves.				
10	Removes and replaces linens on the first side of the bed.				
11	Identifies the purposes of making an occupied bed for the person.				
12	<ul style="list-style-type: none"> - Removes the bedspread. If it is clean and can be reused, folds it and places it on a clean surface. - Does the same with the blanket, if it can be reused. - Removes any equipment attached to the linens such as call light. 				
13	<p>Loosens the top sheet at the foot of the bed.</p> <p>Covers the person and the top sheet with the bath blanket for safety and warmth.</p> <p>Asks the person to hold the edge of the bath blanket (or tuck the edges under the person's shoulders) while removing the soiled top sheet and places it in the linen hamper.</p>				
14	Helps the person roll toward the Patient Care Assistant, onto his side. Raises the side rail and moves to the opposite side of the bed.				
15	<p>Adjusts the pillow under the person's head for comfort.</p> <p>Ensures good body alignment and makes sure the person is covered with the bath blanket.</p>				
16	Checks the linens on the side where the Patient Care Assistant is working for items the person may have left in the bed. If items are left in the bed, moves them to a safe place and informs the person.				
17	<p>Loosens the dirty mattress pad, bottom sheet and draw sheet. Fanfolds the dirty linens toward the person and tucks them against and slightly under person's back.</p> <p>If the linens are soiled with body fluids, tucks a bed protector under the dirty linens and folds it back over them and the person's back to prevent the clean linens from becoming contaminated.</p>				



18	Removes and disposes the used gloves. Performs hand hygiene.				
19	<p>*Puts the clean mattress pad on the bed with the center fold in the center of the bed. Unfolds the mattress pad.</p> <p>If using a fitted mattress pad, fits the elastic corners over the edges of the mattress.</p> <p>If using a flat mattress pad, makes sure the top edge is even with the head of the mattress.</p>				
20	<p>Puts the clean bottom sheet on the bed. If using a fitted sheet, fits the elastic corners over the edges of the mattress. If using a flat sheet:</p> <ul style="list-style-type: none"> - Puts the flat sheet on the bed with the center fold in the center of the bed and the bottom edge even with the foot of the mattress. Make sure the sheet is positioned so that when unfolding it, the rough side of the hem stitching at the top of the sheet will be against the mattress. Unfolds the sheet. - Tucks the top of the sheet underneath the mattress at the head of the bed. - Miter the top corner. With palms facing up, continues tucking in the sheet on the side, all the way to the foot of the mattress. 				
21	<p>If a draw sheet is to be made into the bed, puts the draw sheet across the middle of the mattress with the center fold in the center of the bed. Unfolds the draw sheet.</p> <p>With palms facing up, tucks the draw sheet under the mattress, tucking in the middle third first, then the top third and then the bottom third.</p>				
22	Fanfolds the opposite side of the clean linens toward the person.				
23	<p>Flattens the fan-folded linens as much as possible.</p> <p>Helps the person roll toward you, over the fan-folded linens.</p>				
24	<p>Adjusts the pillow under the person's head for comfort. Ensures good body alignment and makes sure the person is covered with the bath blanket.</p> <p>Raises the side rail and moves to the opposite side of the bed.</p>				
25	Removes and replaces linens on the second side of the bed. Lowers the side rail on the side to be worked next.				
26	Dons clean gloves.				
27	Checks the linens on the side to be worked next for items the person may have left in the bed. If items are left in the bed, moves them to a safe place and informs the person.				



28	Loosens and removes the soiled linens and places them in the linen hamper.				
29	Removes and disposes used clean gloves. Performs hand hygiene.				
30	Pulls the clean, fan-folded mattress pad toward the Patient Care Assistant until it is completely unfolded. If using a fitted mattress pad, fits the elastic corners over the edges of the mattress. If using a flat mattress pad, makes sure it is aligned properly.				
31	Pulls the clean, fan-folded bottom sheet toward the Patient Care Assistant until it is completely unfolded. If using a fitted sheet, fits the elastic corners over the edges of the mattress. If using a flat sheet, tucks the top of the sheet underneath the mattress at the head of the bed, miter the top corner, and with palms facing up, tucks in the sheet on the side, all the way to the foot of the mattress.				
32	Pulls the clean, fan-folded draw sheet toward the Patient Care Assistant until it is completely unfolded. With palms facing up, tucks the draw sheet under the mattress, tucking in the middle third first, then the top third and then the bottom third.				
33	Helps the person roll onto his back in the center of the bed. Adjusts the pillow under the person's head for comfort. Ensures good body alignment and makes sure the person is covered with the bath blanket.				
34	Puts the top sheet over the person with the center fold in the center of the bed and the top edge even with the head of the mattress. Makes sure that the sheet is positioned so that when you unfold it, the rough side of the hem stitching at the top of the sheet will face up.				
35	Asks the person hold the clean top sheet in place while removing the bath blanket from underneath. Places the bath blanket in the linen hamper.				
36	Changes the pillowcase. Removes the pillow from under the person's head.				
37	Removes the pillowcase from the pillow, and places it in the linen hamper.				
38	Holds the clean pillowcase at the center of the bottom seam.				
39	Turns the pillowcase inside out, back over the hand that is holding the bottom seam.				





40	With the hand that is holding the pillowcase, picks up the pillow at the center of one of the short ends and brings the pillowcase down over the pillow using your other hand. Fits the corners of the pillow into the corners of the pillowcase.				
41	Places the pillow under the person's head, with the open end of the pillowcase facing away from the door				
42	Tucks in the top linens and makes a toe pleat. Puts the blanket on the bed with the center fold in the center of the bed and the top edge about 6 inches (15cm) below the head of the mattress. Unfolds the blanket				
43	Puts the bedspread on the bed with the center fold in the center of the bed and the top hem even with the head of the mattress. Unfolds the bedspread.				
44	Together, tucks the top sheet, blanket and bedspread under the foot of the mattress. Miter the corners at the foot of the bed to hold the top sheet, blanket and bedspread in place.				
45	Folds the top of the bedspread down far enough to allow room to cover the pillow.				
46	Folds the top sheet down 6 inches (15cm) over the blanket's edge on each side of the bed to form a neat cuff.				
47	Standing at the foot of the bed, grasps both sides of the top covers about 18 inches from the foot of the bed. Pulls the top covers up and toward the foot of the bed, making a 3- to 4-inch fold (called a toe pleat) across the foot of the bed				
48	Adjusts equipment for safety: <ul style="list-style-type: none">- Lowers the bed to the level specified in the person's care plan.- Makes sure the wheels on the bed are locked and the call the light is accessible to the person.				
49	Re-evaluates person's vital signs (if indicated). Documents and records pertinent data. Usually, bed making is not recorded.				
50	Cleans up the working area and performs hand hygiene.				
No.	ATTITUDE				
51	Maintains professionalism all throughout the procedure.				
52	Establishes rapport with the person.				



53	Preserves person's dignity.				
54	Provides privacy for the person all throughout the procedure.				
55	*Provides comfort and safety for the person.				

Mark: _____ Total Score () Total

x 100 =

No. of Evaluated Items { }

REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL

(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)

Assessor's Comments/Recommendations:

NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	

Learning resources:

Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.

American Red Cross (2013). *American Red Cross Nurse Assistant Training Textbook*: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Making Un occupied Bed					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purposes of making an occupied bed for the person.				
No.	SKILLS				
2	Performs hand hygiene and observe other appropriate infection control protocols.				
3	Gathers and prepares the needed supplies for the procedure				
4	Knocks, greets the person, verifies person's identity base on hospital policy, and establishes rapport with the person				



5	Places fresh linens on top of person's chair or over-bed table.				
6	Explains the procedure to the person.				
7	Assesses the person health status if the person can safely get out of bed and checks vital signs if indicated.				
8	Assists the person out of bed in a comfortable chair (using assistive devices if necessary).				
9	Lowers the head of bed and adjusts to a comfortable working height. Makes sure the wheels on the bed are locked.				
10	Dons clean gloves.				
11	Loosens all linens by moving around the bed starting from the head of bed of the far side to the near side. Removes any equipment attached to the linens such as call light.				
12	Performs hand hygiene and observe other appropriate infection control protocols.				
13	Gathers and prepares the needed supplies for the procedure				
14	Knocks, greets the person, verifies person's identity base on hospital policy, and establishes rapport with the person				
15	Removes the bedspread. If it is clean and can be reused, folds it into fourths and places it on a clean surface. Does the same with the blanket, if it can be reused.				
16	Removes the rest of the linens from the bed by rolling them toward the center of the bed so that any soiled areas are contained inside. Places the dirty linens in the linen hamper.				
17	Grasps and moves the mattress up to the head of the bed.				
18	Removes and disposes the gloves. Performs hand hygiene.				
19	<p>Secures the linens on the first side of the bed.</p> <p>Puts the clean mattress pad on the bed with the center fold in the center of the bed.</p> <p>Unfolds the mattress pad.</p> <p>If using a fitted mattress pad, fits the elastic corners over the edges of the mattress.</p>				




	If using a flat mattress pad, makes sure the top edge is even with the head of the mattress.				
20	<p>Puts the clean bottom sheet on the bed. If using a fitted sheet, fits the elastic corners over the edges of the mattress. If using a flat sheet:</p> <ul style="list-style-type: none"> - Puts the flat sheet on the bed with the center fold in the center of the bed and the bottom edge even with the foot of the mattress. Makes sure the sheet is positioned so that when unfolding it, the rough side of the hem stitching at the top of the sheet will be against the mattress. Unfolds the sheet. - Tucks the top of the sheet underneath the mattress at the head of the bed. - Miter the top corner. With palms facing up, continues tucking in the sheet on the side, all the way to the foot of the mattress. 				
21	If a draw sheet is to be made into the bed, puts the draw sheet across the middle of the mattress with the center fold in the center of the bed. Unfolds the draw sheet. With palms facing up, tucks the draw sheet under the mattress, tucking in the middle third first, then the top third and then the bottom third.				
22	<p>Puts the top sheet on the bed with the center fold in the center of the bed and the top edge even with the head of the mattress.</p> <p>Makes sure that the sheet is positioned so that when unfolding it, the rough side of the hem stitching at the top of the sheet will face up.</p> <p>Unfolds the sheet.</p>				
23	Puts the blanket on the bed with the center fold in the center of the bed and the top edge about 6 inches below the head of the mattress. Unfolds the blanket.				
24	Puts the bedspread on the bed with the center fold in the center of the bed. Unfolds the bedspread.				
25	Removes the bedspread. If it is clean and can be reused, folds it into fourths and places it on a clean surface. Does the same with the blanket, if it can be reused.				
No.	ATTITUDE				
26	Maintains professionalism all throughout the procedure.				
27	Establishes rapport with the person.				
28	Preserves person's dignity.				



29	Provides privacy for the person all throughout the procedure.				
30	*Provides comfort and safety for the person.				
<p>Total Mark: _____ Total Score ()</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Measuring Person's Temperature					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purpose/s of measuring the temperature of the person.				
2	Determines the order of the primary care giver for measuring the person's temperature.				
3	Identifies the needed supplies such as for: Oral or axillary temperature: electronic thermometer with blue probe, probe cover, tissues, pen and paper. Rectal temperature: electronic thermometer with red probe, probe cover, lubricating jelly, gloves, tissues, pen and paper. Tympanic temperature: tympanic thermometer, probe cover, pen and paper.				



No.	SKILLS				
2	Performs hand hygiene and observes other appropriate infection control protocols.				
3	Gathers and prepares the needed supplies for the procedure.				
4	Knocks, greets the person, verifies person's identity base on hospital policy, and establishes rapport with the person.				
5	Explains the procedure to the person.				
6	*Adjusts equipment for body mechanics and safety and raises the bed to a comfortable working height. Makes sure the wheels on the bed are locked.				
7	Turns the thermometer on by removing the probe from the location in the machine where it is stored (electronic thermometer) or by pushing the button (tympanic thermometer).				
8	Places the probe cover on the probe. For an electronic thermometer, inserts the probe into the probe cover by pushing firmly until feeling the cover snap into place. For a tympanic thermometer, places the probe cover over the cone-shaped probe.				
9	<p>*Position the person appropriately.</p> <p>Oral or axillary temperature: Positions the person in Fowler's position sitting up with the head of the bed elevated) or the supine position (lying on the back).</p> <p>Rectal temperature: Helps the person lie on one side with his back toward you and the top knee flexed.</p> <p>Tympanic temperature: Positions the person in Fowler's position.</p>				
10	*If taking a rectal temperature, lubricates the tip of the probe by placing a small amount of lubricating jelly on a tissue and dipping the tip of the probe in it. Puts on the gloves.				
11	<p>*Places the thermometer.</p> <p>Oral temperature: Puts the probe under the person's tongue and slightly to one side. Asks the person to close his lips around the thermometer.</p> <p>Rectal temperature: Adjusts the top covers and the person's clothing as necessary to expose the buttocks. Lifts the person's upper buttock and inserts the probe into the anus no more than 1 inch in an adult or 1/2 inch in a child. Stays with the person and holds the probe in place.</p> <p>Axillary temperature: Exposes the person's underarm and pats the skin dry with a tissue, if necessary. Puts the probe in the middle of the person's underarm and then brings the person's arm across his chest to hold the probe in place.</p>				



	Tympanic temperature: Grasps the top of the person's ear and pulls up and back (in an adult) or down and back (in a child younger than 3 years) to straighten the ear canal. Inserts the probe into the ear canal, pointing it down and forward, toward the person's nose.				
12	When the thermometer beeps, removes the probe and reads the temperature measurement on the screen.				
13	Ejects the probe cover into a facility-approved waste container and returns the probe to its home. (Be aware that returning the probe to its home clears the display screen, so be sure to make note of the temperature measurement first).				
14	Helps make the person comfortable.				
15	Rectal temperature: Wipes the lubricating jelly from the person's buttocks with a tissue and discards the tissue in a facility-approved waste container. Adjusts the person's clothing to cover the buttocks. Axillary temperature: Adjusts the person's clothing to cover the underarm area.				
16	Adjusts equipment for safety: lowers the bed to the level specified in the person's care plan. Makes sure the wheels on the bed are locked and the call the light is accessible to the person. Lowers or raises the side rails according to the person's care plan.				
17	Cleans up the working area, removes the gloves and performs hand hygiene.				
18	*Records and reports person's name, the time, the temperature measurement, and the method used in obtaining the temperature (O for oral, R for rectal, A for axillary or TY for tympanic).				
19	Rectal temperature: Wipes the lubricating jelly from the person's buttocks with a tissue and discards the tissue in a facility-approved waste container. Adjusts the person's clothing to cover the buttocks. Axillary temperature: Adjusts the person's clothing to cover the underarm area.				
20	Adjusts equipment for safety: lowers the bed to the level specified in the person's care plan. Makes sure the wheels on the bed are locked and the call the light is accessible to the person. Lowers or raises the side rails according to the person's care plan.				
No.	ATTITUDE				
21	Maintains professionalism all throughout the procedure.				



22	Establishes rapport with the person.				
23	*Preserves person's dignity.				
24	Provides privacy for the person all throughout the procedure.				
25	*Provides comfort and safety for the person.				

