

2014 FHCC Lovell Competency Assessment Form

For FY _____ through _____
 (Competency Assessment Period)

Name: _____ Work Area: _____

This form is to be completed by the employee. For each competency statement listed below, select methods of verification to validate your skill. When this form is complete, submit to your Manager.

All procedures and Mosby Skills listed in column one (1) must be reviewed.

Competency	Method of Verification & Verifier <u>Initials</u>	Self-Assessment Score 1 = Novice 5 = Expert Date Completed
Technical Domain:	Method(s) of Verification:	
TITLE: Welch Allyn Equipment: Cerumen Removal Procedure Procedure Review includes: (Gathering Supplies; Patient ID; Hand Hygiene; Review of potential acute symptoms; Mosby procedure checklist) Mosby Skills: Cerumen Removal *Following each Mosby Skill, complete and print the written test http://mns.elsevierperformancemanager.com/NursingSkills/ContentPlayer/SkillContentPlayerIFrame.aspx?KeyId=285&Id=EN_170&IsConnect=False&bcp=Searc hOp~0~cerumen~False&Section=2	Select 2 <input type="checkbox"/> Return Demonstration <input type="checkbox"/> Mock event: Simulation with mannequin <input type="checkbox"/> Mosby Test	Self-Assessment Score: Pre-Competency 1 2 3 4 5 Post-Competency 1 2 3 4 5 Competency Completion Date: <hr/>

Competency	Method of Verification & Verifier <u>Initials</u>	Date Completed
Critical Thinking Domain: Differentiate between different types of RME, cleaning process, product, time to dry.	Method(s) of Verification:	
<p>TITLE: Reusable Medical Equipment (RME) and Cleaning Procedure: Procedure Review includes: Review of</p> <ul style="list-style-type: none"> • JPI # SPD-2010-01 Cleaning and Disinfection of Non Critical Reusable Medical Equipment (RME) • Use of CAVI Wipes: cleaning and disinfecting • Cleaning Guidelines Sheet • You Tube: http://www.youtube.com/watch?v=aOAFN04u3PM • Article: Disinfection and sterilization: An Overview <p>Mosby Skills: (n/a)</p>	<p>Select 3</p> <p><input type="checkbox"/> Return Demonstration on two RME's</p> <p><input type="checkbox"/> Test</p> <p><input type="checkbox"/> Evidence of Daily and RME practices in office/exam room</p>	<p>Self-Assessment Score: Pre-Competency 1 2 3 4 5</p> <p>Post-Competency 1 2 3 4 5</p> <p>Competency Completion Date:</p> <hr/>

<p>TITLE: Prevention and Management of Disruptive Behavior: Communication with Angry Patients Through De-escalation</p> <p>Procedure Review includes: (WORKPLACE VIOLENCE PREVENTION (WVP) PROGRAM Knowledge of FHCC resources;)</p> <p>Mosby Skills: http://mns.elsevierperformancemanager.com/NursingSkills/ContentPlayer/SkillContentPlayerIFrame.aspx?KeyId=580&Id=GN_02_3&Section=1&bcp=SearchOp~0~deescalation~False&IsConnect=False</p> <p>Following each Mosby Skill, complete and print the written test</p>	<input type="checkbox"/> Test <input type="checkbox"/> Video (Mosby) <input type="checkbox"/> Discussion/ Reflection	<p>Self-Assessment Score: Pre-Competency 1 2 3 4 5</p> <p>Post-Competency 1 2 3 4 5</p> <p>Competency Completion Date:</p> <hr/>
<p>Technical Domain: Demonstrates knowledge of correct specimen labeling procedures utilizing at least two patient identifiers</p>	<p>Method(s) of Verification:</p>	
<p>TITLE: Specimen Labeling</p> <p>Procedure Review includes: JPI</p> <p>Mosby Skills: ()</p> <p>Following each Mosby Skill, complete and print the written test</p>	<input type="checkbox"/> Demonstration <input type="checkbox"/> Observation of daily work <input type="checkbox"/> Case Study <input type="checkbox"/> Crossword	<p>Self-Assessment Score: Pre-Competency 1 2 3 4 5</p> <p>Post-Competency 1 2 3 4 5</p> <p>Competency Completion Date:</p> <hr/>

<p>TITLE: Falls in Ambulatory Care Procedure Review includes: JPI: Get this if it exists</p> <ul style="list-style-type: none"> • Nursing Services Policy: Fall Risk Reduction Program • Handout of “Fall Prevention at Home” <p>Mosby Skills: Home Care Safety: Modifying Safety Risks Following each Mosby Skill, complete and print the written test http://mns.elsevierperformancemanager.com/NursingSkills/ContentPlayer/SkillContentPlayerIFrame.aspx?KeyId=321&Id=GN_04_2&Section=1&bcp=SearchOp~0~falls~False&IsConnect=False</p>	<p>Select 3</p> <p><input type="checkbox"/> Test</p> <p><input type="checkbox"/> Discussion/Article/</p> <p><input type="checkbox"/> Presentation/QI Monitors (Lois Gault)</p>	<p>Self-Assessment Score:</p> <p>Pre-Competency 1 2 3 4 5</p> <p>Post-Competency 1 2 3 4 5</p> <p>Competency Completion Date:</p> <hr/>
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These competencies are in addition to all assigned annual mandatory review programs (TMS).

I have communicated and provided a copy of the competency assessment tool to the employee.

Supervisor

Date

I have received a copy of the competency assessment tool and have had it communicated to me.

Employee

Date

Attachment 2: FHCC Lovell Competency Assessment Form

This section to be completed by the Manager

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

Registered Nurse _____ in the _____.
(Job Class) (Work Area)

YES

NO (not yet deemed competent)

Date: _____

Action Plan: _____

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Post Action Plan:

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

_____ in the _____.
(Job Class) (Work Area)

ES **NO** (not yet deemed competent)
Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____