

## Seroma Aspiration Competency Document

## Appendix 1

Criteria	Learning Method	How Competence is Assessed	Supervised Practice comments	Final Assessment
Identifies presence of seroma	Observation and supervised practice	Completing supervised practice and competency assessment	1	3
			2	
Lists criteria met by patient for seroma aspiration	Observation and supervised practice	Completing supervised practice and competency assessment	1	3
			2	
Explains the purpose and risks of the aspiration to the patient	Observation and supervised practice	Completing supervised practice and competency assessment	1	3
			2	
Fully describes the procedure to the patient and appropriately addresses questions	Observation and supervised practice	Completing supervised practice and competency assessment	1	3
			2	
Prepares patient, environment and equipment	Observation and supervised practice	Completing supervised practice and competency assessment	1	3

Criteria	Learning Method	How Competence is Assessed	Supervised Practice comments	Final Assessment
Undertakes a seroma aspiration demonstrating infection prevention principles	Observation and supervised practice	Completing supervised practice and competency assessment	1	3
			2	
Monitors the patient's condition and communicates with the patients throughout the procedure	Observation and supervised practice	Completing supervised practice and competency assessment	1	3
			2	
Responds to the effects the procedure has on the patient	Observation and supervised practice	Completing supervised practice and competency assessment	1	3
			2	
Documents the outcome of the procedure appropriately. Educates the patient about problems to observe for and any action to take.	Observation and supervised practice	Completing supervised practice and competency assessment	1	3
			2	
Disposes of equipment appropriately	Observation and supervised practice	Completing supervised practice and competency assessment	1	3

The following candidate has successfully completed all necessary competencies for seroma aspiration and has demonstrated safe practice.

Name \_\_\_\_\_

Job title \_\_\_\_\_

Band \_\_\_\_\_

Department / Hospital \_\_\_\_\_

Signature of Assessor \_\_\_\_\_

Print Name \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

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**Assessors Comments:**