Total Mark: _____ Total Score ()
x 100 =

No. of Evaluated Items { }

REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL
(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)

Assessor's Comments/Recommendations:

NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	


Learning resources:

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 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Measuring Person's Blood Pressure					
(Manual)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purpose/s of measuring the blood pressure of the person.				
2	Determines the order of the primary care giver for measuring the person's blood pressure.				
3	Identifies the needed supplies such as sphygmomanometer with the correct-size cuff, stethoscope, alcohol wipes, pen and paper.				
No.	SKILLS				



4	Performs hand hygiene and observes other appropriate infection control protocols.				
5	Gathers and prepares the needed supplies for the procedure.				
6	Knocks, greets the person, verifies person's identity base on hospital policy, and establishes rapport with the person.				
7	Explains the procedure to the person.				
8	*Adjusts equipment for body mechanics and safety and raises the bed to a comfortable working height. Makes sure the wheels on the bed are locked.				
9	<p>*Position the person appropriately.</p> <p>In bed: Positions the person in the supine position (lying on the back). Positions the person's arm so that it is resting comfortably, palm up, on the bed.</p> <p>In a chair: Have the person sit with both feet flat on the floor. Positions the arm so that it is fully supported and level with the person's heart.</p>				
10	Cleans the earpieces and diaphragm of the stethoscope with an alcohol wipe. Discards the wipe in a facility-approved waste container.				
11	<p>Turns the screw to the left (down) and squeezes all of the air out of the cuff.</p> <p>Adjusts the person's clothing as necessary to expose the upper arm.</p>				
12	*Locates the person's brachial pulse, on the inside of the elbow.				
13	<p>*Places the cuff on the person's arm, over bare skin, with the arrow directly over the brachial artery.</p> <p>The bottom edge of the cuff should be about 1 inch above the person's elbow.</p> <p>Wraps the cuff around the person's arm snugly and smoothly and secures the cuff.</p> <p>Makes sure it is snug enough to stay in place, but not uncomfortably tight.</p>				




14	Places your fingers on the person's radial pulse, on the wrist.				
15	<p>Turns the screw to the right so that the cuff inflates when you pump the bulb. Inflates the cuff by pumping the bulb until you can no longer feel the radial pulse.</p> <p>Looks at the gauge and notes the reading, which is an estimate of the systolic pressure.</p> <p>Enables the air out of the cuff quickly by turning the valve to the left.</p>				
16	<p>Puts the earpieces in your ears with the tips facing forward (toward your nose).</p> <p>Places the diaphragm of the stethoscope firmly over the person's brachial pulse</p>				
17	Turns the screw to the right (up) and pump the bulb to inflate the cuff to 30 mm Hg above the estimated systolic blood pressure.				
18	<p>Turns the screw to the left (down) and enables the air out of the cuff slowly (about 2 to 4 mm Hg per second).</p> <p>The reading when you first hear the pulse sound is the systolic pressure.</p> <p>Remembers this number and continues letting the air out slowly.</p>				
19	<p>The reading when the pulse sound stops or changes is the diastolic pressure. Remembers this number and quickly releases out the rest of the air.</p>				
20	Removes the cuff from the person's arm.				
21	*Ensures the person's comfort and good body alignment.				
22	<p>Adjusts equipment for safety:</p> <p>Lowers the bed to the level specified in the person's care plan.</p> <p>Makes sure the wheels on the bed are locked and the call the light is accessible to the person.</p>				



	Lowens or raises the side rails according to the person's care plan.				
23	Cleans up the working area and performs hand hygiene.				
24	*Records and reports person's name, the time and the blood pressure measurement.				
No.	ATTITUDE				
25	Maintains professionalism all throughout the procedure.				
26	Establishes rapport with the person.				
27	Preserves person's dignity.				
28	*Provides privacy for the person all throughout the procedure.				
29	*Provides comfort and safety for the person.				
<p>Total Score ()</p> <p>Total Mark: _____</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS (≥ 70 %) <input type="checkbox"/> NEEDS REMEDIAL (≥ 60 % – 69 %) <input type="checkbox"/> FAIL (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. 2. American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Measuring Person's Blood Pressure (Electronic Blood Pressure)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purpose/s of measuring the blood pressure of the person.				
2	Determines the order of the primary care giver for measuring the person's blood pressure.				
3	Identifies the needed supplies such as sphygmomanometer with the correct-size cuff, stethoscope, alcohol wipes, pen and paper.				
No.	SKILLS				



4	Identifies patient using at least two identifiers.				
5	Assesses need to measure blood pressure and determined patient's baseline blood pressure.				
6	Determines appropriateness of using electronic blood pressure measurement.				
7	Performs hand hygiene. Determines best site for cuff placement; inspected condition of extremities.				
8	Collects and brings appropriate equipment to patient's bedside. Selects appropriate cuff size for patient extremity and appropriate cuff for machine.				
9	Helps patient to comfortable lying or sitting position. Plugs device into electric outlet and placed it near patient, ensures that connector hose between cuff and machine reached.				
10	Locates on/off switch and turns-on machine to enable device to self-test computer systems.				
11	Removes constricting clothing to ensure proper cuff application.				
12	Removes constricting clothing to ensure proper cuff application.				
13	Performs hand hygiene. Wraps flattened cuff snugly around extremity, verifying that only one finger can fit between cuff and patient's skin. Make sure that "artery" arrow marked on outside of cuff was placed correctly.				
14	Verifies that connector hose between cuff and machine is not kinked.				
15	Performs hand hygiene. Wrapped flattened cuff snugly around extremity, verifying that only one finger can fit between cuff and patient's skin. Make sure that "artery" arrow marked on outside of cuff was placed correctly.				
16	Verifies that connector hose between cuff and machine was not kinked.				
17	When deflation is complete, notes that digital display provided most recent values and flash time in minutes that have elapsed since the measurement occurred.				
18	Sets frequency of measurements and upper and lower alarm limits for systolic, diastolic, and mean blood pressure readings.				




19	Obtains additional readings by pressing the start button.				
20	When frequent measurements are required, you may have leave cuff in place. Removes it at least every 2 hours to assess underlying skin integrity and, if possible, alternates measurement sites.				
21	When patient no longer requires frequent blood pressure monitoring: a. Helps patient return to comfortable position and covers upper arm or leg if previously clothed b. Places nurse call system within reach and instructed patient in use. c. Raises side rails (as appropriate) and lowered bed to lowest position. d. Wipes cuff with agency-approved disinfectant. Cleans and stored electronic blood pressure machine.				
22	Performs hand hygiene.				
23	Informs patient of blood pressure.				
24	Records blood pressure and site assessed on vital sign flow sheet or in nurses' notes in EHR per agency policy; reports any signs or symptoms of blood pressure alterations to the RN				
No.	ATTITUDE				
25	Maintains professionalism all throughout the procedure.				
26	Establishes rapport with the person.				
27	Preserves person's dignity.				
28	*Provides privacy for the person all throughout the procedure.				
29	*Provides comfort and safety for the person.				
<p>Total Mark: _____ Total Score ()</p> <p>x 100 =</p> <p>No. of Evaluated Items { }</p>					



REMARKS: <input type="checkbox"/> PASS ($\geq 70\%$) <input type="checkbox"/> NEEDS REMEDIAL ($\geq 60\% - 69\%$) <input type="checkbox"/> FAIL ($\leq 60\%$)		
Assessor's Comments/Recommendations:		
NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i> : Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Measuring Person's Radial Pulse					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purpose/s of measuring the radial pulse of the person.				
2	Determines the order of the primary care giver for measuring the person's radial pulse.				
3	Identifies the needed supplies such as watch with a second hand, pen and paper.				
No.	SKILLS				



4	Performs hand hygiene and observes other appropriate infection control protocols.				
5	Gathers and prepares the needed supplies for the procedure.				
6	Knocks, greets the person, verifies person's identity base on hospital policy, and establishes rapport with the person.				
7	Explains the procedure to the person.				
8	Adjusts equipment for body mechanics and safety and raises the bed to a comfortable working height. Makes sure the wheels on the bed are locked.				
9	Positions the person appropriately. In bed: Position the person in Fowler's position (sitting up with the head of the bed elevated) or the supine position (lying on the back). Positions the person's arm so that it is resting comfortably on the bed or the person's lap.				
10	In a chair: Have the person sit with both feet flat on the floor. Positions the arm so that it is resting comfortably on the arm of the chair or the person's lap.				
11	*Gently presses your first, second and third fingers over the person's radial artery (located on the inside of the wrist on the same side as the thumb).				
12	*Looks at your watch. When the second hand reaches the "12," begins counting the pulse. Continues counting for 1 full minute.				
13	*Notes the rhythm and force of the pulse.				
14	*Adjusts equipment for safety: <ul style="list-style-type: none">- Lowers the bed to the level specified in the person's care plan.- Makes sure the wheels on the bed are locked and the call the light is accessible to the person.- Lowers or raises the side rails according to the person's care plan.				
15	Cleans up the working area and performs hand hygiene.				
16	*Records and reports person's name, the time, and the pulse rate, rhythm and force.				
No.	ATTITUDE				
17	Maintains professionalism all throughout the procedure.				



18	Establishes rapport with the person.				
19	Preserves person's dignity.				
20	Provides privacy for the person all throughout the procedure.				
21	*Provides comfort and safety for the person.				

Total Mark: _____ Total Score ()
x 100 =
No. of Evaluated Items { }
REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL
(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)

Assessor's Comments/Recommendations:

NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	

Learning resources:

Sorrentino, S. A., Rimmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.

American Red Cross (2013). *American Red Cross Nurse Assistant Training Textbook*: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Measuring Person's Respiratory Rate					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purpose/s of measuring the respiratory rate of the person.				
2	Determines the order of the primary care giver for measuring the person's respiratory rate.				
3	Identifies the needed supplies such as watch with a second hand, pen and paper.				
No.	SKILLS				



4	Performs hand hygiene and observes other appropriate infection control protocols.				
5	Gathers and prepares the needed supplies for the procedure.				
6	*Knocks, greets the person, verifies person's identity base on hospital policy, and establishes rapport with the person.				
7	Adjusts equipment for body mechanics and safety and raises the bed to a comfortable working height. Makes sure the wheels on the bed are locked.				
8	Holds the person's wrist as if taking a radial pulse.				
9	*Looks at your watch. When the second hand reaches the "12" and you see the person's chest rise, begins counting the respirations. Remembers that one respiration equals one rise and one fall of the chest. Continues counting for 1 full minute.				
10	*Notes the rhythm and depth of the respirations, and whether the person seems to be having any difficulty breathing.				
11	*Adjusts equipment for safety: lowers the bed to the level specified in the person's care plan. Makes sure the wheels on the bed are locked and the call the light is accessible to the person. Lowers or raises the side rails according to the person's care plan.				
12	Cleans up the working area and performs hand hygiene.				
13	*Records and reports person's name, the time, and the respiratory rate, rhythm and depth.				
No.	ATTITUDE				
14	Maintains professionalism all throughout the procedure.				
15	Establishes rapport with the person.				
16	Preserves person's dignity.				



17	Provides privacy for the person all throughout the procedure.				
18	Provides comfort and safety for the person.				

Total Mark: _____

x 100 = _____

Total Score ()

No. of Evaluated Items { }

REMARKS: ☐ PASS (≥ 70 %) ☐ NEEDS REMEDIAL (≥ 60 % – 69 %) ☐ FAIL (≤ 60 %)

Assessor's Comments/Recommendations:

NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	


Learning resources:

Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.

American Red Cross (2013). *American Red Cross Nurse Assistant Training Textbook*: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
PULSE OXIMETER OXYGEN SATURATION MEASUREMENT					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Explains what the pulse oximetry measures and the most useful reading. *				
2	Identifies the indications of pulse oximetry.				
3	Discusses how the pulse oximeter works.				
4	States the factors that may affect the accuracy of pulse oximetry*				
No.	SKILLS				



5	Pre-Procedure Preparation				
6	Performs hand hygiene.				
7	Explains procedure to the person.				
8	Gathers equipment. Pulse oximeter Alcohol wipes Nail polish remover, if indicated Clean gauze				
Procedure					
9	Prepares site as per the age of patient.				
10	Removes nail polish from finger, if needed.				
11	Chooses correct size of the probe.*				
12	Avoids sites near to contraptions (arterial lines, fistula, BP cuff).*				
13	Assesses for warmth and capillary refill.*				
14	Uses alcohol wipes to gently cleanse site.				
15	Applies sensor unit.				
16	Places LED/ photo detector unit onto chosen site.				
17	Ensures proper alignment (The LED/ sensors should be directly opposite each other. *				
18	Turns the pulse oximeter to the ON position. *				
19	Listens for beep and note bar of light on front of pulse oximeter.				



20	Notes reading on the display area.				
21	Performs hand hygiene.				
22	Reports reading to physician as per established parameters.				
23	After Care of Equipment				
24	Utilizes alcohol wipe or saturates clean gauze with alcohol on Perspex face surface monitor (to prevent opacity).				
25	Wipes all surfaces of sensor and cable.				
26	Dries all surfaces with clean gauze.				
27	Plugs into an electric outlet to maintain proper level battery charge. *				
28	Documentation Date and time. Location of sensor. Percentage of oxygen saturation. Percentage of oxygen (or room air) person is receiving. Any reporting / interventions that took place.				
No.	ATTITUDE				
29	Maintains professionalism all throughout the procedure.				
30	Establishes rapport with the person.				
31	*Preserves person's dignity.				
32	*Provides privacy.				
<p>Total Mark: _____ Total Score ()</p> <p>x 10 = _____</p> <p>No. of Evaluated Items { }</p>					






REMARKS:		PASS (≥ 70 %)	NEEDS REMEDIAL (≥ 60 % – 69 %)	FAIL (≤ 60 %)
Assessor's Comments/Recommendations:				
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR
NAME OF TRAINEE		SIGNATURE OF TRAINEE		
Learning resources: <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>				





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Adult Pain Assessment					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the indications for pain assessment				
2	Describes type of tools used for pain assessment				
No.	SKILLS				
3	*Washes hands.				



4	Gathers supplies.				
5	Identifies person.				
6	Explains the procedure.				
7	Assesses the person's risks for pain.				
8	Assesses the person's pain using an organization-approved pain scale.				
9	Determines whether the pain was acute or chronic.				
10	Assesses the characteristics of pain using the PQRSTU of pain assessment.				
11	Assesses the cultural considerations, background, and attitudes that might affect the patient's perception and treatment of pain.				
12	Places the person's method of calling for help within reach.				
13	Ensures the person's comfort and good body alignment.				
14	Washes hands.				
15	Reports and records				
No.	ATTITUDE				
16	Maintains professionalism all throughout the procedure.				
17	Establishes rapport with the person.				
18	*Preserves person's dignity.				



19	*Provides privacy.				
<p>Total Mark: _____ Total Score ()</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Measuring Person's Weight and Height					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purpose/s of measuring person's weight and height.				
2	Determines the order of the primary care giver for measuring the person's weight and height.				
3	Identifies the needed supplies such as upright scale, paper towels, pen and paper				
No.	SKILLS				
4	Performs hand hygiene and observes other appropriate infection control protocols.				



