

FHCC COMPETENCY ASSESSMENT FORM

Employee: _____
(Print Name)

Position: _____
(Position Description Title)

Workspace: _____

<i>Patient Populations Served (check all those that apply to this employee):</i>	<input type="checkbox"/> Neonate: Birth- < 30 days	<input type="checkbox"/> Infant/Toddler: 1 mo - < 2 yrs	<input type="checkbox"/> Pre-School: 2 - < 4 ½ yrs	<input type="checkbox"/> Young Child: 4 ½ - < 7 yrs	<input type="checkbox"/> Older Child: 7 - < 13 yrs	<input type="checkbox"/> Adolescents: 13 - < 18 yrs	<input type="checkbox"/> Adults: 18 - < 65 yrs	<input type="checkbox"/> Older Adult: 65+	<input type="checkbox"/> N/A
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COMPETENCY (Knowledge – Skills – Abilities)	SELF ASSESSMENT (See key below)			EDUCATIONAL ACTIVITY DESCRIBE ELEMENTS OF THE EDUCATIONAL ACTIVITY	VERIFICATION		INITIALS
	1	2	3		METHOD	DATE	
FHCC Heart Failure Competency							
Demonstrate Competence in Cardiovascular Nursing Assessment Skills				1. Complete <i>Clinical Skills</i> : Cardiovascular Assessment and Quiz	T		
Participates with the initial and yearly Heart Failure Fair and demonstrate competence at each station.				1. The initial and annual HF fair will consist of the following stations: <ul style="list-style-type: none"> Cardiac anatomy and Physiology, and general overview of HF and management. HF Stoplight Management Plan Living with Heart Failure Booklet Heart Failure toolkit and policy review Cardiology Clinic for treatment options Heart Failure Clinic and Medications Dietitian to discuss HF diet, Fluid restriction, and alcohol HF Online toolkit and CPRS HF template Get well network Resources stations such as MOVE, Smoking Cessation, HT, Hospice and Palliative Care 	P, D, S		

SELF ASSESSMENT KEY: 1=No Prior Experience 2=Need Review/Practice 3=Experienced/Can Perform N/A=Not Applicable	EDUCATIONAL ACTIVITY METHODS: Course/Class In-Service Orientation Policy/Procedure Review Learning Management System (TMS/Clinical Skills)	VERIFICATION METHOD KEY: T=Test or Exam DI=Discussion/reflection groups QI=QI Monitors P=Presentations S=Simulation/ Mock event/ Mock Survey	D=Demonstration/Return demo PR=Peer review CS=Case Study E=Exemplar EDW=Evidence of Daily Work
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Preceptor's Initials: _____ Printed Name: _____ Signature: _____

Preceptor's Initials: _____ Printed Name: _____ Signature: _____

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I understand that of all the competencies listed, I will be allowed to perform only those for my skill level/scope of practice and only after I have successfully demonstrated competency.

Staff Signature: _____ Date: _____

Supervisors Summary Statement:

Employee meets or exceeds performance criteria for competency areas identified above.

Unit Manager/Supervisor Signature: _____ Date: _____

See next page if staff is not deemed competent.

Date: _____ **Action Plan** (if not yet deemed competent)

<p>SELF ASSESSMENT KEY: 1=No Prior Experience 2=Need Review/Practice 3=Experienced/Can Perform N/A=Not Applicable</p>	<p>EDUCATIONAL ACTIVITY METHODS: Course/Class In-Service Orientation Policy/Procedure Review Learning Management System (TMS/Clinical Skills)</p>	<p>VERIFICATION METHOD KEY: T=Test or Exam DI=Discussion/reflection groups QI=QI Monitors P=Presentations S=Simulation/ Mock event/ Mock Survey</p>	<p>D=Demonstration/Return demo PR=Peer review CS=Case Study E=Exemplar EDW=Evidence of Daily Work</p>
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Staff Signature: _____ **Date:** _____

Unit Manager/Supervisor Signature: _____ **Date:** _____

Post Action Plan:

With consideration of the employee's performance and competency assessment, this employee is competent to perform as a/an:

Supervisors Summary Statement:

Employee meets or exceeds performance criteria for competency areas identified above

Unit Manager/Supervisor Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

<p>SELF ASSESSMENT KEY: 1=No Prior Experience 2=Need Review/Practice 3=Experienced/Can Perform N/A=Not Applicable</p>	<p>EDUCATIONAL ACTIVITY METHODS: Course/Class In-Service Orientation Policy/Procedure Review Learning Management System (TMS/Clinical Skills)</p>	<p>VERIFICATION METHOD KEY: T=Test or Exam DI=Discussion/reflection groups QI=QI Monitors P=Presentations S=Simulation/ Mock event/ Mock Survey</p>	<p>D=Demonstration/Return demo PR=Peer review CS=Case Study E=Exemplar EDW=Evidence of Daily Work</p>
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