

Core
Resource
Set for
PACE

The logo for the Core Resource Set for PACE (CRSP) features the acronym "CRSP" in a large, bold, serif font. To the left of the text is a solid black square, and to the right is a vertical line that extends down the page.

GUIDELINES FOR PACE STAFF COMPETENCY REVIEWS



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GUIDELINES FOR PACE STAFF COMPETENCY REVIEWS

INTRODUCTION

The PACE Regulation §460.66 requires PACE programs to provide training to maintain and improve the skills and knowledge of each staff member that results in his or her continued ability to demonstrate the skills necessary for the performance of the position. This section provides sample competency evaluation forms for a number of direct care positions. Section §460.71 requires that PACE organizations extend those requirements to the contract staff who provide direct care to participants. In addition, the PACE programs must provide each employee and all contracted staff with an orientation, which must include the organization's mission, philosophy, policies on participant rights, emergency plans, ethics, the PACE benefit and policies and procedures relevant to each individual's job duties.

Included in this section are model competencies organized alphabetically by position and sample policies. The sample competency profile action plan found on page 143 can be attached to each model competency profile. This section does include sample competency reviews for non-direct care staff when samples were available.

NPA wishes to thank Palmetto SeniorCare for sharing their materials and Nadia Zerkani, Mike Snow and Geri-Ayn Gaul for serving as the technical advisory group for these resources.

CERTIFIED NURSE ASSISTANT COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
BLS renewal date:	Evaluation date:
Specialty certification:	Unit specific competency testing score:
Expiration date:	Other:

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
6 months = 6m
1 year = 1 yr

*=Annual evaluation required

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW							
Tour of <i>(PACE program)</i>	Guided tour			3m			
Dress code	Policy #			3m			
Clock in/out, sign in/out	Direct Observation			3m			
Telephone system/intercom system	Direct Observation			3m			
Location of manuals	Guided tour & Direct Observation			3m			
Department meetings (staff, in-service)	Direct Observation			3m			
Complaint log book	Guided tour & Direct Observation			3m			
B. DEPARTMENT SAFETY PROCEDURES							
Fire Safety Procedure*	Fire and Safety manual/P&P			3m			
Disaster plan/evacuation plan*	Disaster manual/P&P			3m			
Location of safety manuals*	Unit tour			3m			
MSDS notebook - agents used*	Hazardous materials manual			3m			
Hazardous Waste precautions*	Policy #			3m			
CPR/basic life support *	Direct Observation			3m			
Body mechanics*	PT program			3m			
Emergency equipment* / "911" system	Policy #			3m			
Use of restraints*	Policy #			3m			
Fall precautions/participant safety	Nursing P&P			3m			
C. INFECTION CONTROL							
Hand washing	Policy #			3m			
Standard precautions*	Policy #			3m			
Disposal of infectious waste	Policy #			3m			
TB control/fit testing	Policy #			3m			
Immunizations (PPD yearly)	Policy #			3m			

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	Date	Instructor Initials	Time Frame	Met	Not Met	Self-needs Assessment
D. RESOURCE MANAGEMENT							
Tour of supply room(s) & storage areas	Guided tour			3m			
E. RESPIRATORY MANAGEMENT							
Operation of oxygen equipment/tank/regulator	Direct observation			3m			
Suctioning (oral)	Direct observation			3m			
F. NUTRITIONAL MANAGEMENT							
Enteral tubes (gastrostomy tubes)	Direct observation			3m			
Continuous/bolus feedings	Direct observation			3m			
Oral feedings	Direct observation			3m			
G. ELIMINATION MANAGEMENT							
Intermittent/indwelling catheter (male and female)	Policy #			3m			
Incontinent care	Policy # Direct observation			3m			
H. USE OF EQUIPMENT							
Suction devices	Direct observation			3m			
Thermometers	Direct observation			3m			
Lift scales	Direct observation			3m			
Standing scales	Direct observation			3m			
Feeding pump	Direct observation			3m			
Wheelchairs	Direct observation			3m			
Splints (hand, AFOs)	Direct observation			3m			
Bath chair/shower chair	Direct observation			3m			
Stethoscope	Direct observation			3m			
Manual BP cuff	Policy #			3m			
I. CARE OF PARTICIPANTS							
Airway management	Direct observation			3m			
Emergency intervention	Mock codes, situation analysis			6m			
Cardiopulmonary arrest	Policy #			6m			
Ostomy/fistula care	Policy #			3m			
Patient hygiene needs/foot care	Direct observation			3m			
Vital signs	Policy #			3m			

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	Date	Instructor Initials	Time Frame	Met	Not Met	Self-needs Assessment
Simple wound care	Policy #			3m			
Assist recreation therapy staff with appropriate day-room activities	Direct observation			3m			
J. PARTICIPANT SPECIFIC COMPETENCIES							
Age specific	Self-study module			3m			
Latex allergy	Self-study module			3m			
Cultural respect	Self-study module			3m			
K. MANAGEMENT OF INFORMATION							
Nursing technician documentation	Direct observation			3m			
Reporting of significant observations to supervising RN	Direct observation			3m			
Participant confidentiality	Policy and procedure manual			3m			
L. UNIT SPECIFIC							
Management of wandering participants	Unit learning resources			3m			
M. QUALITY IMPROVEMENT							
Occurrence report	Preceptor training			3m			
Concern/Complaint log	P&P manual			3m			
Standard precautions monitor	P&P manual			3m			
QI committee	Site QI meeting minutes			3m			