5	Gathers and prepares the needed supplies for the procedure.				
6	Knocks, greets the person, verifies person's identity base on hospital policy, and establishes rapport with the person.				
7	Explains the procedure to the person.				
8	Adjusts equipment for body mechanics and safety and raises the bed to a comfortable working height. Makes sure the wheels on the bed are locked.				
9	*Checks the balance of the scale by moving the weights all the way to the left (zero). The pointer should be centered evenly between the top and bottom bars. If the scale is not balanced, notifies the nurse.				
10	Puts a paper towel on the scale platform.				
11	Assists the person to step onto the scale platform, facing the balance bar.				
12	The bottom bar is marked in MODULEs of 50 pounds. Moves the large weight on the bottom bar to the weight that is closest to the person's estimated weight in MODULEs of 50 pounds, without exceeding the person's estimated weight. For example, if you think the person weighs about 190 pounds, you would move the bottom weight to the "150" mark.				
13	The top bar is marked in MODULEs of 1 pound and ¼ pound. Moves the small weight on the top bar until the pointer is centered evenly between the top and bottom bars.				
14	Adds the weight on the top bar to the weight on the bottom bar. This is the person's weight.				
15	Writes down the person's name, the time and the weight.				
16	If measuring the person's height as well, assists the person to turn around so that she is facing away from the balance bar.				
17	Slides the height scale all the way up and pulls out the height rod.				
18	Slides the height rod down until it touches the top of the person's head, and read the number on the height scale. This is the person's height.				
19	Writes down the person's height next to her weight.				



20	Assists the person to step off the scale.				
21	Ensures the person's comfort and good body alignment.				
22	*Adjusts equipment for safety: lowers the bed to the level specified in the person's care plan. Makes sure the wheels on the bed are locked and the call light is accessible to the person. Lowers or raises the side rails according to the person's care plan.				
23	Cleans up the working area and performs hand hygiene.				
No.	ATTITUDE				
24	Maintains professionalism all throughout the procedure.				
25	Establishes rapport with the person.				
26	Preserves person's dignity.				
27	*Provides privacy.				
28	Reports and records				

Total Mark: _____
x 100 =

No. of Evaluated Items { }

REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL
(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)

Assessor's Comments/Recommendations:



NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Assisting with Personal Cleanliness and Grooming (Hair Care)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Describes when hair care should be provided.				
No.	SKILLS				
2	Washes hands.				
3	Gathers supplies (brush, comb, bath towel, hair pins, mirror if required).				
4	Identifies person.				



5	Explains the procedure.				
6	*Places the person in a sitting position or high fowler's position according to the person condition. If he cannot let him sleep in the supine position by turning the head to one side.				
7	Places a towel around the person's shoulder to keep his clothes dry				
8	Divides the hair into sections.				
9	*Brushes each section to untangle hair from the ends to the roots and from the roots to the ends.				
10	Makes the hair the way the person prefers.				
11	Removes the towel.				
12	Helps the person to sit in a comfortable position.				
13	Cleans the area and remove equipment.				
14	Washes hands.				
15	Skills (Hair Wash in bed)				
16	Uses warm water to wet the hair.				
17	Places the basin on the over bed table.				
18	Places the empty wash basin under the person head or close to the person head.				
19	*Positions the person in a high fowler's position.				
20	Combs the hair to remove any tangles.				
21	Lowers the head of the bed as low as the person prefers.				



22	Places the waterproof towel under the person head.				
23	Wets the hair until it's fully wet.				
24	Puts a small amount of shampoo in the palm of the hands and put it one the person's hair. Rubs in the shampoo from the front to the back.				
25	Rinses the hair very well by using warm water.				
26	Dries the person hair with a towel.				
27	Helps the person to move his head and take out the waterproof towel.				
28	*Ensures the person's comfort and good body alignment.				
29	Cleans up working area.				
30	Washes hands.				
31	Reports and records.				
No.	ATTITUDE				
32	Maintains professionalism all throughout the procedure.				
33	Establishes rapport with the person.				
34	*Preserves person's dignity.				
35	*Provides privacy.				

Total Mark: _____ Total Score ()
x 100 =

No. of Evaluated Items { }

REMARKS:

☐ PASS
(≥ 70 %)

☐ NEEDS REMEDIAL
(≥ 60 % – 69 %)

☐ FAIL






Assessor's Comments/Recommendations:

NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i> : Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Assisting with Personal Cleanliness and Grooming (Mouth Care)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Outlines why mouth care is important.				
No.	SKILLS				
2	Washes your hands.				
3	Gathers the required equipment's (toothbrush, toothpaste, glass of cool water, mouthwash, small basin or plastic bowl, face towel, paper towels, gloves).				



4	Greets the person by name.				
5	Introduces self to the person.				
6	Instructs the person about the importance of mouth hygiene, and when the mouth care must be done.				
7	Makes sure the person is sitting in high fowler's position.				
8	Wears gloves.				
9	Places a towel across the person's chest.				

Mouth Wash

10	Gives the person a cup filled with mouth wash mixture to rinse his mouth.				
11	Places a basin under the person chin and asks him to spit out.				
12	Gives the person a towel to wipe their mouth.				
13	Takes the dirty towel and put it in a laundry bag.				

Brushing

14	Helps the person to wash the toothbrush and applies on toothpaste.				
15	Helps the person to gently brush all teeth and cleans his tongue.				
16	Gives the person a cup of water and asks him to rinse his mouth.				
17	Places a basin under the person chin and asks him to spit out.				
18	Gives the person a towel to wipe their mouth.				
19	Takes the dirty towel and puts it in a laundry bag.				





Artificial Dentures

20	Wears clean gloves.				
21	Asks the person to remove his denture and puts it in the basin.				
22	Grasps the upper plate at the front teeth with thumb and second finger (if person requires assistant).				
23	Moves the denture up and down slightly.				
24	Lowers the upper plate.				
25	Moves it out of the mouth.				
26	Places the upper plate in denture container.				
27	Repeats previous steps with the other denture.				
28	Places lower plate in denture container.				
29	Adds enough water to the denture cup and cover it (if person will not put it back immediately).				

Putting the Denture Back

30	Takes the denture cup and a basin back to the person.				
----	---	--	--	--	--

Total Mark: _____
x 100 =

No. of Evaluated Items { }

REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL
(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)

Assessor's Comments/Recommendations:






NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i> : Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE ASSISTANT PROGRAM					
Shampooing the Hair for a Person on Bedrest					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	List the steps to maintain the hair.				
No.	SKILLS				
2	Washes hands.				
3	Gathers supplies.				



4	Identifies person.				
5	Explains the procedure.				
6	Lowers the head of the bed unless it's contraindicated.				
7	Places the pillow under the person's shoulders.				
8	Places a waterproof pad under the person's shoulders.				
9	Places a shampoo tray under person's shoulder.				
10	Ensures that the tray will drain into the wash basin.				
11	Covers the upper body with a bath blanket.				
12	Combs hair to remove tangles before washing the hair.				
13	Washes the hair by wetting the scalp out and from the front to the back of the head.				
14	Rubs the head from front to the back.				
15	Rinses thoroughly.				
16	Applies conditioner if required.				
17	Removes the tray.				
18	Dries the hair with towel.				
19	Combs and brushes hair to remove tangles by starting at the ends and moving up to the scalp.				
20	Ensures the person's comfort and good body alignment.				
21	Cleans up working area.				



22	Wash hands.				
23	Reports and records.				
No.	ATTITUDE				
24	Maintains professionalism all throughout the procedure.				
25	Establishes rapport with the person.				
26	*Preserves person's dignity.				
27	*Provides privacy.				
<p>Total Score ()</p> <p>Total Mark: _____</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS (≥ 70 %) <input type="checkbox"/> NEEDS REMEDIAL (≥ 60 % – 69 %) <input type="checkbox"/> FAIL (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Providing Mouth Care for an Unconscious Person					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Describes when mouth care should be provided.				
No.	SKILLS				
2	*Washes hands.				
3	Gathers supplies.				
4	Identifies person.				




5	Explains the procedure.				
6	Makes sure the person has a good gag reflex				
7	Prepares the suction				
8	Positions the person in high fowler's position and asks the person to turn his head to the side.				
9	Places a waterproof pad under person's cheek, and another towel across person chest.				
10	Place the basin on the towel close to the person basin.				
11	Use the gauze to cover the tongue depressor and gently separate the person upper and lower teeth.				
12	Brushes person teeth if possible.				
13	Moistens toothbrush and apply toothpaste and brush teeth gently, use short, circular motions.				
14	Brushes the inner, outer surfaces, and gum line of the teeth.				
15	Uses mouth wash if required, by injecting a small amount into the side of the mouth, and uses the suction machine to suction the extra fluid.				
16	Dries face and mouth.				
17	Applies lip moisturizer.				
18	Lower the head of the bed.				
19	*Ensures the person's comfort and good body alignment.				
20	Cleans up working area.				
21	Washes hands.				



22	Reports and records.				
No.	ATTITUDE				
23	Maintains professionalism all throughout the procedure.				
24	Establishes rapport with the person.				
25	*Preserves person's dignity.				
26	*Provides privacy.				
<p>Total Score ()</p> <p>Total Mark: _____</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS (≥ 70 %) <input type="checkbox"/> NEEDS REMEDIAL (≥ 60 % – 69 %) <input type="checkbox"/> FAIL (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. 2. American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Assisting with Personal Cleanliness and Grooming (Hands and Nails Care)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Describes safety measures that should be observed.				
No.	SKILLS				
2	*Washes hands.				
3	Gathers supplies (basin, bath thermometer, lotion, nail clippers, nail file, plastic protector, soap, towel, and washcloth).				
4	Identifies person.				



5	Explains the procedure.				
6	Assists the person to sit up either in bed or in a chair.				
7	Places the table in front of him.				
8	Covers the table with plastic protector.				
9	Provides the person with the basin filled with warm water to wash his hands.				
10	Pats and dries the hands with the towel.				
11	Cuts the person nails straight across.				
12	Assists the person to shaper and smooth their nails if required.				
13	Applies small amount of lotion on the palms of your hands and rubs the person hands in a circular motion, and avoids inflamed or red areas.				
14	Cleans the area and removes the equipment and supplies.				
15	*Ensures the person's comfort and good body alignment.				
16	Cleans up working area.				
17	Washes hands.				
18	Reports and records.				
No.	ATTITUDE				
19	Maintains professionalism all throughout the procedure.				
20	Establishes rapport with the person.				



21	*Preserves person's dignity.				
22	*Provides privacy.				

Total Mark: _____

x 100 = _____

Total Score ()

No. of Evaluated Items { }

REMARKS: ☐ PASS (≥ 70 %) ☐ NEEDS REMEDIAL (≥ 60 % – 69 %) ☐ FAIL (≤ 60 %)

Assessor's Comments/Recommendations:

NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	


Learning resources:

Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.

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 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Assisting a Person to Care for Feet and Toenails					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Explains why foot care is important.				
No.	SKILLS				
2	Washes hands.				
3	Gathers supplies.				
4	Identifies person.				



5	Explains the procedure.				
6	Helps the person to sit in a chair.				
7	*Place the plastic protector on the floor in front of the person. Then, places the bathmat on top.				
8	*Checks the water temperature and then fill the basin with warm water.				
9	Places the filled basin on the bathmat close to the person.				
10	Assists the person to remove their shoes, or slippers and socks and asks him to put his feet in the water.				
11	Allows the person to sock his feet for 5-10 minutes in the water.				
12	Adds more warm water if the water was cold.				
13	Applies soap and washes the person feet with washcloth.				
14	Washes the person feet with water and dries it with a dry towel.				
15	Cuts his toenails if it's required.				
16	Applies a small amount of lotion on the palms of your hands and rubs the person feet in a gentle circular motion.				
17	Helps the person to wear his socks and shoes or slippers.				
18	Ensures the person's comfort and good body alignment.				
19	Cleans up working area.				
20	Washes hands.				
21	Reports and records.				
No.	ATTITUDE				



22	Maintains professionalism all throughout the procedure.				
23	Establishes rapport with the person.				
24	*Preserves person's dignity.				
25	*Provides privacy.				

Total Mark: _____ Total Score ()
x 100 =
No. of Evaluated Items { }
REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL
(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)

Assessor's Comments/Recommendations:

NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	


Learning resources:

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 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Assisting a Person to Take a Tub Bath					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Describes safety measures that should be observed.				
No.	SKILLS				
2	Washes hands.				
3	Gathers supplies.				
4	Identifies person.				



5	Explains the procedure.				
6	Provides privacy.				
7	*Before moving the person to the tub, makes sure that the bathroom is warm, the floor is dry, and the tub has a nonslip mat.				
8	*Assists the person to move to the bathtub by following the proper procedure (transferring from the bed to the chair).				
9	*Helps the person to get into the tub: by holding the person's arm as he lifts one foot over the side of the tub and into the tub, and then the other foot. Helps the person to get steady as he lowers into the water by using grab bars for support. By using the tub chair, places the chair parallel to tub, helps the person to slide to the edge of the tub, takes the wheelchair way, and assists the person to sit safely on the chair.				
10	Assesses if the person requires assistance, if not, and if he can be his own, stays close in case of emergency.				
11	If the person requires assistance; helps him to wash his hair, face, chest, abdomen, legs and feet, and between legs.				
12	Drains water from the tub before helping person to get out of tub.				
13	Provides the person with towels and helps him to dry his body.				
14	Helps the person to get out of the tub, by following reverse step 9.				
15	Helps the person to apply body lotion if he likes.				
16	Assists the person to dress up.				
17	Helps the person to brush his hair.				
18	Assists the person to go back to the bed or chair.				
19	*Ensures the person's comfort and safety.				
20	Cleans up working area.				



21	Washes hands.				
22	Reports and records.				
No.	ATTITUDE				
23	Maintains professionalism all throughout the procedure.				
24	Establishes rapport with the person.				
25	Preserves person's dignity.				
26	*Provides privacy.				

Total Score ()

Total Mark: _____
x 100 = _____

No. of Evaluated Items { }

REMARKS: ☐ PASS (≥ 70 %) ☐ NEEDS REMEDIAL (≥ 60 % – 69 %) ☐ FAIL (≤ 60 %)

Assessor's Comments/Recommendations:

NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	

Learning resources:

Sorrentino, S. A., Rimmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.

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 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Assisting a Person to Take a Shower					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Lists observations that should be reported when assisting a person to take a shower.				
No.	SKILLS				
2	Washes hands.				
3	Gathers supplies.				
4	Identifies person.				



5	Explains the procedure.				
6	*Before moving the person to the bathroom, makes sure that the bathroom is warm, the floor is dry, and the shower has a nonslip mat to avoid slipping and injury.				
7	*If it's required, places the bathroom chair in the shower and locks the wheels and assists the person to move to the shower by following the proper procedure (transferring from the bed to the chair).				
8	*Helps the person to wear robe and slippers.				
9	*If the person can walk without help, assists him to get in the shower and encourages him to use the grab bars for his safety.				
10	*If the person requires the bathroom chair, locks the wheels and assists him to sit on the chair				
11	*Turns on warm water, checks the temperature, then asks the person to check the water and if it's comfortable or provides adjustment if it's required.				
12	Assists the person to take off his clothes.				
13	Places all supplies within the person reach.				
14	Assesses if the person requires assistance, if not, and if he can be in his own, stays close in case of emergency.				
15	If the person requires assistance, helps him to get wet, and turns off water. Then, assists the person to wash his hair, face, chest, abdomen, legs and feet, between legs, and to rinse the soap off his body.				
16	Turns off the water.				
17	Provides the person with a towel and assists him to dry himself.				
18	Helps the person to get out of the shower, by following reverse step 10.				
19	Helps the person to apply lotion if he prefers that and assists him to dress.				
20	Helps the person to brush his hair.				



