

**091206T4PTT**

**PERIOPERATIVE THEATRE TECHNOLOGY LEVEL 6**

**HE/OS/TT/CR/07/6/A**

**Participate In Perioperative Theatre Clinical Services**

**July/Aug 2023**



**TVET CURRICULUM DEVELOPMENT, ASSESSMENT AND CERTIFICATION  
COUNCIL (TVET CDACC)**

**PRACTICAL ASSESSMENT**

**INSTRUCTIONS TO THE ASSESSOR**

1. You are required to mark the practical as the candidate performs the tasks.
2. You are required to take video clips at critical points.
3. Ensure the candidate has an identification tag pinned at the back and front near the shoulders showing Candidate's name and registration code.

**This paper consist of FOUR printed pages**

**Candidate should check the question paper to ascertain that all pages are printed  
as indicated and that no questions are missing.**

## OBSERVATION CHECKLIST

|                                                                                                                                                                                                                                            |                                                               |                           |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------|-----------------|
| <b>Candidate's name &amp; Registration Code</b>                                                                                                                                                                                            |                                                               |                           |                 |
| <b>Assessor's name &amp; Registration Code</b>                                                                                                                                                                                             |                                                               |                           |                 |
| <b>Unit(s) of Competency</b>                                                                                                                                                                                                               | <b>Participate In Perioperative Theatre Clinical Services</b> |                           |                 |
| <b>Venue of Assessment</b>                                                                                                                                                                                                                 |                                                               |                           |                 |
| <b>Date of assessment</b>                                                                                                                                                                                                                  |                                                               |                           |                 |
| <b>Items to be evaluated:</b> <i>Please award marks as appropriate.<br/>Give a brief comment on your observation.</i>                                                                                                                      | <b>Marks<br/>available</b>                                    | <b>Marks<br/>obtained</b> | <b>Comments</b> |
| <b>TASK: Verification of patient identity and data using a theatre check list</b>                                                                                                                                                          |                                                               |                           |                 |
| 1. Greeted the patient and introduced self to the patient<br><i>(award 1 mark or 0)</i>                                                                                                                                                    | <b>2</b>                                                      |                           |                 |
| 2. Explained the check-listing procedure to the patient.<br><i>(award 1 mark or 0)</i>                                                                                                                                                     | <b>1</b>                                                      |                           |                 |
| 3. Checked the patient's identity as follows: <ul style="list-style-type: none"> <li>• Asked the patient to identify self by three names</li> <li>• Asked patient for his age in years.</li> </ul> <i>(award 2 mark for each activity)</i> | <b>4</b>                                                      |                           |                 |
| 4. Verified the identity of the patient with: <ul style="list-style-type: none"> <li>• Patient's wrist name tag</li> <li>• The patient's medical record on the file</li> </ul> <i>(award 2 mark or 0 for each activity)</i>                | <b>4</b>                                                      |                           |                 |
| 5. Confirmed the procedure to be done with the: <ul style="list-style-type: none"> <li>• Medical records in the file</li> <li>• Patient</li> <li>• Consent form</li> </ul> <i>(award 1 mark or 0 for each activity)</i>                    | <b>3</b>                                                      |                           |                 |