Date competency profile completed: _____

Action plan initiated: Yes No (If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

COMMUNITY SERVICES ADMINISTRATIVE ASSOCIATE COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
Driver's license number:	Evaluation date:
Driver's license renewal date:	Specialty certification (if applicable):
	Expiration date:
BLS renewal date (every two years)*:	Other:

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

*=Annual evaluation required

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW								
Tour of (<i>PACE program</i>)	Guided tour by program director and/or center manager				3m			
Dress code	Policy #				3m			
Clock in/out	Policy #				3m			
Telephone system/intercom system	Policy #				3m			
Location of manuals	Guided tour/preceptor				3m			
Department meetings (staff, in-service)	Clinical ladder manual				3m			
Beeper paging	Policy #				3m			
PACE training	PACE manual, preceptor orientation				3m			
B. DEPARTMENT SAFETY PROCEDURES								
Annual mandatory safety training (includes corporate compliance)*	Safety training manual & video				3m			
Review of emergency procedures, both medical and non-medical*	Disaster manual, P&P manual				3m			
Fire safety procedure*, including check of fire alarm system	Disaster manual, P&P manual				3m			
Disaster plan/evacuation plan*	Disaster manual, P&P manual				3m			
Location of safety manuals*	Unit tour				3m			
MSDS notebook-agents used*	Hazardous materials manual				3m			
Hazardous waste precautions*	Hazardous materials manual				3m			
Body mechanics*	PT/OT presentation				3m			
CPR/basic life support	Policy #				6m			
911 system	Preceptor				3m			

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
C. INFECTION CONTROL														
Handwashing	Policy #										3m			
Standard precautions *	Policy #										3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy #										3m			
D. RESOURCE MANAGEMENT														
Tour of supply room(s)/cabinets	Guided tour										3m			
Ordering supplies ♦ Requisition	P&P manual, section # Supply list										6m			
E. MANAGEMENT OF CENTER INFORMATION														
Maintains the following administrative reports for inspection:	P&P manual, section #										3m			
♦ Statistical Log	P&P manual, section #										3m			
♦ Daily menus and substitutions (for 30 days)	P&P manual, section #										3m			
♦ Record of (<i>PACE program</i>) activities (for one year)	P&P manual, section #										3m			
♦ Current center staff, volunteer and intern education, experience and training records	P&P manual, section #										6m			
Assists in the collection of the following information:														
♦ Incident (occurrence) reporting	Policy #										3m			
♦ Medical record	Medical record manual										3m			
♦ Documents teaching of staff	Policy #										3m			
Participant confidentiality	Policy #										3m			
Review of marketing policy to include prohibited marketing practices*	P&P manual, mandatory in-service										3m			
Death notification	Policy #										3m			
♦ Physician	Policy #										3m			
♦ Coroner	Policy #										3m			
Oversees transfers of participants into and out of (<i>PACE program</i>)	Preceptor										6m			

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
F. CARE OF PARTICIPANTS														
Emergency intervention, including fire and disaster drills	Situational analysis, drill reports, P&P Manual, section #										3m			
G. PARTICIPANT SPECIFIC COMPETENCIES														
Age specific*	Self-study module										3m			
Latex allergy*	Self-study module										3m			
Cultural sensitivity/diversity*	Self-study module										3m			

Date competency profile completed: _____

Action plan initiated: Yes No (If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

COORDINATOR OF COMMUNITY BASED SERVICES COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Center assigned:
BLS renewal date (every two years)*:	Hospital nursing CBO completed: Yes / No Date:
ACLS renewal date (if applicable):	Specialty certification (if applicable): Expiration date:
Other:	Unit specific competency testing score:

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW														
1. Tour of (<i>PACE program</i>)	Guided tour by program director and/or site supervisor										3m			
2. Dress code	Policy #										3m			
3. Sign in/out	Policy #										3m			
4. Telephone system/intercom system	Policy #										3m			
5. Location of manuals	Guided tour/preceptor										3m			
6. Department meetings (staff, in-service, management team)	Clinical manual										3m			
7. Beeper paging	Policy #										3m			
8. Standards of practice	ANA Standards and Scope of Gerontological Nursing Practice										3m			
B. DEPARTMENT SAFETY PROCEDURES														
Fire safety procedure*, including check of fire alarm system	Disaster manual, P&P manual										3m			
Disaster plan/evacuation plan*	Disaster manual, P&P manual										3m			
Location of safety manuals*	Unit tour										3m			
MSDS notebook-agents used *	Hazardous materials manual										3m			
Water analysis	Manual										3m			
Hazardous waste precautions	Hazardous materials manual										3m			
Body mechanics*	PT program										3m			
CPR/basic life support	Policy #										3m			
911 system	Preceptor, guided tour										3m			
Use of restraints* ♦ Lap buddy	Policy # PT program										3m			
Fall precautions/participant safety	Nursing P&P										3m			
C. INFECTION CONTROL														
Handwashing	Policy #										3m			
Standard precautions *	Policy #										3m			
Disposal of infectious waste	Policy #										3m			
Isolation protocols	Infection Control Manual										3m			
TB control/fit check	Policy #										3m			
Immunizations (PPD yearly)	Policy #										3m			