21	Assists the person to go back to the bed or chair.				
22	*Ensures the person's comfort and good body alignment.				
23	Cleans up working area.				
24	Washes hands.				
No.	ATTITUDE				
25	Maintains professionalism all throughout the procedure.				
26	Establishes rapport with the person.				
27	*Preserves person's dignity.				
28	*Provides privacy.				
<p>Total Mark: _____ Total Score ()</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Helping a Person with a Complete Bed Bath					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Lists observations that should be reported when assisting a person with personal care.				
No.	SKILLS				
2	Washes hands.				
3	Gathers supplies.				
4	Identifies person.				



5	Explains the procedure.				
6	Removes the top linen and places a bath towel or blanket over the person.				
7	Asks the person to hold the bath towel or blanket and pulled the top linen to the lower side of the bed.				
8	Puts the dirty linen in laundry hamper.				
9	Keeps the side rails on the far side of the bed in the up position.				
10	Helps the person to move to the side of the bed close to you.				
11	Removes the person's clothes.				
12	Places the person's gown in laundry hamper.				
13	Keeps the person covered with the bath towel.				
14	Removes pillow if required.				
15	Makes a mitt with a wash cloth.				
16	Washes the person's face, use a gentle circle motion.				
17	Uses a clean wash cloth for each part of the body.				
18	Places a towel under each area.				
19	Washes the eye, near nose, face, upper extremities, then chest, abdomen, back, legs, and feet.				
20	*Covers all areas that are not to be bathed.				
21	Washes, rinses, and dries each area.				
22	*Changes the bath towel with a clean one.				



23	*Changes the water if it's required and raise the side rails up.				
24	*During the bath, assesses the person skin for any problems.				
25	Assists the person to turn from side to side and makes sure, the person is covered all the time.				
26	Makes sure that all body areas are cleaned, rinsed, and dried.				
27	Assists the person to dress in clean clothes.				
28	Ensures the person's comfort and good body alignment.				
29	Cleans up working area.				
30	Wash hands.				
31	Reports and records.				
No.	ATTITUDE				
32	Maintains professionalism all throughout the procedure.				
33	Establishes rapport with the person.				
34	*Preserves person's dignity.				
35	*Provides privacy.				

Total Score ()

Total Mark: _____
x 100=

No. of Evaluated Items { }

REMARKS:

☐ PASS
(≥ 70 %)

☐ NEEDS REMEDIAL
(≥ 60 % – 69 %)

☐ FAIL
(≤ 60 %)


Assessor's Comments/Recommendations:



NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Providing Perineal-Genital Care					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Explains why hand care and foot care are important with perineal care.				
No.	SKILLS				
2	Washes hands.				
3	Gathers supplies.				
4	Identifies person.				



5	Explains the procedure.				
Female person					
6	Assists the person to lie down on his back or side.				
7	Places bath towel under person's hip.				
8	Fills basin with warm water.				
9	Covers the person with a towel or a bed sheet.				
10	Exposes the genital area by removing of the bed sheet and folding the gown up.				
11	*Uses a clean washcloth and gently washes the inner legs, perineal area along the outside of the labia.				
12	*Cleans the outer skin folds from front to back.				
13	*Cleans the inner labia from front to back.				
14	Opens all skin folds and cleans the area from front to back.				
15	Rinses the area very well.				
16	Washes and rinses the anal area.				
17	Pats and dries the area.				
Male Person					
18	Fills basin with warm water.				
19	Covers the person with a towel or a bed sheet.				
20	Exposes the genital area by removing of the bed sheet and folding the gown up.				





21	*Washes the penis by lifting it and cleaning from the tip downward.				
22	Washes and rinses the scrotum.				
23	Washes and rinses other skin areas between legs.				
24	Washes and rinses the anal area.				
25	Pats and dries the area.				
26	*Ensures the person's comfort and good body alignment.				
27	Cleans up working area.				
28	Wash hands.				
29	Reports and records.				
No.	ATTITUDE				
30	Maintains professionalism all throughout the procedure.				
31	Establishes rapport with the person.				
32	*Preserves person's dignity.				
33	*Provides privacy.				

Total Score ()

Total Mark: _____

x 100 =

No. of Evaluated Items { }

REMARKS:

☐ PASS (≥ 70 %)
 ☐ NEEDS REMEDIAL (≥ 60 % – 69 %)
 ☐ FAIL (≤ 60 %)

Assessor's Comments/Recommendations:





NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i> : Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Helping a Person to Change Clothes					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Lists the general principles to follow when assisting a person with dressing or undressing.				
No.	SKILLS				
2	Washes hands.				
3	Gathers supplies.				
4	Identifies person.				





5	Explains the procedure.				
6	Lowers the head of the bed as low as the person like.				
7	Covers the person with a waterproof towel.				
8	Helps the person to remove his clothing.				
9	Helps the person to put on his undergarments.				
10	Helps the person to put on the outerwear.				
11	Helps the person to wear the socks or stockings.				
12	*Ensures the person's comfort and good body alignment.				
13	Cleans up working area.				
14	Washes hands.				
15	Reports and records.				
No.	ATTITUDE				
16	Maintains professionalism all throughout the procedure.				
17	Establishes rapport with the person.				
18	*Preserves person's dignity.				
19	*Provides privacy.				

Total Score ()

Total Mark: _____

x 100 =

No. of Evaluated Items { }


REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL



<div>(≥ 70 %)</div> <div>(≥ 60 % – 69 %)</div> <div>(≤ 60 %)</div>		
Assessor's Comments/Recommendations:		
NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Lifting a Person's Head and Shoulders Off the Bed					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the role of frequent repositioning in helping to prevent complications due to immobilization.				
2	Explains the importance of good body alignment for the person during care.				
3	Identifies basic positions that are often used in the health care setting.				
4	Determines the safety measures for the staff and person during position or transfer.				




No.	SKILLS				
5	Washes hands.				
6	Gathers supplies.				
7	Identifies person.				
8	Explains the procedure.				
9	*Adjusts equipment for body mechanics and safety by raising the bed to a comfortable working height.				
10	Makes sure the wheels on the bed are locked.				
11	Faces the head of the bed and positions feet so that one foot is about 12 inches in front of your other foot.				
12	Asks the person to place arm that is nearer to him under his arm and to hold on behind his shoulder.				
13	Places arm that is nearer to the person under his closest arm and behind his shoulder. Places his arm that is farthest from the person under his upper back and shoulders.				
14	Raises the person's head and shoulders off the bed by shifting his weight toward the foot of the bed.				
15	Uses hand that is under the person's shoulders to readjust the pillow, and then helps the person lie back down.				
16	Lowers the bed to the level specified in the person's care plan.				
17	Places the person's method of calling for help within reach.				
18	*Lowers or raises the side rails according to the person's care plan.				
19	*Ensures the person comfort and good body alignment.				
20	Cleans up working area.				



21	Washes hands.				
22	Reports and records.				
No.	ATTITUDE				
23	Maintains professionalism all throughout the procedure.				
24	Establishes rapport with the person.				
25	Preserves person's dignity.				
26	Provides privacy.				
<p style="text-align: center;">Total Score ()</p> <p>Total Mark: _____</p> <p style="text-align: center;">x 100 =</p> <p style="text-align: center;">No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p style="text-align: center;">(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Moving a Person Up in Bed (One Nurse Assistant)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the role of frequent repositioning in helping to prevent complications due to immobilization.				
2	Explains the importance of good body alignment for the person during care.				
3	Identifies basic positions that are often used in the health care setting.				
4	Determines the safety measures for the staff and person during position or transfer.				
No.	SKILLS				



5	Washes hands.				
6	Gathers supplies.				
7	Identifies person.				
8	Explains the procedure.				
9	*Adjusts equipment for body mechanics and safety by raises the bed to a comfortable working height.				
10	Makes sure the wheels on the bed are locked.				
11	Asks the person to lift his head, or if he is unable, gently lifts his head and remove the pillow. Places the pillow against the headboard.				
12	Faces the head of the bed and position feet so that one foot is about 12 inches in front of other foot. Bends his hips and knees so that his upper back remains straight.				
13	Prepares the person to help with the move.				
14	Option A: Asks the person to bend his knees and places his feet firmly on the bed. Then, asks him to place his hands palm side down on the bed. Places one arm under his shoulders and one hand under his thighs. Asks the person to help by pushing against the bed with his hands and feet on count of 3. Option B: If the person is able, asks him to grasp a trapeze. Asks the person to assist by pulling himself up on count of 3.				
15	Tells the person to get ready to move on count of 3.				
16	On count of 3, shifts his weight onto the foot nearest the headboard, moving the person up toward the head of the bed.				
17	*Ensures the person's comfort and good body alignment.				
18	Helps the person lift his head and replaces the pillow.				
19	*Lowers the bed to the level specified in the person's care plan.				
20	Places the person's method of calling for help within reach.				





21	*Ensures the person's comfort and good body alignment.				
22	Cleans up working area.				
23	Washes hands.				
24	Reports and records.				
No.	ATTITUDE				
25	Maintains professionalism all throughout the procedure.				
26	Establishes rapport with the person.				
27	Preserves person's dignity.				
28	Provides privacy.				

Total Mark: _____

x 100 = _____

No. of Evaluated Items { _____ }

REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL

(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)


Assessor's Comments/Recommendations:



NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Name of Trainee		Date Performed		REMARKS	
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)					
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the role of frequent repositioning in helping to prevent complications due to immobilization.				
2	Explains the importance of good body alignment for the person during care.				
3	Identifies basic positions that are often used in the health care setting.				
4	Determines the safety measures for the staff and person during position or transfer.				
No.	SKILLS				



5	Washes hands.				
6	Gathers supplies.				
7	Identifies person.				
8	Explains the procedure.				
9	*Adjusts equipment for body mechanics and safety by raises the bed to a comfortable working height.				
10	*Makes sure the wheels on the bed are locked.				
11	Asks co-worker to stand as close to the bed as possible on one side of the bed while stands on the other side.				
12	Lowers the head of the bed as low as the person can tolerate.				
13	Makes sure the person is in the center of the bed.				
14	Asks the person to lift his head, or if he is unable, gently lifts his head and removes the pillow.				
15	Faces the head of the bed and positions feet so that one foot is about 12 inches in front of other foot.				
16	Loosens the draw sheet on each side of the bed and rolls it toward the side of the person. co-worker does the same.				
17	With palms up and hands close to the person's body, grasps the rolled draw sheet with both hands, placing one hand at the person's shoulders and the other at the person's hips. co-worker does the same.				
18	Tells the person that if he is able to help, he should bend his knees and push up with his feet at count of 3. Tells co- worker that on count of 3, together they will move the person to the top of the bed by lifting up and moving the draw sheet toward the head of the bed.				
19	On count of 3, both nurse and co-worker shift their weight onto the foot nearest the headboard, moving the person up toward the head of the bed by lifting and moving the draw sheet.				
20	Helps the person lift his head and replaces the pillow.				



21	Restocks or removes the draw sheet.				
22	*Ensures the person 's comfort and good body alignment.				
23	Lowers the bed to the level specified in the person 's care plan.				
24	Places the person's method of calling for help within reach.				
25	Cleans up working area.				
26	*Washes hands.				
27	Reports and records.				
No.	ATTITUDE				
28	Maintains professionalism all throughout the procedure.				
29	Establishes rapport with the person.				
30	*Preserves person's dignity.				
31	Provides privacy.				

Total Mark: _____

x 100 = _____

Total Score ()

No. of Evaluated Items { }

REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL

(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)


Assessor's Comments/Recommendations:



NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Moving a Person to the Side of the Bed (Two Nurse Assistants)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the role of frequent repositioning in helping to prevent complications due to immobilization.				
2	Explains the importance of good body alignment for the person during care.				
3	Identifies basic positions that are often used in the health care setting.				
4	Determines the safety measures for the staff and person during position or transfer.				



No.	SKILLS				
5	Washes hands.				
6	Gathers supplies.				
7	Identifies person.				
8	Explains the procedure.				
9	*Adjusts equipment for body mechanics and safety by raises the bed to a comfortable working height.				
10	Makes sure the wheels on the bed are locked.				
11	Asks co-worker to stand on one side of the bed while stands on the other side.				
12	Lowers the head of the bed as low as the person can tolerate.				
13	Gently lifts person's head and removes the pillow.				
14	Loosens the draw sheet on each side of the bed and rolls it toward the side of the person. Your co-worker does the same.				
15	With palms up and hands close to the person's body, grasps the rolled draw sheet with both hands, placing one hand at the person's shoulders and the other at the person's hips. co-worker does the same.				
16	Tells co-worker that on count of 3, together they will move the person by lifting up and moving the draw sheet toward co-worker's side of the bed.				
17	On count of 3, shifts weight from back foot to front foot, while co-worker shifts his weight from his front foot to his back foot. Moves the person toward co-worker's side of the bed by lifting and moving the draw sheet. Keeps elbows as close to his body as he can to avoid straining his back.				
18	*Ensures the person's comfort and good body alignment.				





19	Cleans up working area.				
20	*Washes hands.				
21	Reports and records.				
No.	ATTITUDE				
22	Maintains professionalism all throughout the procedure.				
23	Establishes rapport with the person.				
24	*Preserves person's dignity.				
25	Provides privacy.				

Total Mark: _____ Total Score ()
 x 100 =
 No. of Evaluated Items { }
 REMARKS: ☐ PASS (≥ 70 %) ☐ NEEDS REMEDIAL (≥ 60 % – 69 %) ☐ FAIL (≤ 60 %)


Assessor's Comments/Recommendations:

NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	

Learning resources:

Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. 2.American Red Cross (2013). *American Red Cross Nurse Assistant Training Textbook*: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823



 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Turning a Person onto Her/ His Side (One or Two Nurse Assistants)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the role of frequent repositioning in helping to prevent complications due to immobilization.				
2	Explains the importance of good body alignment for the person during care.				
3	Identifies basic positions that are often used in the health care setting.				
4	Determines the safety measures for the staff and person during position or transfer.				



No.	SKILLS				
5	*Washes hands.				
6	Gathers supplies.				
7	Identifies person.				
8	Explains the procedure.				
9	*Adjusts equipment for body mechanics and safety by raising the bed to a comfortable working height.				
10	Makes sure the wheels on the bed are locked.				
11	If a co-worker is assisting, asks co-worker to stand on one side of the bed while standing on the other side.				
12	Lowers the head of the bed as low as the person can tolerate.				
13	Asks the person to lift her/his head, or if unable, gently lifts the person's head and removes the pillow.				
14	Moves the person to the side of the bed nearest you.				
15	Tells the person to help (if able) by crossing arms over the chest and crossing ankles toward the direction of turning side.				
16	Turns the person onto her/his side. Option A: If working alone, stands on the side of the bed toward which the person is turning. Places one hand on the person's far shoulder and the other hand on upper thigh.				
17	Option B: If working with a co-worker, co-worker grasps the draw sheet and rolls it close to the side of the person's body. Grasping the rolled-up draw sheet with palms up and using a broad base of support, co- worker counts to 3, lifts the draw sheet, and rolls the person toward turning side.				
18	Restocks or removes the draw sheet.				
19	*Ensures the person 's comfort and good body alignment.				



