



Practice Assessment Form

Name: Procedure Date:

Criteria	Comments	Scale
1 - Independent, 2 - Supervised, 3 - Assisted, 4 - Marginal, 5 - Dependent, N/O = Not observed		
Communication		
<ul style="list-style-type: none"> Communicates therapeutically with patients/clients & or whanau (as appropriate). Communicates professionally within the multidisciplinary team &/or within professional networks. 		
Cultural Safety		
<ul style="list-style-type: none"> Demonstrates respect for the individual 		
Documentation		
<ul style="list-style-type: none"> In accordance with CMDHB policy Refer SouthNet Documentation policy. 		
Infection Control		
<ul style="list-style-type: none"> In accordance with CMDHB policy Refer SouthNet Infection control policies. 		
Knowledge/rationale		
<ul style="list-style-type: none"> Knowledge/rational provided on: Patient/client assessment including (as appropriate): physical, emotional, social & spiritual. Physiological process in the patient/client. 		
Occupational health & safety		
<ul style="list-style-type: none"> In accordance with CMDHB policy Refer SouthNet Occupational Health & Safety policies. 		
Skill/task/procedure		
<ul style="list-style-type: none"> Performed as per CMDHB policy Able to anticipate potential & or real risks & modifies behaviour/plan accordingly Continuously evaluates care. 		