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
D. RESOURCE MANAGEMENT														
Tour of supply room(s)/cabinets	Guided tour										3m			
Ordering supplies ♦ Requisition	P&P manual, section # Supply list										6m			
Scheduling of staff	P&P manual										3m			
Managing center budget	P&P manual										6m			
Human resource management of assigned staff	Policy #										6m			
E. MANAGEMENT OF CENTER INFORMATION														
Maintains the following administrative reports for inspection:	P&P manual, section #										3m			
♦ Statistical log	P&P manual, section #										3m			
♦ Daily menus and substitutions (for 30 days)	P&P manual, section #										3m			
♦ Record of center activities (for one year)	P&P manual, section #										3m			
♦ Current center staff, volunteer and intern education, experience and training records	P&P manual, section #										6m			
Collects or ensures the collection of the following information:														
♦ Incident (occurrence) reporting	Policy #										6m			
♦ Adverse drug reaction reporting and medication errors reporting	Policy #										6m			
Medical record	Medical record manual										6m			
Documents teaching of staff	Policy #										6m			
Participant confidentiality	Policy #										6m			
Death notification	Policy #										6m			
♦ Physician	Policy #										6m			
♦ Coroner	P&P manual, section #										6m			
Oversees transfers of participants into and out of (PACE program)	P&P manual, section #										6m			
Oversees disenrollment process	P&P manual, section #										3m			

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Performs baseline assessment of participants if needed	Charting tools, policy #										3m			
Physical assessment data	Policy #										3m			
♦ Fall risk assessment	Fall risk assessment tool										3m			
F. RESPIRATORY MANAGEMENT														
Operation of Oxygen equipment, including O2 concentrator*	P&P Manual, section #										3m			
Supplemental O2 Therapies *	P&P Manual, section #										3m			
G. ELIMINATION MANAGEMENT														
Incontinent care	Policy #, skin care resource book										3m			
H. USE OF EQUIPMENT														
Pressure relieving devices	Equipment manuals, situational analysis, unit learning resources										3m			
Glucometer (use and calibration)	"										3m			
Waffle boot	"										3m			
Waffle wheelchair/head cushion	"										3m			
Hoyer/maxi lift											3m			
I. CARE OF PARTICIPANTS														
Venipuncture	Policy #										3m			
Specimen collection	Policy #										3m			
Pressure ulcers	Policy #										3m			
Death and dying (including post-mortem management)	Policy #										6m			
Emergency intervention, including fire and disaster drills	Situational analysis, drill reports, P&P manual, section #										3m			
J. PARTICIPANT SPECIFIC COMPETENCIES														
Age specific	Self-study module										3m			
Latex allergy	Self-study module										3m			
Cultural sensitivity/diversity	Self-study module										3m			

Task/behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
K. GENERAL														
Administrative call	P&P manual, section #										6m			
Reports to management team	P&P manual, section #										6m			
Handling of grievances	P&P manual, section #										6m			
Chairs program-wide committees	P&P manual, section #										6m			
L. QUALITY CONTROL CHECKS														
Chart review	P&P manual										3m			

Date competency profile completed: _____

Action plan initiated: Yes No
 (If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

DRIVER (TRANSPORTATION) ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual				1 yr			
Immunizations (PPD every year)	Policy #				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module							
Age specific	Self-study module				1 yr			
Driver's license renewal (if applicable)								
Defensive driving renewal (if applicable)								
CPR every 2 years	Policy #; competency testing lab				2 yr			
Disaster/fire drills	Policy #/ participation				1 yr			
Department manuals	Tour				1 yr			
Corporate compliance	Video & class				1 yr			
Infection control	P&P manual/in-service training				1 yr			
Emergency equipment & scavenger hunt	Direct observation				1 yr			

DRIVER (TRANSPORTATION) COMPETENCY PROFILE

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW								
Tour of (<i>PACE program</i>)	Guided tour	B			3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation	A			3m			
Dress code	Policy #	A,B			3m			
Clock in/out & sign in/out	Policy #	A,B			3m			
Telephone system and intercom system	Policy #	B			3m			
Beeper paging	Direct observation	A,B			3m			
Location of manuals	Guided tour	B			3m			
Location of grievance log and maintenance log	Guided tour	A,B			3m			
Department and in-service meetings	Direct observation	A,B			3m			
B. DEPARTMENT SAFETY PROCEDURES								
Annual mandatory safety training*	Safety training manual and video	A,C,E			++			
Fire safety procedure*	Guided tour/disaster manual/fire drill participation	A,B			++			
Disaster plan/evacuation plan*	Guided tour/disaster manual				++			
Location of safety manuals*	Guided tour				++			
MSDS notebook-agents used*	Hazardous materials manual				++			
Hazardous waste precautions	Hazardous materials manual				++			
Body mechanics*	PT program				++			
CPR/basic life support (every 2 years)*	Policy #				6m			
Emergency procedures-"911" system*	Disaster manual				3m			