20	Cleans up working area.				
21	*Washes hands.				
22	Reports and records.				
No.	ATTITUDE				
23	Maintains professionalism all throughout the procedure.				
24	Establishes rapport with the person.				
25	Preserves person's dignity.				
26	*Provides privacy.				

Total Mark: _____ Total Score ()
x 100 =
No. of Evaluated Items { }
REMARKS: ☐ PASS (≥ 70 %) ☐ NEEDS REMEDIAL (≥ 60 % – 69 %) ☐ FAIL (≤ 60 %)

Assessor's Comments/Recommendations:


NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	

Learning resources:

Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. 2. American Red Cross (2013). *American Red Cross Nurse Assistant Training Textbook*: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Turning a Person Using a Logrolling Technique					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the role of frequent repositioning in helping to prevent complications due to immobilization.				
2	Explains the importance of good body alignment for the person during care.				
3	Identifies basic positions that are often used in the health care setting.				
4	Determines the safety measures for the staff and person during position or transfer.				





No.	SKILLS				
5	*Washes hands.				
6	Gathers supplies.				
7	Identifies person.				
8	Explains the procedure.				
9	*Adjusts equipment for body mechanics and safety by raising the bed to a comfortable working height.				
10	Makes sure the wheels on the bed are locked.				
11	Stands with your co-worker on the same side of the bed.				
12	Lowest the head of the bed as low as the person can tolerate.				
13	Places hands under the person's head and shoulders, and co-worker places his hand under the person's hip and legs.				
14	On count of 3, moves the person toward the side of the bed.				
15	*Raises the side rail and moves to the opposite side of the bed.				
16	Places a pillow lengthwise between the person's lower legs. Crosses the person's arms over the chest. If the person is turning onto his right side, places his right arm on top. If the person is turning onto his left side, places his left arm on top.				
17	Places hands on the person's far shoulder and hip, and have co-worker place his hands on the person's far hip and calf.				
18	On count of 3, rolls the person, keeping head, back and legs in a straight line.				
19	Makes sure the person is not lying on his lower arm. Places a small pillow or folded blanket under the person's head, if allowed. Leaves the pillow between the person's legs in place. Places another pillow under the person's top arm and a third along the person's back.				
20	*Ensures the person's comfort and good body alignment.				



21	Cleans up working area.				
22	*Washes hands.				
23	Reports and records.				
No.	ATTITUDE				
24	Maintains professionalism all throughout the procedure.				
25	Establishes rapport with the person.				
26	Preserves person's dignity.				
27	*Provides privacy.				

Total Mark: _____
x 100 =

No. of Evaluated Items { }

REMARKS: ☐ PASS (≥ 70 %) ☐ NEEDS REMEDIAL (≥ 60 % – 69 %) ☐ FAIL (≤ 60 %)

Assessor's Comments/Recommendations:


NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	

Learning resources:

Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. 2. American Red Cross (2013). *American Red Cross Nurse Assistant Training Textbook*: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Repositioning a Person in a Chair (Two Nurse Assistants)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the role of frequent repositioning in helping to prevent complications due to immobilization.				
2	Explains the importance of good body alignment for the person during care.				
3	Identifies basic positions that are often used in the health care setting.				
4	Determines the safety measures for the staff and person during position or transfer.				



No.	SKILLS				
5	Washes hands.				
6	Gathers supplies.				
7	Identifies person.				
8	Explains the procedure.				
9	*If the person is on a wheelchair, removes or folds back the footrests and locks the brakes.				
10	*Puts the transfer belt on the person.				
11	*Stands as close as possible to the back of the chair, facing the person's back. Places one leg against the back of the chair, and places other leg about inches behind the first. Bends on knees.				
12	Asks co-worker to kneel on one knee close to the person's legs and places an arm under the person's knees.				
13	Supports the person's head against his chest or one shoulder, and grips the transfer belt firmly with palms up.				
14	Tells the person and co-worker that on count of 3, moves the person back.				
15	On count of 3, co-worker slightly lifts the person's legs and guides them toward the back of the chair, while lifting the person's upper body by slowly straightening legs. Makes sure the person's back and buttocks are resting against the back of the chair. Places person's feet on the footrests, if used.				
16	*Ensures the person's comfort and good body alignment.				
17	Cleans up working area.				
18	Washes hands.				
19	Reports and records.				
No.	ATTITUDE				



20	Maintains professionalism all throughout the procedure.				
21	Establishes rapport with the person.				
22	Preserves person's s dignity.				
23	*Provides privacy.				

Total Mark: _____ Total Score ()
x 100 =
No. of Evaluated Items { }
REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL
(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)

Assessor's Comments/Recommendations:

NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	

Learning resources:

Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.

American Red Cross (2013). *American Red Cross Nurse Assistant Training Textbook*: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Transferring a Person from the Bed to a Chair (One or Two Nurse Assistants)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the role of frequent repositioning in helping to prevent complications due to immobilization.				
2	Explains the importance of good body alignment for the person during care.				
3	Determines the safety measures for the staff and person during position or transfer.				
No.	SKILLS				
4	*Washes hands.				



5	Gathers supplies.				
6	Identifies person.				
7	Explains the procedure.				
8	*Adjusts equipment for body mechanics and safety by raising the bed to a comfortable working height.				
9	*Makes sure the wheels on the bed are locked.				
10	*Places the chair against the bed on the person's stronger side so that it faces the foot of the bed. If using a wheelchair, removes or folds back the footrests and locks the brakes.				
11	Raises the head of the bed so that the person is almost on a sitting position.				
12	Faces the side of the bed, with knees bent and back straight, puts one of the arms across the person's upper back and the other arm under his thighs. On count of 3, pivots feet to turn the person toward him so that person is sitting on the edge of the bed.				
13	Allows the person to sit on the edge of the bed with feet flat on the floor for at least 2 minutes before continuing.				
14	Helps the person put on the robe and footwear. Puts the transfer belt on the person.				
15	Prepares the person to stand up. Option A: Grasps the transfer belt on the back side of the person's waist. Option B: If a transfer belt is not being used, puts arms underneath the person's arms, and places person's hands on his shoulder blades. Option C: If a co-worker is helping, co-worker grasps one side of the transfer belt on the back side of the person's waist, while grasps the other. Alternatively, each can place one arm underneath the person's arm, resting hand on the person's shoulder blade.				
16	*Blocks the person's lower extremities to prevent slipping.				
17	Tells the person that on count of 3, he can push down on the bed with his hands while assisting him to a standing position. On count of 3, straightens legs, helps to lift the person to a standing position.				





18	Assists the person to position himself in the chair so that his back is against the back of the chair. Places his feet on the footrests, if used.				
19	Removes the transfer belt.				
20	*Ensures the person's comfort and good body alignment.				
21	*Adjusts equipment for safety: If the person is on a wheelchair, makes sure the wheels on the wheelchair are locked.				
22	Places the person's method of calling for help within reach.				
23	Cleans up working area.				
24	Washes hands.				
25	Reports and records.				
No.	ATTITUDE				
26	Maintains professionalism all throughout the procedure.				
27	Establishes rapport with the person.				
28	Preserves person 's dignity.				
29	Provides privacy.				

Total Mark: _____ Total Score ()
x 100 =

No. of Evaluated Items { }

REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL
(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)


Assessor's Comments/Recommendations:



NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Transferring a Person from the Chair to a Bed (One or Two Nurse Assistants)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the role of frequent repositioning in helping to prevent complications due to immobilization.				
2	Explains the importance of good body alignment for the person during care.				
3	Identifies basic positions that are often used in the health care setting.				
4	Determines the safety measures for the staff and person during position or transfer.				



No.	SKILLS				
5	*Washes hands.				
6	Gathers supplies.				
7	Identifies person.				
8	Explains the procedure.				
9	*Adjusts equipment for body mechanics and safety by raising the bed to a comfortable working height.				
10	*Places the chair against the bed on the person's stronger side. If the person is on a wheelchair, removes or folds back the footrests and locks the brakes				
11	*Raises the head of the bed. Puts the transfer belt on the person.				
12	Prepares the person to stand up. Option A: Grasps the transfer belt on the back side of the person's waist. Option B: If using a transfer belt, puts arms underneath the person's arms and places hands on her shoulder blades. Option C: If a co-worker is helping, have co-worker grasp one side of the transfer belt on the back side of the person's waist, while grasps the other.				
13	*Blocks the person's lower extremities to prevent slipping.				
14	Tells the person that on count of 3, can push down on the arms of the chair with hands while assisting to a standing position. On count of 3, straightens legs, helping to lift the person to a standing position.				
15	Tells the person to place her arms on upper arms or shoulders to steady himself during the move. Taking small steps, together, pivot around until the person is in front of the bed. Asks the person to tell when he can feel the bed against the back of her legs.				
16	Helps the person to sit on the edge of the bed. - Puts head to the person's side closest to the bed and keeps the bed in sight during the move. - Lowers the person onto the bed by bending knees and keeping back straight.				





17	*Removes the transfer belt, the person's robe and the footwear.				
18	Moves the wheelchair out of the way.				
19	Puts one of the arms across the person's upper back and the other arm under his thighs. On count of 3, pivots feet to turn the person so that he is lying on the bed.				
20	*Ensures the person's comfort and good body alignment.				
21	*Adjusts equipment for safety. If the person is on a wheelchair, makes sure the wheels on the wheelchair are locked.				
22	Places the person's method of calling for help within reach.				
23	Cleans up working area.				
24	Washes hands.				
25	Reports and records.				
No.	ATTITUDE				
26	Maintains professionalism all throughout the procedure.				
27	Establishes rapport with the person.				
28	Preserves person 's dignity.				
29	Provides privacy.				

Total Mark: _____

x 100 = _____

No. of Evaluated Items { _____ }

REMARKS: _____

(≥ 70 %) PASS (≥ 60 % – 69 %) NEEDS REMEDIAL (≤ 60 %) FAIL


Assessor's Comments/Recommendations:



NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Moving a Person Up in Bed Using a Draw Sheet (One Nurse Assistants)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the role of frequent repositioning in helping to prevent complications due to immobilization.				
2	Explains the importance of good body alignment for the person during care.				
3	Identifies basic positions that are often used in the health care setting.				
4	Determines the safety measures for the staff and person during positioning or transferring a person.				



No.	SKILLS				
5	*Washes hands.				
6	Gathers supplies.				
7	Identifies person.				
8	Explains the procedure.				
9	*Adjusts equipment for body mechanics and safety by raises the bed to a comfortable working height.				
10	*Makes sure the wheels on the bed are locked.				
11	Loosens the draw sheet on both sides of the bed.				
12	Lowens the head of the bed as low as the person can tolerate. Makes sure the person is in the center of the bed.				
13	Asks the person to lift his head, or if he is unable, gently lift his head and remove the pillow. Place it alongside the person or on a chair.				
14	Stands at the center of the head of the bed (facing the foot of the bed) and position your feet so that one foot is about 12 inches in front of your other foot.				
15	Rolls the draw sheet close to the person's head and shoulders. With your palms up, grasps the rolled draw sheet with both hands, on either side of the person's head. Asks the person to bend his knees if he is able and place his feet flat against the bed so that he can help push up.				
16	Bends hips and knees so that upper back remains straight.				
17	Tells the person to get ready to move on count of 3. On count of 3, rocks backward, moving the person up toward the head of the bed by lifting and moving the draw sheet.				
18	*Helps the person lift his head and replaces the pillow.				
19	Restocks or removes the draw sheet.				
20	Lowens or raises the side rails according to the person's				



	care plan.				
21	*Ensures the person's comfort and good body alignment.				
22	Cleans up working area.				
23	Washes hands.				
24	Reports and records.				
No.	ATTITUDE				
25	Maintains professionalism all throughout the procedure.				
26	Establishes rapport with the person.				
27	Preserves person 's dignity.				
28	*Provides privacy.				
<p>Total Score ()</p> <p>Total Mark: _____</p> <p>x 100=</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. 2. American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Moving a Person to the Side of the Bed (One Nurse Assistants)					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the role of frequent repositioning in helping to prevent complications due to immobilization.				
2	Explains the importance of good body alignment for the person during care.				
3	Identifies basic positions that are often used in the health care setting.				
4	Determines the safety measures for the staff and person during position or transfer.				
No.	SKILLS				






5	*Washes hands.				
6	Gathers supplies.				
7	Identifies person.				
8	Explains the procedure.				
9	Adjusts equipment for body mechanics and safety by raises the bed to a comfortable working height.				
10	Makes sure the wheels on the bed are locked.				
11	*Lowers the head of the bed as low as the person can tolerate. Asks the person to lift her head, or if she is unable, gently lifts person's head and removes the pillow.				
12	Asks the person to cross arms over the chest.				
13	Places one of the arms under the person's neck and shoulders and the other arm under the person's upper back. On count of 3, rocks backward and lifts the person's upper body toward him.				
14	Repositions hands, placing one hand under the person's waist and the other under her thighs. Using the same motion, counts to 3 and rocks backward, lifting the person's lower body toward him.				
15	Finally, repositions hands under the person's calves and feet and, on count of 3, moves the person's lower legs toward him so that the person is in proper body alignment.				
16	Moving the person to the side of the bed is usually the first step in another procedure. Continues with the other procedure as planned.				
17	Lowers the bed to the level specified in the person's care plan.				
18	*Makes sure the wheels on the bed are locked and Lowers or raises the side rails according to the person's care plan.				
19	Places the person's method of calling for help within reach.				
20	Ensures the person's comfort and good body alignment.				
21	Cleans up working area.				



22	Washes hands.				
23	Reports and records.				
No.	ATTITUDE				
24	Maintains professionalism all throughout the procedure.				
25	Establishes rapport with the person.				
26	Preserves person 's dignity.				
27	*Provides privacy.				
<p>Total Score ()</p> <p>Total Mark: _____</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Helping a Person to Walk					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purposes of helping the person to walk. - To provide restorative care that helps the person become as fully functional and independent as possible which increases the person's ability to enjoy life.				
2	Determines the order of the primary care giver for helping the person to walk.				
3	Identifies the needed supplies such as transfer belt, if you are using one, the person's walker, cane or crutches (if the person uses an assistive device), the person's robe, and slippers or shoes.				



No.	SKILLS				
4	Performs hand hygiene and observes other appropriate infection control protocols.				
5	Gathers and prepares the needed supplies for the procedure.				
6	*Knocks, greets the person, verifies person's identity base on hospital policy, and establishes rapport with the person.				
7	Explains the procedure to the person.				
8	Adjusts equipment for body mechanics and safety and raises the bed to a comfortable working height. Makes sure the wheels on the bed are locked.				
9	<p>If the person has been lying down in bed, allows her to sit on the edge of the bed with her feet flat on the floor for at least 2 minutes before continuing.</p> <p>Some dizziness is common when a person sits up after being in bed for a while.</p> <p>Sees if the dizziness passes in 2 minutes.</p> <p>If it does not pass, if it gets worse, if she becomes sweaty or short of breath, or if she is in any pain, helps the person to lie back down and reports your observations to the nurse.</p>				
10	Helps the person put on the robe and footwear. Puts the transfer belt on the person.				
11	<p>If necessary, helps the person to stand up:</p> <ul style="list-style-type: none"> - Stands facing the person and either grasps the transfer belt on the back side of her waist with your palms up or, if not using a transfer belt, puts your arms underneath the person's arms and places your hands on her shoulder blades. - Places your toes against the person's toes and bends your knees so that they rest against, or near, her knees. - Tells the person lean forward, toward you. - Tells the person that on the count of 3 she can push down on the bed or chair with her hands while you assist her to a standing position. - On the count of 3, straightens your legs, helping to lift the person to a standing position. 				
12	*If the person is using an assistive device for walking, make sure it is positioned properly.				




	If the person is using a walker, it should be positioned directly in front of her. If the person uses a cane, makes sure she is holding it in the hand opposite her weak leg.				
13	Stands slightly behind the person on the person's weaker side. Grasps the transfer belt on the back side of the person's waist, with your palms up				
14	Starting on the same foot as the person, walks on her weaker side and a little behind.				
15	Ensures the person's comfort and good body alignment.				
16	*Adjusts equipment for safety: - Lowers the bed to the level specified in the person's care plan. - Makes sure the wheels on the bed are locked and the call the light is accessible to the person. Lowers or raises the side rails according to the person's care plan.				
17	Cleans up the working area and performs hand hygiene.				
18	Records and reports the procedure.				
No.	ATTITUDE				
19	Maintains professionalism all throughout the procedure.				
20	Establishes rapport with the person.				
21	Preserves person's dignity.				
22	*Provides privacy for the person all throughout the procedure.				
<p>Total Score ()</p> <p>Total Mark: _____</p> <p>x 100 =</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					



NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Promoting Comfort and Rest					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purposes of promoting comfort and rest. <ul style="list-style-type: none"> - To promote person's comfort and manage person's pain. - To help the person get enough rest for his emotional and physical health. 				
2	Determines the need for warm or cold compress, warm soak, aquathermia pad, and warm bottle or ice bag for the person as directed by the nurse.				
3	Identifies the needed supplies if they are for: <ul style="list-style-type: none"> - Applying a warm or cold compress such as two towels, washcloth or gauze for compress, bed protector, wash basin, watch, bath thermometer, and ice (if applying cold compress). 				



	<ul style="list-style-type: none"> - Assisting with a warm soak such as towel, bed protector, wash basin, watch and bath thermometer. - Applying an aquathermia pad such as aquathermia pad and heating unit, distilled water, flannel cover or towel, tape or roller gauze, and watch. <p>Applying a warm water bottle or ice bag such as warm water bottle or ice bag, towel, watch and bath thermometer.</p>				
No.	SKILLS				
4	Performs hand hygiene and observes other appropriate infection control protocols.				
5	Gathers and prepares the needed supplies for the procedure.				
6	Knocks, greets the person, verifies person's identity base on hospital policy, and establishes rapport with the person.				
7	Explains the procedure to the person.				
8	*Adjusts equipment for body mechanics and safety: If the person will be getting out of bed to eat, lowers the bed to the level specified in the person's care plan. If the person will be staying in bed, raises the bed to a comfortable working height. Makes sure the wheels on the bed are locked.				
9	<p>Applies a warm or cold compress. If applying a warm compress, fills the wash basin with warm water and uses the bath thermometer to verify that the water temperature is between 100° F (37.77° C) and 105° F (40.55° C). If applying a cold compress, fills the wash basin with cold water and adds the ice.</p> <p>Places the wash basin on the over-bed table.</p>				
10	Helps the person into a comfortable position and exposes the part of the body that is to receive the treatment.				
11	Places the bed protector under the part of the body that is to receive the treatment and then places a towel on top of the bed protector.				
12	Forms the compress by dipping the washcloth or gauze into the wash basin and then wringing out the excess moisture. Places the compress on the part of the body that is to receive the treatment. Wraps the towel and the bed protector up and over the compress. Holds the compress in place, or asks the person to assist by holding the compress.				
13	Notes the time using the watch and calculates the time that the treatment should end (usually after 20 minutes). If intending to leave the room, places the person's method of calling for help within reach.				



14	Checks the skin under the compress every 5 minutes. If the skin is bright red, pale or blue, or if the person reports pain, tingling or burning, stops the treatment and reports to the nurse.				
15	Remoistens the compress as necessary.				
16	When the treatment is finished, removes the compress and dries the skin with a clean towel. Continuation at 32.				
17	*Assists with a warm soak. Fills the wash basin with warm water and uses the bath thermometer to verify that the water temperature is between 100° F (37.77° C) and 105° F (40.55° C). Continuation at 27.				
18	Applying an aquathermia pad. Fills the heating unit to the fill line with distilled water.				
19	Places the pad and tubing below the heating unit and tilts the heating unit from side to side to remove bubbles from the tubing.				
20	Places the heating unit so that the unit will be level with the aquathermia pad and connecting hoses. Plugs in the unit and turn it on.				

Total Score ()

Total Mark: _____
x 100 =

No. of Evaluated Items { }

REMARKS: ☐ PASS (≥ 70 %) ☐ NEEDS REMEDIAL (≥ 60 % – 69 %) ☐ FAIL (≤ 60 %)

Assessor's Comments/Recommendations:



NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Helping a Person with Passive Range-of-Motion Exercises					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purpose/s of helping the person with passive range of motion exercises. - To remain functional by making joints used and put through their normal range of motion.				
2	Determines the order of the primary care giver for the person passive range of motion exercises.				
3	Identifies the needed supplies if there are needed for the procedure.				



No.	SKILLS				
4	Performs hand hygiene and observes other appropriate infection control protocols.				
5	Gathers and prepares the needed supplies for the procedure.				
6	*Knocks, greets the person, verifies person's identity base on hospital policy, and establishes rapport with the person.				
7	Explains the procedure to the person.				
8	Adjusts equipment for body mechanics and safety and raises the bed to a comfortable working height. Makes sure the wheels on the bed are locked.				
9	Lowest the head of the bed as low as the person can tolerate. Makes sure the person is in the supine position (lying on the back) and in good body alignment.				
10	Task 1: Exercise the Shoulder With one hand, holds the person's wrist and put your other hand under the elbow. Provides this support throughout the following motions.				
11	Flexion and extension. With the person's arm by his side and the palm down, raises the person's arm straight up and then move it alongside the ear. Then lower the arm to the person's side. Repeats 5 times.				
12	Abduction and adduction. With the person's arm by his side and the palm up, moves the person's arm out away from the body. Then returns the arm to the person's side. Repeats 5 times.				
13	Horizontal abduction and adduction. Holds the person's arm out away from the body with the palm up. Bends the elbow, touching the person's hand to the opposite shoulder. Then straightens the person's elbow, returning the hand to its original position. Repeats 5 times.				
14	Rotation. Bends the person's arm and positions the elbow so that it is at the same height as the shoulder. Moves the hand up toward the person's head and then down.				



	Repeats 5 times.				
15	<p>Task 2: Exercise the Elbow</p> <p>With one hand, holds the person's wrist and put your other hand under the elbow. Provides this support throughout the following motions.</p>				
16	<p>Flexion and extension.</p> <p>With the person's arm by his side with the palm up, bends the person's arm at the elbow so that the hand moves toward the shoulder on the same side. Then straightens the arm back down to the hip.</p> <p>Repeats 5 times.</p>				
17	<p>Pronation and supination. Bends the person's elbow so that the forearm is at a right angle to the bed. Gently turns the person's hand so that the palm is facing the foot of the bed. Then turns the hand so that the palm is facing the head of the bed. Repeats 5 times.</p>				
18	<p>Task 3: Exercise the Wrist</p> <p>Holds the person's wrist with the palm down with one hand and the person's fingers with your other hand.</p> <p>Provides this support throughout the following motions.</p>				
19	<p>Flexion and extension.</p> <p>Bends the person's elbow so that the forearm is at a right angle to the bed. Bends the wrist to move the person's hand forward, and then straightens the wrist to move the hand backward.</p> <p>Repeats 5 times.</p>				
20	<p>Radial and ulnar deviation.</p> <p>With the person's hand still raised off the mattress, gently tilt the person's hand toward the thumb.</p> <p>Then tilts the hand the other way, toward the person's little finger.</p> <p>Repeats 5 times.</p>				
21	Task 4: Exercise the Fingers and Thumb				
22	<p>Raises the person's hand off the mattress.</p> <p>Holds the person's wrist with one hand and the fingers with your other hand.</p> <p>Provides this support throughout the following motions.</p>				
23	Flexion and extension.				



	<p>Bends each of the fingers (one at a time) and the thumb to touch the palm. Then extends each of the fingers (one at a time) and the thumb.</p> <p>Repeats 5 times.</p>				
24	<p>Abduction and adduction.</p> <p>Holds the person's thumb and index finger together in one of your hands. With the other hand, spreads the middle finger away from the index finger. Moves the middle finger to the index finger and holds the middle finger, index finger and thumb together.</p> <p>Moves the ring finger away from the other three fingers (thumb, index and middle), then back to them. Holds all four fingers.</p> <p>Moves the little finger away from the other four fingers (thumb, index, middle and ring), then back to them.</p> <p>Now works in the other direction.</p> <p>Holds the little finger and ring finger together and moves the middle finger away and back.</p> <p>Completes with the index finger and thumb. Repeats 5 times.</p>				
25	<p>Thumb flexion and extension.</p> <p>Bends the person's thumb in toward the palm, and then returns it to its natural position. Repeats 5 times.</p>				
26	<p>Thumb opposition. Touches the tip of the thumb to each finger. Repeats 5 times.</p>				
27	<p>Task 5: Exercise the Hip and Knee</p> <p>Puts one hand under the person's knee and your other hand under the ankle.</p> <p>Provides this support throughout the following motions.</p>				
28	<p>Flexion and extension.</p> <p>Bends the person's knee and moves it up toward the head to flex the knee and hip, then straightens the person's knee, extending the knee and hip. Lowers the person's leg to the bed.</p> <p>Repeats 5 times.</p>				
29	<p>Abduction and adduction.</p> <p>Moves the person's leg out away from his body.</p> <p>Then returns the leg to the person's side.</p> <p>Repeats 5 times.</p>				



30	Hip rotation. Keeping the person's leg straight, turns the leg inward and then outward to rotate the hip. Repeats 5 times.				
31	Task 6: Exercise the Ankle Puts one hand under the person's ankle and grasps the foot with your other hand. Provides this support throughout the following motions.				
32	Dorsiflexion and plantar flexion. Gently pushes the person's foot backward toward his head and then forward toward the mattress. Repeats 5 times.				
33	Inversion and eversion. Turns the person's foot inward and then outward. Repeats 5 times.				
34	Task 7: Exercise the Toes Puts one hand under the person's foot. Provides this support throughout the following motions.				
35	Flexion and extension. Places your other hand on the top of the foot, over the toes. Curls the toes downward and then straightens them.				
36	Abduction and adduction. Starting with the big toe and the one next to it, holds the two toes together and moves the middle toe away from them. Continues spreading the toes. Repeat 5 times.				
37	Ensures the person's comfort and good body alignment.				
38	Adjusts equipment for safety: <ul style="list-style-type: none">- Lowers the bed to the level specified in the person's care plan.- Makes sure the wheels on the bed are locked and the call the light is accessible to the person.- Lowers or raises the side rails according to the person's care plan.				
39	Cleans up the working area and performs hand hygiene.				
40	Records and reports the procedure.				
No.	ATTITUDE				
41	Maintains professionalism all throughout the procedure.				
42	Establishes rapport with the person.				



43	Preserves person's dignity.				
44	Provides privacy for the person all throughout the procedure.				
45	*Provides comfort and safety for the person.				

Total Mark: _____
x 100 =

No. of Evaluated Items { }

REMARKS: ☐ PASS (≥ 70 %) ☐ NEEDS REMEDIAL (≥ 60 % – 69 %) ☐ FAIL (≤ 60 %)

Assessor's Comments/Recommendations:

NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	


Learning resources:

Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.

American Red Cross (2013). *American Red Cross Nurse Assistant Training Textbook*: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Applying Ant embolic Stockings					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Explains the benefits of applying antiemboli stocking.				
No.	SKILLS				
2	Washes hands.				
3	Gathers supplies.				




4	Identifies person.				
5	Explains the procedure.				
6	Chooses the best time to apply the stockings.				
7	Helps person to lie down.				
8	Makes sure that the legs are clean and dry.				
9	Applies stockings.				
10	Asks the person to point the toes.				
11	Turns on stocking inside out down to the heel.				
12	Places the stocking on person foot with the heel of stocking down.				
13	Stretches each side of the stocking and pulls the stocking to make sure that the stocking is placed on the toes, foot, and heel appropriately.				
14	Grasps the loose portion of the stocking at the ankle and pulls the stocking over the leg.				
15	Inspects the person's stocking and smooths out any folds or creases.				
16	Applies the same steps from 10 to 17 to the other leg.				
17	Ensures the person's comfort and good body alignment.				
18	Cleans up working area.				
19	Washes hands.				
20	Reports and records.				



No.	ATTITUDE				
21	Maintains professionalism all throughout the procedure.				
22	Establishes rapport with the person.				
23	Preserves person's dignity.				
24	*Provides privacy.				
<p>Total Mark: _____ Total Score ()</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Transferring the Person Using a Stand-Assist Mechanical Lift					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purposes of helping the person to transfer.				
2	Identifies the needed supplies such as: <ul style="list-style-type: none"> • Stand-assist mechanical lift and sling • Arm chair or wheelchair • Slip-resistant footwear • Bath blanket or cushion • Lap blanket (if used) 				



No.	SKILLS				
3	Places the chair (wheelchair) at the head of the bed. It is even with the head-board and about 1 foot away from the bed. Locks (braked) the wheelchair wheels.				
4	Places a folded bath blanket or cushion in the seat if needed.				
5	Assists the person to a seated position on the side of the bed. The person's feet are flat on the floor. Bed wheels are locked.				
6	Puts footwear on the person.				
7	Applies the sling. a. Positions the sling at the lower back. b. Brings the straps around to the front of the chest. The straps are positioned under the arms. c. Secures the waist belt around the person's waist. Adjusts the belt so it is snug but not tight. d. Positions the lift in front of the person.				
8	Widen the lift's base.				
9	Locks (braked) the lift's wheels.				
10	Has the person place the feet on the foot plate and the knees against the knee pad. Assists as needed.				
11	If the lift has a knee strap, secures the strap around the legs. Adjusts the strap so it is snug but not tight.				
12	Attaches the sling to the sling hooks.				
13	Has the person grasp the lift's hand grips.				
14	Unlocks the lift's wheels (releases the brakes).				
15	Raises the person slightly off the bed. Checks that the sling is secure, the feet are on the foot plate, and the knees are against the knee pad. If not, lowers the person and corrects the problem before proceeding.				