++ = General orientation or annual published timeframes

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Review of all emergency procedures, both medical and non-medical*	P&P manual, disaster manual	A			3m			
Use of restraints	Guided tour	B			3m			
Fall precautions	PACE manual, P&P manual, Preceptor orientation	A			3m			
C. INFECTION CONTROL								
Handwashing	Hazardous materials manual	A,B			3m			
Toilet liners	Product instructions	B,G			3m			
Standard precautions*	Policy #	A,B			3m			
Disposal of infectious waste	Policy #	A,B			3m			
TB control/fit testing	Policy #	A,B			3m			
Immunizations (PPD yearly)*	Policy #	A,B			3m			
D. USE OF EQUIPMENT								
Operating van*	Vehicle manual, defensive driving course knowledge, preceptor supervision	A,C, G			6m			
Van lifts*	Operating manual, preceptor supervision, video	A,B, C,G			6m			
Fire extinguisher	Instructions/annual mandatory in-service	A,G, G			6m			
First aid kit	Instruction guide, first aid course	B			6m			
Seat belts*	Operating manual, preceptor supervision	A,B, G			6m			
Tie downs*	Operating manual, preceptor supervision	A,B, G			6m			
Two-way radio	Instruction guide, preceptor supervision	A,B, G			6m			
Wheelchair	Instruction guide, preceptor supervision	B,G			6m			
Oxygen tank*	Instructions, preceptor supervision	A,B			6m			
Secure guard system	Instruction guide, preceptor supervision	A,B, G			6m			
E. CARE OF PARTICIPANTS								
Loading/unloading participants on/off vans	Preceptor supervision	B			6m			
Transportation of participants	Preceptor supervision	B			6m			

++ = General orientation or annual published timeframes

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
F. PARTICIPANT SPECIFIC COMPETENCIES								
Age*	Self-study module	E,F			3m			
Cultural respect*	Self-study module	E,F			3m			
Latex allergy information*	Self-study module	A,C, E,F			3m			
G. MANAGEMENT OF INFORMATION								
Mileage log	Transportation manual, preceptor instructions	A,B			6m			
Daily vehicle checklist	"	A,B			6m			
Fuel log	"	A,B			6m			
Daily participant log	"	A,B			6m			
Daily employee attendance roster	"	A,B			6m			
Utilization sheets	"	A,B			6m			
Medication log	"	A,B			6m			
Review of participants' rights (mandatory)*	Policy & Procedure manual, mandatory in-service training	A			6m			
Participant confidentiality*	"	A			6m			
Review of marketing policy to include prohibited marketing practices*	"	A			6m			
Corporate compliance*	Safety training manual & video	A,C, E			6m			
H. CENTER SPECIFIC								
Pharmacy, supply, mail pickups	Transportation manual, preceptor instructions	A,B			6m			
Van maintenance procedure	"	B,G			6m			
"No available family" procedure	"	A			6m			
Field trips	"	A,B			6m			
Saturday respite	"	A,B			6m			
Outside appointments	"	A,B			6m			
I. QUALITY IMPROVEMENT								
Participation in center QI projects	QI meeting minutes	A,B			6m			
Grievance log	Site supervisor/designee, preceptor	A,B			6m			

++ = General orientation or annual published timeframes

* = Annual evaluation required

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

HOME CARE COORDINATOR ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual				1 yr			
Immunizations (PPD every year)	Policy #				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module							
Age specific	Self-study module				1 yr			
Assessment, PACE documentation								
CPR every 2 years	Policy #, competency testing lab				2 yr			
Disaster/fire drills	Policy #, participation				1 yr			
Department manuals	Tour				1 yr			
Corporate compliance	Video & class				1 yr			
Infection control	P&P manual, in-service training				1 yr			
Emergency equipment	Direct observation				1 yr			
Mandatory training	Video and post-test				1 yr			

HOME CARE COORDINATOR COMPETENCY PROFILE

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW														
Tour of (<i>PACE program</i>)	Guided tour & scavenger hunt										3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation										3m			
Dress code	Policy #										3m			
Sign in/out	Policy #										3m			
Telephone system and intercom system	Policy #										3m			
Beeper paging	Direct observation										3m			
Location of manuals	Guided tour										3m			
Department meetings ♦ Staff ♦ In-service ♦ Home care coordinators (monthly)	Clinical ladder manual										3m			
Log books ♦ Concern log ♦ Complaint log ♦ Missed visit log ♦ Travel log	Preceptor/center tour										3m			
Authorizations	Authorization manual										3m			
DataPACE requirements	DataPACE manual										3m			
On-call responsibilities	P&P manual										3m			
Community-based services ♦ Home care contracts & providers ♦ Durable medical equipment (DME) contracts & providers	Preceptor										6m			
Lunch duty	P&P manual										3m			
Late stay duty	P&P manual										3m			
Interdisciplinary team responsibilities	Preceptor, P&P manual										3m			
B. DEPARTMENT SAFETY PROCEDURES														
Annual mandatory safety training*	Safety training manual and video										3m			
Review of emergency procedures and equipment, both medical and non-medical											3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Fire safety procedure*	Guided tour/disaster manual/fire drill participation	A,B			3m			
Disaster plan/evacuation plan*	Guided tour/disaster manual				3m			
Location of Safety manuals*	Guided tour				3m			
MSDS notebook-agents used*	Hazardous materials manual				3m			
Hazardous waste precautions	Hazardous materials manual				3m			
Body mechanics*	PT program				3m			
CPR/basic life support (every 2 years)*	Policy #				6m			
Emergency procedures <ul style="list-style-type: none"> ♦ "911" system ♦ Emergency drug box ♦ Emergency plan of care ♦ Vial of life 	P&P manual				3m			
Use of restraints*	Policy #, restraint P&P				3m			
Fall precautions/participant safety*	Nursing P&P				3m			
C. INFECTION CONTROL								
Handwashing	Policy #				3m			
Standard precautions*	Policy #				3m			
Disposal of infectious waste	Policy #				3m			
Immunizations <ul style="list-style-type: none"> ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling) 	Policy #				3m			
Location and use of personal protective equipment (PPE)*	Safety training manual & video, tour				3m			
D. RESOURCE MANAGEMENT								
Tour of supply room(s)/cabinets	Guided tour				3m			
Ordering DME <ul style="list-style-type: none"> ♦ Warehouse requisition ♦ DME provider 	Site supervisor authorization				3m			
Pharmacy orders	P&P manual section #				3m			
Narcotics responsibility	P&P manual section #				3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
E. ASSESSMENT OF PARTICIPANTS								
Intake criteria	Manual section #				3m			
Intake admission assessment (health history/physical assessment) ♦ Q 3-5 months ♦ PRN	Medical records manual, section #				3m			
Transfer, intracenter: receiv- ing (<i>PACE program</i>)	P&P manual, section #				3m			
Transfer, intracenter: sending (<i>PACE program</i>)	P&P manual, section #				3m			
Disenrollment criteria	P&P manual, section #				3m			
Home care visit	P&P manual, preceptor				3m			
Home safety checks	P&P manual, preceptor				3m			
PACE assessment	P&P manual, preceptor				3m			
Physical assessment data ♦ Neurological ♦ Behavior ♦ Respiratory ♦ Cardiovascular ♦ Integumentary and altered skin conditions ♦ Gastrointestinal ♦ Renal/urinary ♦ Reproductive (include date of last PAP) ♦ Identifies both normal and abnormal findings of systems	Policy #				3m			
F. EDUCATION & RESPIRATORY MANAGEMENT								
Supplemental O ₂ Therapies	Manual				3m			
Oxygen Therapy*	Manual				3m			
Respiratory Therapy ♦ Hand held nebulizer	Policy #				3m			
Suctioning (oral, tracheal, nasotracheal)*	Manual				3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
G. EDUCATION AND CARE OF NUTRITIONAL MANAGEMENT								
Nasogastric tubes	Policy #				3m			
Enteral tubes (gastrostomy tubes, PEGs)	Manual				3m			
H. EDUCATION AND CARE OF ELIMINATION MANAGEMENT								
Intermittent/indwelling catheter (male & female)	Policy #				3m			
Suprapubic catheter	Policy #				1yr			
Condom catheter	Policy #				3m			
Small volume enemas	Policy #				3m			
Incontinent care	Policy #, skin care resource book				3m			
AV fistula graft/dialysis catheter	Policy #				3m			
Bowel regime	Bowel program				3m			
I. EDUCATION AND CARE OF EQUIPMENT								
Suction devices	P&P manuals				3m			
Infusion pumps	P&P manuals				3m			
Wheelchairs	P&P manuals				3m			
Thermometers	P&P manuals				3m			
Hand held nebulizer	P&P manuals				3m			
Trapeze bar	P&P manuals				3m			
Pressure relieving devices	P&P manuals				3m			
Glucometer	P&P manuals				3m			
Kangaroo pump	P&P manuals				3m			
Specialty beds/hospital beds	P&P manuals				3m			
Oxygen concentrator	P&P manuals				3m			
Ice packs	P&P manuals				3m			
Portable oxygen	P&P manuals				3m			
Side rails	P&P manuals				3m			
Hover/maxi lift	P&P manuals				3m			
Safety frame	P&P manuals				3m			
Elevated commode seat	P&P manuals				3m			
Shower chair	P&P manuals				3m			
Transfer bench	P&P manuals				3m			
Tub grab bar	P&P manuals				3m			
Humidifier	P&P manuals				3m			