16	Raises the lift until the person is clear of the bed. Or raises the person to a standing position. Follows the care plan.				
17	Adjusts the base's width to move from the bed to the chair (wheelchair) if needed. Keeps the base in the wide or open position as much as possible.				
18	Moves the lift to the chair (wheelchair). The person's back is toward the seat.				
19	Lowest the person into the chair (wheelchair). Guides the person into the seat.				
20	Locks (brakes) the lift's wheels.				
21	Unhooks the sling from the sling hooks.				
22	Unbuckles the waist belt. Removed the sling.				
23	Unlocks the lift's wheels (released the brakes).				
24	Has the person lift the feet off of the footplate. Assists as needed. Moves the lift. Positions the person's feet flat on the floor or on the wheelchair footplates.				
25	Covers the lap and legs with a lap blanket (if used). Keeps it off the floor.				
No.	ATTITUDE				
26	Maintains professionalism all throughout the procedure.				
27	Establishes rapport with the person.				
28	Preserves person's dignity.				
29	*Provides privacy.				
<p>Total Mark: _____ Total Score ()</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p>					





REMARKS: <input type="checkbox"/> PASS ($\geq 70\%$) <input type="checkbox"/> NEEDS REMEDIAL ($\geq 60\% - 69\%$) <input type="checkbox"/> FAIL ($\leq 60\%$)		
Assessor's Comments/Recommendations:		
NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i> : Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Preventing Injuries					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the importance of body mechanics.				
2	Identifies the proper way of handling equipment.				
No.	SKILLS				
3	*Demonstrates proper body alignment, including: Maintains wide base of support.				
4	Maintains back straight.				



5	Positions body close to and facing object to be moved.				
6	Bends from hips and knees, keeping back in alignment.				
7	Uses large muscles (gluteals, shoulders, upper arms and thighs).				
8	Remains close to the body, stoop or squat to lift.				
9	Uses both hands and arms to lift, move, or carry heavy items.				
10	Widens base of support.				
11	Carries objects close to center of gravity and close to the midline of the body.				
12	Turns whole body when changing direction (NO TWISTING).				
13	Works with smooth movements, no jerky or sudden moves.				
14	Sets objects on edge of table and push to center if moving items.				
15	Does not lift heavy items higher than chest level.				
16	Identifies risk for fall.				
No.	ATTITUDE				
17	Maintains professionalism all throughout the procedure.				

Total Score ()
Total Mark: _____
x 100 =

No. of Evaluated Items { }

REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL
(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)


Assessor's Comments/Recommendations:



NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Helping a Person to Eat and Drink					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the purposes of helping the person to eat and drink.				
2	Determines the diet or meal ordered by the primary care giver for the person.				
3	Identifies the needed supplies such as assistive devices for eating and clothing protector (if are used), and food tray and utensils.				
No.	SKILLS				



4	Performs hand hygiene and observes other appropriate infection control protocols.				
5	Gathers and prepares the needed supplies for the procedure.				
6	Knocks, greets the person, verifies person's identity base on hospital policy, and establishes rapport with the person.				
7	Explains the procedure to the person.				
8	<p>*Adjusts equipment for body mechanics and safety:</p> <ul style="list-style-type: none"> - If the person will be getting out of bed to eat, lowers the bed to the level specified in the person's care plan. - If the person will be staying in bed, raises the bed to a comfortable working height. Makes sure the wheels on the bed are locked. 				
9	Removes any source of unpleasant odors and makes sure there is adequate lighting and straighten clean linens.				
10	If the person stays in the room and eats in bed: Raises the head of the bed to Fowler's position, and positions the over-bed table at an appropriate height over the bed.				
11	If the person stays in the room but gets out of bed to eat: Assists the person to transfer from the bed to the chair. Positions the over-bed table at an appropriate height over the chair.				
12	If the person would like to use a clothing protector, assists the person in putting the clothing protector on.				
13	Obtains the person's meal as ordered by the primary care giver.				
14	*Checks the name and the diet noted on the card on the meal tray to ensure that everything is correct. If suspects a problem with the meal tray, speaks with the nurse and then corrects any problems with the tray.				
15	<p>Uncovers the meal tray and helps the person get ready to eat:</p> <ul style="list-style-type: none"> - Unwraps utensils and hands the napkin to the person. - Assists the person with opening containers, cutting foods and seasoning the food or applying condiments as needed. - If thickened liquids have been ordered for the person and the Patient Care Assistant is allowed to use a thickening agent to thicken the liquids, prepares the liquids by adding the thickening agent in the specified amounts. 				
16	If the person cannot readily identify the foods on the plate, tells the person what foods and drinks have been served and where they are on the plate.				




17	<p>*Assists the person with eating as needed. If the person can eat independently:</p> <ul style="list-style-type: none"> - Makes sure the person has everything as needed (such as assistive devices for eating). - Places the person's method of calling for help within reach and tells the person that the Patient Care Assistant will be back to check on him/her. 				
18	<p>If the person needs help to eat: Sits down next to the person.</p> <ul style="list-style-type: none"> - Helps the person to have a few sips of liquid. - Asks the person which liquid he/she would like to try first. - If the person uses a straw, places the straw in his mouth so that he/she can suck and swallow the liquid as desired. - If the person sucks too much liquid, the Patient Care Assistant may need to pinch off the straw and pulls it away so that he/she can swallow. - If the person is drinking hot liquids through a straw, stirs the liquid with the straw before offering it to him/her. 				
19	<p>Asks the person which food he/she would like to try first.</p> <ul style="list-style-type: none"> - Fills a spoon only one-third full. - Touches the spoon to the person's lower lip and then to his tongue to let him/her know where the food is and when to open his mouth. - Allows time between bites for the person to chew and swallow. - Helps the person to wipe his mouth with the napkin as needed. 				
20	<p>After a few bites of food, offers the person a few sips of liquid. Continues in this way until the person tells the Patient Care Assistant that he/she has had enough to eat and drink.</p>				
21	<p>Checks the person's food and fluid intake. If the person has not eaten one or more items that were served, offers to obtain substitute items that might be more appealing to the person.</p>				
22	<p>When the person has finished eating, notes and writes down the person's food and fluid intake.</p>				
23	<p>Removes the tray and the clothing protector (if used).</p>				
24	<p>Assists the person with mouth care as needed.</p>				
25	<p>Adjusts equipment for safety:</p> <ul style="list-style-type: none"> - Lowers the bed to the level specified in the person's care plan. - Makes sure the wheels on the bed are locked and the call light is within reach. 				



	- Lowers or raises the side rails according to the person's care plan.				
26	Cleans up the working area and performs hand hygiene.				
27	Records and reports person's food and fluid intake.				
No.	ATTITUDE				
28	Maintains professionalism all throughout the procedure.				
29	Establishes rapport with the person.				
30	*Preserves person's dignity.				
31	Provides privacy for the person all throughout the procedure.				
32	*Provides comfort and safety for the person.				
<p>Total Mark: _____ Total Score ()</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. 2.American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Measuring Blood Sugar of a Person					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the indications for blood sugar measurement.				
2	Describes the needed supplies and equipment used for the procedure.				
No.	SKILLS				
3	*Washes hands and gathers supplies.				
4	Identifies person and checks for any allergy.				



5	Introduces self and explains the procedure to the person.				
6	Assesses and reviews the person's medical history for diabetes type, medications, and/or anticoagulant therapy.				
7	Determines the special timing for the procedure.				
8	Determines if the glucometer and lancet need to be calibrated.				
9	Positions person comfortably in a semi-upright position in bed or upright in a chair and disinfects person's finger with alcohol swab.				
10	Ensures that puncture site is completely dry prior to skin puncture.				
11	Removes a reagent strip from the container, reseals the container cap, and not touching the test pad portion of the reagent strip.				
12	Turns on or follows the manufacturer's instructions to prepare the glucometer for measurement.				
13	Places the unused reagent strip in the glucometer or on a clean, dry surface (e.g., paper towel) with the test pad facing up depending on the manufacturer's instructions.				
14	Dons non-sterile gloves.				
15	Keeps site to be punctured in a dependent position and makes sure not to milk or massage finger site.				
16	Performs skin puncture with the use of a lancet.				
17	Gently squeezes above the site to produce a large droplet of blood.				
18	Transfers the droplet of blood to the reagent strip.				
19	Immediately presses the timer on the glucometer (unless it starts automatically with insertion of reagent strip).				
20	Applies pressure, or asks person to apply pressure, to the puncture site using a 2x2 gauze pad.				
21	Reads the results on the unit display.				





22	Turns off the glucometer and disposes of the test strip, 2x2 gauze, and lancet to biohazard bag/container or according to hospital policy.				
23	Removes non-sterile gloves and places them in the appropriate receptacle.				
24	Reviews test results with the person.				
25	Washes hands.				
26	Reports and records.				
No.	ATTITUDE				
27	Maintains professionalism all throughout the procedure.				
28	Establishes rapport with the person.				
29	*Preserves person's dignity.				
30	*Provides privacy.				

Total Mark: _____ Total Score ()

x 100 =

No. of Evaluated Items { }

REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL

(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)


Assessor's Comments/Recommendations:



NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Helping a Person to Use a Portable Commode					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Determines the safety measures for the staff and person during procedure.				
No.	SKILLS				
2	*Washes hands.				
3	Gathers supplies.				




4	Identifies person.				
5	Explains the procedure.				
6	Adjusts equipment for body mechanics and safety by raising the bed to a comfortable working height.				
7	*Makes sure the wheels on the bed are locked.				
8	*Positions the portable commode near the side of the bed on the person's stronger side so that it faces the foot of the bed. If the commode has wheels, makes sure they are locked.				
9	Lifts the lid of the commode. Makes sure the collection container is under the seat. If the collection container has a cover, remove it.				
10	Transfers the person to the commode. Before helping the person to sit down on the commode, helps to move clothing out of the way as needed.				
11	*Makes sure the toilet paper and the person's method of calling for help are within reach. Stays with the person to ensure his safety, asks the person to call when he is finished and leaves the room. Remembers to shut the door on the way out, and to check on the person every 5 minutes.				
12	*When the person is finished using the portable commode, puts on gloves. Helps the person to stand and assists the person with wiping and adjusting his clothing as needed.				
13	Removes gloves and washes hands. Puts on a clean pair of gloves.				
14	Fills the wash basin with warm water and helps the person to wash and dry his hands.				
15	Puts on a clean pair of gloves. Removes the collection container from the commode and replaces the cover. Takes the collection container to the bathroom. Observes and (if ordered) measures the contents of the collection container before emptying it and cleaning it.				
16	*Removes gloves and washes hands.				
17	Lowers the bed to the level specified in the person's care plan.				
18	Makes sure the wheels on the bed are locked. Lowers or raises the side rails according to the person's care plan.				
19	Places the person's method of calling for help within reach.				



20	*Ensures the person's comfort and good body alignment.				
21	Cleans up working area.				
22	Washes hands.				
23	Reports and records.				
No.	ATTITUDE				
24	Maintains professionalism all throughout the procedure				
25	Establishes rapport with the person				
26	Preserves person 's dignity				
27	*Provides privacy				
<p>Total Mark: _____ Total Score ()</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. 2. American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Assisting the person to Use a Bedpan or a Urinal					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Determines the characteristics of normal urine and feces.				
No.	SKILLS				
2	Gathers supplies.				
3	Identifies person				
4	Explains the procedure.				



5	*Adjusts equipment for body mechanics and safety by raises the bed to a comfortable working height.				
6	*Makes sure the wheels on the bed are locked.				
7	Warms a metal container.				
8	Folds back the linen for proper placement.				
9	Instructs the person to raise the buttocks, if possible.				
10	Places the bedpan beneath the buttocks.				
11	Raises the head of the bed.				
12	Provides toilet tissue and the signal cord.				
13	Raises the side rail.				
14	Leaves the room and shuts the door.				
15	Washes hands.				
16	Watches and returns to the person when signaled.				
17	Removes the bedpan.				
18	Assists with cleaning the rectum or urethra.				
19	Covers the bedpan.				
20	*Measures the volume of urine, if the person's intake and output are being assessed.				
21	*Empties the contents of the bedpan or urinal, noting the characteristics of the stool and urine.				
22	Rinses and cleans the inner areas of the equipment.				



23	Replaces the bedpan or urinal in the appropriate location.				
24	Provides soap, washcloth, and basin of water for hand washing or offers the person a disposable wipe.				
25	*Washes own hands.				
26	Uses air freshener, if necessary.				
27	Makes person comfortable.				
28	Charts significant information.				
No.	ATTITUDE				
29	Maintains professionalism all throughout the procedure				
30	Establishes rapport with the person				
31	*Preserves person's dignity				
32	*Provides privacy				

Total Mark: _____

x 100 = _____

No. of Evaluated Items { _____ }

REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL

(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)

Assessor's Comments/Recommendations:






NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i> : Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Applying a Condom Catheter					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Lists the indication of using condom catheter.				
2	Determines the complications associated with condom application.				
No.	SKILLS				
3	*Washes hands				
4	Gathers supplies.				



5	Identifies person				
6	Explains the procedure.				
7	*Adjusts equipment for body mechanics and safety by raising the bed to a comfortable working height.				
8	*Makes sure the wheels on the bed are locked.				
9	Puts on gloves.				
10	*Provides perineal care and thoroughly dry the skin.				
11	Puts the head of the man's penis in the condom. Unrolls the condom over the penis. Allows room at the tip of the penis.				
12	Secures the condom. Option A: If the condom is self-adhesive, gently presses the condom to the penis to cause it to adhere. Option B: If the condom is secured using a strap, wraps the strap around the condom according to the manufacturer's instructions. does not wrap the strap too tightly.				
13	Attaches the condom to the leg bag or large urine drainage bag.				
14	*Secures the catheter tubing and drainage bag: Option A: If using a leg bag, leaves some slack in the catheter tubing and secures the leg bag to the man's thigh using the leg strap. Option B: If using a large urine drainage bag, secures the catheter tubing to the man's thigh using the catheter strap or tape, and hangs the urine drainage bag from the bed frame. Makes sure the urine drainage bag is lower than the man's bladder.				
15	Removes gloves and washes hands.				
16	Adjusts equipment for safety: Lowers the bed to the level specified in the person's care plan.				
17	- *Makes sure the wheels on the bed are locked.				
18	Places the person's method of calling for help within reach.				





19	Lowers or raises the side rails according to the person's care plan.				
20	*Ensures the person's comfort and good body alignment.				
21	Cleans up working area.				
22	Washes hands.				
23	Reports and records.				
No.	ATTITUDE				
24	Maintains professionalism all throughout the procedure.				
25	Establishes rapport with the person.				
26	*Preserves person's dignity.				
27	*Provides privacy.				

Total Mark: $\frac{\text{Total Score}}{\text{No. of Evaluated Items}} \times 100 =$

REMARKS: ☐ PASS (≥ 70 %) ☐ NEEDS REMEDIAL (≥ 60 % – 69 %) ☐ FAIL (≤ 60 %)

Assessor's Comments/Recommendations:






NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i> : Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Measuring Intake and Output					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Lists the indication of using condom catheter.				
2	Determines the complications associated with condom application.				
No.	SKILLS				
3	*Washes hands				
4	Gathers supplies.				



5	Identifies person				
6	Explains the procedure.				
Measuring intake.					
7	Pours liquid remaining in the container into the measuring container used to measure intake. Avoided spills and splashes on the outside of the container.				
8	Places the measuring container on a flat surface. Measures the amount at eye level.				
9	Checks the serving amount on the I&O record.				
10	Subtracts the remaining amount from the full serving amount. Noted the amount.				
11	Pours fluid in the measuring container back into the container.				
12	Repeats steps for each liquid.				
13	- Added the amounts from each liquid together.				
14	Recorded the time and amount on the I&O record.				
Measuring output					
15	- Poured fluid into the measuring container used to measure output. Avoids spills and splashes on the outside of the measuring container.				
16	- Places the device/ measuring container on a paper towel on a flat surface. Measures the amount at eye level.				
17	Disposes of fluid in the toilet. Avoids splashes.				
18	Cleans, rinse, disinfects and dries the measuring containers.				
19	Uses clean, dry paper towels for drying and returns the measuring cup to their proper place.				
20	Removes and discards the gloves.				