Core
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Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
J. EDUCATION OF CAREGIVERS TO PARTICIPANT CARE								
Airway management	P&P manuals				3m			
Pain management	P&P manuals				3m			
♦ IV therapy	Policy #				3m			
♦ Venipuncture (peripheral/central)	Policy #				3m			
♦ IVAD's*	Policy #				6m			
Emergency intervention-"911" system and emergency plan	Situation analysis				6m			
Cardiopulmonary arrest*	Policy #				6m			
Ostomy/fistula care	P&P manuals				3m			
Pressure ulcers	Policy #				3m			
Eye care	Policy #				6m			
Death and dying (including post mortum management)	Policy #				6m			
K. PARTICIPANT SPECIFIC COMPETENCIES								
♦ Age specific*	Self-study module				3m			
♦ Cultural diversity*	Self-study module				3m			
♦ Latex allergy*	Self-study module				3m			
L. MANAGEMENT OF INFORMATION								
Medical record	Medical record manual				3m			
Documents teaching/disen- rollment instructions	Policy #				3m			
Patient confidentiality*	Policy #				3m			
Informed consent	Policy #				3m			
Death notification	Policy #				3m			
♦ Family	Policy #				3m			
♦ Physician	Policy #				3m			
♦ Coroner	Policy #				3m			
♦ SCOPA	Policy #				3m			
Home care assignment sheet	Policy #				3m			
Intracenter transfer docu- mentation/receiving and sending	Policy #				3m			
M. UNIT SPECIFIC/EDUCATION								
ORTHOPEDIC								
♦ Stump care	P&P manual				6m			
♦ Cast/splint care	P&P manual				6m			
♦ Application and maintenance of slings	P&P manual				6m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
♦ Immobilizers, cervical collars, braces	P&P manuals				6m			
♦ Neurovascular checks	P&P manuals				3m			
♦ ROM	P&P manuals				6m			
Diabetic foot care	P&P manuals				3m			
General	P&P manuals				3m			
Management of participants who wander	P&P manuals				3m			
N. NEUROSCIENCE								
Seizure precautions/use of anticonvulsants (action & side effects)	Resource book: <u>The Clinical Practice of Neurological & Neurosurgical Nursing</u>				3m			
Evaluation of LOC (appropriate actions in caring for patient and notifying MD)	"				3m			
Medication instruction: actions, indications, side effects	"				3m			
O. CANCER MANAGEMENT								
Leukopenic precautions and bleeding protocols	Self-study module				6m			
P. HOME CARE TECHNICIAN MANAGEMENT								
Orientation	P&P manual				3m			
Skills checklist	P&P manual				3m			
Scheduling	P&P manual				3m			
Performance evaluation	P&P manual				3m			
Disciplinary action	P&P manual				3m			
Personnel records	P&P manual				3m			
Q. PROVIDER COORDINATION								
Scheduling	P&P manual				3m			
Monitoring service delivery	P&P manual				3m			
Authorization	Authorization manual				3m			
Home care assignment sheet	P&P manual				3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Quality control checks - at (PACE program)	P&P manual				3m			
♦ Emergency drug box checks	Policy #				3m			
♦ Refrigerator checks	P&P manual				3m			
♦ Chart review	P&P manual				3m			
♦ Glucometer checks and other CLIA waved equipment checks	P&P manual, direct obser- vation				3m			
♦ QI council	Meeting minutes				3m			
Quality control checks - at home	P&P manual				3m			
♦ Vector/animal control	P&P manual				3m			
♦ Vial of life	P&P manual				3m			
♦ Smoke detector monitoring	P&P manual				3m			
♦ Adequate plumbing	P&P manual				3m			
♦ Security	P&P manual				3m			
♦ Adequate stove	P&P manual				3m			
♦ Safe access to all areas of home	P&P manual				3m			
♦ Electricity	P&P manual				3m			
Serious occurrence reporting*	Policy #				3m			
Incident reporting	Policy #				3m			
Adverse drug reaction reporting	Policy #				3m			

Date competency profile completed: _____

Action plan initiated: Yes No (If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

HOME CARE NURSING TECHNICIAN COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Center assigned:
BLS renewal date (every two years)*:	Hospital nursing CBO completed: Yes / No Date:
ACLS renewal date (if applicable):	Specialty certification (if applicable): Expiration date:
Other:	Unit specific competency testing score:

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW														
Tour of <i>(PACE program)</i>	Guided tour										3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation										3m			
Dress code	Policy #										3m			
Time sheet, Sign in/out	Policy #										3m			
Beeper paging	Preceptor orientation										3m			
On-call system	Policy & procedure section #													
Location of manuals	Guided tour										3m			
Department meetings (staff, in-service)	Clinical ladder manual										3m			
End of month documentation	Preceptor orientation										3m			
B. DEPARTMENT SAFETY PROCEDURES														
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video										3m			
Review of emergency procedures and equipment, both medical and non-medical (below)*											3m			
Fire safety procedure*	Disaster manual, P&P										3m			
Disaster plan, evacuation plan*	Disaster manual, P&P										3m			
Location of safety manuals*	Unit tour										3m			
MSDS notebook-agents used*	Hazardous materials manual										3m			
Hazardous waste precautions*	Hazardous materials manual										3m			
CPR/basic life support (every 2 years)*	Policy #										6m			
Body mechanics	PT program										3m			
Emergency equipment*, "911" system, vial of life	Policy & procedure section #										3m			
Use of restraints*	Policy #										3m			
Fall precautions, participant safety*	Nursing P&P										3m			
C. INFECTION CONTROL														
Hand washing	Policy #										3m			
Standard precautions*	Policy #										3m			
Disposal of infectious waste	Policy #										3m			
Transport of blood/body fluids	Policy #, unit learning resources										3m			
TB control, fit check	Policy #										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination	Policy #										3m			
Use of personal protective equipment (PPE)	Policy #										3m			
D. RESOURCE MANAGEMENT														
Tour of supply room(s) & storage areas	Guided tour										3m			
E. RESPIRATORY MANAGEMENT														
Supplemental O2 therapies*	Manual										3m			
Operation of oxygen equipment, tank, regulator*	Unit learning resources										3m			
Oxygen safety	Unit learning resources										3m			
F. NUTRITIONAL MANAGEMENT														
Enteral Tubes (gastrostomy tubes), dressing care	Manual										3m			
Oral feedings	Unit learning resources										3m			
G. ELIMINATION MANAGEMENT														
Intermittent/indwelling catheter (male & female)	Policy #										3m			
Oral feedings	Policy #										3m			
H. USE OF EQUIPMENT														
Humidifier	Direct observation,skills lab										3m			
Manual BP cuffs	Direct observation,skills lab										3m			
Thermometers	Direct observation,skills lab										3m			
Lift scales	Direct observation,skills lab										3m			
Hospital bed/side rails	Direct observation,skills lab										3m			
Standing scales	Direct observation,skills lab										3m			
Feeding pump operation	Direct observation,skills lab										3m			
Wheelchairs & walkers	Direct observation,skills lab										3m			
Splints (hand, AFOs)	Direct observation,skills lab										3m			
Bath chair/shower chair	Direct observation,skills lab										3m			
Stethoscope	Direct observation,skills lab										3m			
Hoyer lift	P&P manual, section #										3m			
Transfer bench	Direct observation,skills lab										3m			
Trapeze bar	Direct observation,skills lab										3m			
Pressure relief devices/matresses	Direct observation,skills lab										3m			
Sliding board	Direct observation,skills lab										3m			

Core
Resource
Set for
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Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
I. CARE OF PARTICIPANTS														
Airway management	P&P manual, section #										3m			
Health care wishes	P&P manual, section #										3m			
♦ Vial of life	P&P manual, section #										3m			
♦ "911" system	P&P manual, section #										3m			
♦ Emergency plan of care	P&P manual, section #										3m			
Emergency intervention	Mock codes, situation analysis										6m			
♦ Cardiopulmonary arrest*	Policy #										6m			
J. PARTICIPANT SPECIFIC COMPETENCIES														
♦ Age specific*	Self-study module										3m			
♦ Cultural diversity*	Self-study module										3m			
♦ Latex allergy*	Self-study module										3m			
Review of participants' rights*	P&P manual, mandatory in-service training										3m			
K. MANAGEMENT OF INFORMATION														
Home care nursing technician documentation	Medical record manual										3m			
Reporting of significant observations to home care coordinator, RN	Direct observation, preceptor										3m			
Participant confidentiality*	Policy #, P&P manual										3m			
Review of marketing policy to include prohibited marketing practices*	P&P manual, mandatory in-service										3m			
L. UNIT SPECIFIC														
Basic skills	Direct observation, skills lab										3m			
♦ Bathing	Direct observation, skills lab										3m			
♦ Oral hygiene	Direct observation, skills lab										3m			
♦ Skin care, monitoring	Direct observation, skills lab										3m			
♦ Nail care/hands & feet	Direct observation, skills lab										3m			
♦ Urinal	Direct observation, skills lab										3m			
♦ Bedpan	Direct observation, skills lab										3m			
♦ Bedmaking-occupied bed	Direct observation, skills lab										3m			
♦ Dressing reinforcement	Direct observation, skills lab										3m			
♦ Range of motion exercises	Direct observation, skills lab										3m			
♦ Ambulation	Direct observation, skills lab										3m			
♦ Positioning/body alignment	Direct observation, skills lab										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	Date	Instructor	Time	Met	Not	Self-needs
		B		Initials	Frame		met	Assessment
		C						
		D						
		E						
		F						
		G						
♦ Transfer	Direct observation, skills lab				3m			
♦ Special support stockings	Direct observation, skills lab				3m			
♦ Vital signs monitoring	Direct observation, skills lab				3m			
Seizure safety	Direct observation, skills lab				6m			
♦ Ostomy/fistula care	Direct observation, skills lab				6m			
Advanced skills	Direct observation, skills lab				3m			
♦ Sterile, clean dressing change	Direct observation, skills lab				3m			
♦ Dressing wafer to non-infected wound	Direct observation, skills lab				3m			
♦ Bolus tube feeding	Direct observation, skills lab				3m			
♦ Fleets enema	Direct observation, skills lab				3m			
M. QUALITY IMPROVEMENT								
Standard precautions monitor	Policy #				3m			
QI committee	Site QI meeting minutes				3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