21	Practices hand hygiene.				
22	- Records the output amount on the person's I&O record				
No.	ATTITUDE				
23	Maintains professionalism all throughout the procedure.				
24	Establishes rapport with the person.				
25	*Preserves person's dignity.				
26	*Provides privacy.				
<p>Total Score ()</p> <p>Total Mark: _____ x 100 = _____</p> <p>No. of Evaluated Items { } _____</p> <p>REMARKS: <input type="checkbox"/> PASS (≥ 70 %) <input type="checkbox"/> NEEDS REMEDIAL (≥ 60 % – 69 %) <input type="checkbox"/> FAIL (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>					
NAME OF ASSESSOR		DESIGNATION		SIGNATURE OF ASSESSOR	
NAME OF TRAINEE		SIGNATURE OF TRAINEE			
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>					





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Collecting a Routine Urine Specimen or Stool Specimen					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Determines the characteristics of normal urine and feces.				
2	Identifies the purposes of urine and feces specimen collections.				
No.	SKILLS				
3	*Washes hands.				
4	Gathers supplies.				



5	Identifies person.				
6	Explains the procedure.				
7	*Adjusts equipment for body mechanics.				
8	*Makes sure the wheels on the bed are locked.				
9	*Completes the label per hospital's policy. Takes the specimen container to the bathroom. Removes the lid from the specimen container and places it face-up on a paper towel on the counter, being careful not to touch the inside of the lid.				
10	If the person will be using the toilet, places the commode hat over the rim of the toilet seat.				
11	*Assists the person to use the toilet, a portable commode, a bedpan or a urinal as needed. Provides the person with the plastic bag for disposing of the toilet paper. Reminds the person not to have a bowel movement (if a urine sample is being collected) or urinate (if a stool sample is being collected).				
12	When the person is finished, helps person to wash the hands, as needed. Helps person back to bed if necessary.				
13	Puts on gloves. Takes the portable commode collection container, bedpan or urinal to the bathroom, or removes the commode hat from the toilet seat.				
14	Transfers the specimen to the specimen container. ■ Urine. Holds the specimen container over the toilet, pours the urine into the labeled specimen container, fills the container about halfway. ■ Stool. Uses the tongue depressors to remove 1 to 2 tablespoons of the stool and places it in the labeled specimen container.				
15	Places the lid tightly on the specimen container and places it on a paper towel on the counter.				
16	*Applies the completed label to the specimen container.				
17	Removes gloves and washes hands.				
18	*Lowers the bed to the level specified in the person's care plan *Lowers or raises the side rails according to the person's care plan.				



19	*Makes sure the wheels on the bed are locked.				
20	Places the person's method of calling for help within reach.				
21	Ensures the person's comfort and good body alignment.				
22	Cleans up working area.				
23	Washes hands.				
24	Reports and records.				
No.	ATTITUDE				
25	Maintains professionalism all throughout the procedure.				
26	Establishes rapport with the person.				
27	*Preserves person's dignity.				
28	*Provides privacy.				

Total Mark: _____

x 100 = _____

No. of Evaluated Items { _____ }

REMARKS: ☐ PASS (≥ 70 %) ☐ NEEDS REMEDIAL (≥ 60 % – 69 %) ☐ FAIL (≤ 60 %)

Assessor's Comments/Recommendations:



NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Collecting a Clean Catch (Midstream) Urine Specimen					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Determines the characteristics of normal urine				
2	Identifies the purposes of urine specimen collections.				
3	Identifies the consequences of collecting a contaminated urine specimen.				
No.	SKILLS				
4	*Washes hands.				



5	Gathers supplies.				
6	Identifies person.				
7	Explains the procedure.				
8	*Adjusts equipment for body mechanics and safety by raises the bed to a comfortable working height.				
9	*Makes sure the wheels on the bed are locked.				
10	*Completes the label per your hospital's policy.				
11	Covers the over-bed table or bathroom counter with paper towels. Opens the clean catch kit and arranges the contents on the paper towels. Removes the lid from the specimen container and places it face-up on the paper towels, being careful not to touch the inside of the lid.				
12	Puts on gloves.				
13	Assists the person as needed to cleanse the area around the urethral opening using the wipes in the clean catch kit				
14	*To obtain the specimen, person must start the flow of urine, and then stops it. The specimen is collected from the restarted flow, by having the person urinate directly into the specimen container.				
15	*Reminds person not to touch the inside of the specimen container.				
16	When the person is finished urinating, places the lid tightly on the specimen container, being careful doesn't touch the inside of the lid.				
17	*Applies the completed label to the specimen container.				
18	Helps person to wash the hands, as needed. Helps person back to bed if necessary.				
19	Removes gloves and washes hands.				
20	Lowers the bed to the level specified in the person's care plan.				





21	Lowens or raises the side rails according to the person's care plan.				
22	*Makes sure the wheels on the bed are locked.				
23	Places the person's method of calling for help within reach.				
24	Ensures the person's comfort and good body alignment.				
25	Cleans up working area.				
26	*Takes the specimen container to the designated area for pick-up.				
27	Washes hands.				
28	Reports and records.				
No.	ATTITUDE				
29	Maintains professionalism all throughout the procedure.				
30	Establishes rapport with the person.				
31	*Preserves person's dignity.				
32	*Provides privacy.				

Total Mark: _____
x 100 =

No. of Evaluated Items { }

REMARKS: ☐ PASS ☐ NEEDS REMEDIAL ☐ FAIL
(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)


Assessor's Comments/Recommendations:



NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
Learning resources: <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Providing Catheter Care					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the complications of not providing catheter care.				
No.	SKILLS				
2	*Washes hands.				
3	Gathers supplies.				
4	Identifies person.				



5	Explains the procedure.				
6	*Adjusts equipment for body mechanics and safety by raises the bed to a comfortable working height.				
7	*Makes sure the wheels on the bed are locked.				
8	Covers the over-bed table with the paper towels and arranges supplies.				
9	Fills the wash basin with warm water. Uses the bath thermometer to verify that the water temperature is between 105° F and 115° F.				
10	Places the wash basin on the over-bed table.				
11	Lowers the head of the bed as low as person can tolerate.				
12	*Covers the person and the top linens with the bath blanket (to provide privacy and warmth).				
13	Asks the person to hold the edge of the bath blanket (or tuck the edges under the person's shoulders) while folds the top linens down to the bottom of the bed.				
14	Puts on the gloves.				
15	Helps the person to remove soiled clothing.				
16	Instructs the person to bend knees and spread legs as much as possible.				
17	Instructs the person to raise buttocks off the bed, and places a bed protector under the person's hips. If providing catheter care for a woman, elevates the woman's pelvis by placing a bedpan or a folded towel or bath blanket under her buttocks.				
18	Adjusts the bath blanket as needed so that only the perineal area is exposed.				
19	Wets the washcloth and makes a mitt. Applies soap or other cleansing agent to the mitt, per hospital's policy.				
20	<p>*Cleanses the perineal area.</p> <p>■ Female: Separates the labia with one hand. Places the washcloth mitt at the top of the vulva and strokes downward, toward the anus. Cleans the middle, then one side, then the other side, using a clean part of the mitt for</p>				



	each stroke. Rinses and dries the area.				
21	*■Male: Holds the man's penis in one hand. If the man is uncircumcised, retracts the foreskin. Moving from the urethral opening outward, washes the penis using a circular motion, starting with the tip and moving down to the base. Rinses and dries the area.				
22	Wets another washcloth and makes a mitt. Applies soap or other cleansing agent to the mitt, per your hospital's policy.				
23	Holds the catheter near the urethral opening and clean about 4 inches of the catheter tubing, starting where the tubing leaves the body and moving outward .Rinses and dries the catheter tubing				
24	Makes sure the catheter tubing is secured by tape or a catheter strap to the person's inner thigh.				
25	Removes the bed protector.				
26	Removes and dispose gloves.				
27	Helps the person back into the supine position.				
28	Helps the person to put on clean clothing as necessary.				
29	If the linens are soiled or wet, changes the linens.				
30	Pulls up the top linens and removes the bath blanket.				
31	Removes gloves and washes hands.				
32	Lowers the bed to the level specified in the person's care plan.				
33	*Makes sure the wheels on the bed are locked.				
34	Lowers or raises the side rails according to the person's care plan.				
35	Places the person's method of calling for help within reach.				
36	Ensures the person's comfort and good body alignment.				



37	Cleans up working area.				
38	Washes hands.				
39	Reports and records.				
No.	ATTITUDE				
40	Maintains professionalism all throughout the procedure.				
41	Establishes rapport with the person.				
42	*Preserves person's dignity.				
43	*Provides privacy.				

Total Mark: _____ Total Score ()
x 100 =
No. of Evaluated Items { }
REMARKS: ☐ PASS (≥ 70 %) ☐ NEEDS REMEDIAL (≥ 60 % – 69 %) ☐ FAIL (≤ 60 %)

Assessor's Comments/Recommendations:


NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	

Learning resources:

Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier. American Red Cross (2013). *American Red Cross Nurse Assistant Training Textbook*: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Emptying a Urine Drainage Bag					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Identifies the infection control practices for discarding the urine and body fluids as per hospital's policy.				
No.	SKILLS				
2	Washes hands.				
3	Gathers supplies.				



4	Identifies person.				
5	Explains the procedure.				
6	Adjusts equipment for body mechanics and Makes sure the wheels on the bed are locked.				
7	*Puts on gloves.				
8	Places a paper towel on the floor underneath the drainage spout on the urine drainage bag. Places the graduate on the paper towel.				
9	*Removes the drainage spout from its holder on the side of the drainage bag and opens the clamp. Allows the urine to flow into the graduate container. Does not touch the end of the drainage spout or allows it to come into contact with the graduate or any other surface except its holder.				
10	Closes the clamp. Wipes the end of the drainage tube with an alcohol wipe. Returns the drainage spout to its holder.				
11	*Takes the graduate to the bathroom. Observes and (if ordered) measures the contents of the graduate before emptying it and cleaning it.				
12	Ensures the person's comfort and good body alignment.				
13	Cleans up working area.				
14	Removes gloves and washes hands.				
15	Reports and records.				
No.	ATTITUDE				
16	Maintains professionalism all throughout the procedure.				
17	Establishes rapport with the person.				
18	Preserves person's dignity.				
19	*Provides privacy.				






<p style="text-align: center;">Total Score ()</p> <p>Total Mark: _____</p> <p style="text-align: center;">x 100 =</p> <p style="text-align: center;">No. of Evaluated Items { }</p>		
<p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p style="text-align: center;">(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p>		
<p>Assessor's Comments/Recommendations:</p>		
NAME OF ASSESSOR	DESIGNATION	SIGNATURE OF ASSESSOR
NAME OF TRAINEE	SIGNATURE OF TRAINEE	
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>		





 الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties		Hospital:			
PATIENT CARE TECHNICIAN PROGRAM					
Changing an Ostomy Appliance					
Name of Trainee		Date Performed			
Method of Competency Assessment: Knowledge: (W – Written; V – Verbal) Skills: (De – Demonstration; D – Discussion; O – Observation; S – Simulation) Attitude: (O – Observation)		REMARKS			
Assessment Key: Tick (☑) the corresponding space provided. 0 – Not 1 – Partially Met Met- 2 NA- Not Applicable					
Critical Steps: Patient safety and nursing standards are the basis in selection of the critical elements. Every critical element in the checklist will be highlighted with an asterisk (*). If the trainee fails to meet one or two critical elements (*), the trainee will be required to repeat the critical elements he/she may have missed. If the trainee fails to meet three and more critical elements (*), the trainee will be required to repeat the whole procedure.					
COMPETENCIES		ASSESSOR ASSESSMENT			
		0	1	2	Competency Assessment Method
No.	KNOWLEDGE				
1	Explains what an ostomy appliance is.				
2	Lists the complications of ostomy.				
3	Identifies the normal skin condition around the stoma.				
No.	SKILLS				



4	*Washes hands.				
5	Gathers supplies.				
6	Identifies person.				
7	Explains the procedure.				
8	*Adjusts equipment for body mechanics and safety by raises the bed to a comfortable working height.				
9	Makes sure the wheels on the bed are locked.				
10	Covers the over-bed table with the paper towels and arranges supplies.				
11	Fills the wash basin with warm water. Uses the bath thermometer to verify that the water temperature is between 105° F and 115° F.				
12	Places the wash basin on the over-bed table.				
13	Lowers the head of the bed as low as the person can tolerate.				
14	Folds the top linens out of the way, keeping the person's legs covered.				
15	Adjusts the person's clothing as needed to expose the stoma.				
16	Puts on gloves.				
17	*Removes the soiled ostomy appliance by holding the skin and gently peeling the appliance off, starting at the top.				
18	Places the soiled ostomy appliance in the bedpan.				
19	Wipes around the stoma with toilet paper and places the toilet paper in the bedpan. Covers the bedpan with the cover.				
20	Wets the washcloth and makes a mitt. Applies soap or other cleansing agent, if ordered. Washes, rinses and dries the area around the stoma.				



21	If the person uses as ostomy appliance deodorant, places the deodorant in the new ostomy appliance.				
22	Applies skin adhesive, if used. Applies the new appliance over the stoma, making sure there are no wrinkles.				
23	Removes gloves and washes hands.				
24	Helps the person to adjust her/his clothing, as needed.				
25	Arranges the top linens back over the person. Raises the head of the bed as the person requests.				
26	*Puts on a clean pair of gloves. Takes the bedpan to the bathroom and disposes of the ostomy appliance by placing it in a labeled biohazard bag.				
27	Lowest the bed to the level specified in the person's care plan and makes sure the wheels on the bed are locked.				
28	Places the person's method of calling for help within reach.				
29	Lowest or raises the side rails according to the person's care plan.				
30	*Ensures the person's comfort and good body alignment.				
31	Cleans up working area.				
32	Removes gloves and washes hands.				
33	Reports and records.				
No.	ATTITUDE				
34	Maintains professionalism all throughout the procedure.				
35	Establishes rapport with the person.				
36	Preserves person's dignity.				



37	*Provides privacy.							
<p>Total Mark: _____ Total Score ()</p> <p>x 100 = _____</p> <p>No. of Evaluated Items { }</p> <p>REMARKS: <input type="checkbox"/> PASS <input type="checkbox"/> NEEDS REMEDIAL <input type="checkbox"/> FAIL</p> <p>(≥ 70 %) (≥ 60 % – 69 %) (≤ 60 %)</p> <p>Assessor's Comments/Recommendations:</p>								
NAME OF ASSESSOR				DESIGNATION		SIGNATURE OF ASSESSOR		
NAME OF TRAINEE				SIGNATURE OF TRAINEE				
<p>Learning resources:</p> <p>Sorrentino, S. A., Remmert, L., & Wilk, L. S. (2020). Mosby's Textbook for Nursing Assistants (10th ed.). St. Louis, MO: Elsevier.</p> <p>American Red Cross (2013). <i>American Red Cross Nurse Assistant Training Textbook</i>: Third Edition. United States of America: Krames StayWell Strategic Partnerships Division. ISBN: 978- 1584805823</p>								