INTAKE COORDINATOR ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual				1 yr			
Immunizations (PPD every year)	Policy #				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module							
Age specific	Self-study module				1 yr			
Assessment, PACE documentation	Policy #							
CPR every 2 years	Policy #, competency testing lab				2 yr			
Disaster/fire drills	Policy #, participation				1 yr			
Department manuals	Tour				1 yr			
Corporate compliance	Video & class				1 yr			
Infection control	P&P manual, in-service training				1 yr			
Emergency equipment	Direct observation				1 yr			
Mandatory training	Video and post-test				1 yr			

INTAKE COORDINATOR COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Specialty certification (if applicable): Expiration date:
BLS renewal date (every two years)*:	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW								
Tour of (<i>PACE program</i>)	Guided tour				3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation				3m			
Dress code	Policy #				3m			
Clock-in/out or sign in/out	Policy #				3m			
Beeper paging	Preceptor orientation				3m			
Telephone & intercom system	Tour, policy #				3m			
Location of manuals	Guided tour				3m			
Department meetings (staff, in-service)	Clinical ladder manual				3m			
Log Books ♦ Grievance log ♦ Maintenance log ♦ CLIA-waived testing log*	Preceptor orientation				3m			
Review Organizational chart	Preceptor orientation				3m			
Review personnel procedures for travel, tardiness, absenteeism, leave requests, incident & accident reports, employee screening requirements, pay procedures, supplies	Review policies & procedures				3m			
B. DEPARTMENT SAFETY PROCEDURES								
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video				3m			
Review of emergency procedures and equipment, both medical and non-medical*								
♦ Fire safety procedure*	Disaster manual, P&P				3m			
♦ Disaster plan, evacuation plan*	Disaster manual, P&P				3m			
♦ Location of safety manuals*	Guided tour				3m			
♦ MSDS notebook-agents used*	Hazardous materials manual				3m			
♦ Hazardous waste precautions*	Hazardous materials manual				3m			
♦ CPR/basic life support (every 2 years)*	Policy #				6m			
♦ "911" system	Preceptor/guided tour				3m			
♦ Use of restraints*	Policy #				3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
C. INFECTION CONTROL														
Handwashing	Infection control manual										3m			
Standard precautions*	Infection control manual										3m			
Location and use of personal protective equipment (PPE)	Safety training manual & video										3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination	Policy #										3m			
D. RESOURCE MANAGEMENT														
HR management of intake specialist	P&P manual										3m			
Ordering of supplies	Preceptor										3m			
Scheduling of home visits	Preceptor										3m			
Coordination/scheduling of intake presentations	Preceptor										3m			
E. ASSESSMENT OF PARTICIPANTS														
Intake and enrollment policies & procedures	P&P manual, (State) Medicaid program handbook, (PACE program) enrollment handbook										3m			
Explanation of PACE concept	“, PACE manual										3m			
Screening criteria	“										3m			
♦ Age	“										3m			
♦ Geographical location	“										3m			
♦ Financial resources	(State) Medicare & Medicaid, private pay eligibility guidelines										3m			
♦ Level of care determination	Form #										3m			
♦ Certification of level of care	Form #, preceptor										3m			
Home visit	Preceptor										3m			
♦ Explanation of benefits and coverage	(PACE program) handbook										3m			
♦ Explanation of exclusions and limitations of coverage	(PACE program) handbook										3m			
♦ Explanation of contracts with other community resources & agencies	(PACE program) handbook										3m			
♦ Explanation of charges & payment	(PACE program) handbook										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
♦ Explanation of emergency plan including out-of-state care	(PACE program) handbook				3m			
♦ Explanation of participant rights	(PACE program) handbook				3m			
♦ Explanation of participant and caregiver responsibilities	(PACE program) handbook				3m			
Ineligibility for enrollment	(PACE program) handbook				3m			
♦ Appeal rights	(PACE program) handbook				3m			
Referral to other resources					6m			
Presentation of new intakes to interdisciplinary care teams	Preceptor				3m			
Signing of enrollment agreement	(PACE program) handbook				3m			
Team denial of enrollment	(PACE program) handbook				3m			
J. PARTICIPANT SPECIFIC COMPETENCIES								
♦ Age specific*	Self-study module				3m			
♦ Cultural diversity*	Self-study module				3m			
♦ Latex allergy*	Self-study module				3m			
K. MANAGEMENT OF INFORMATION								
Referral information	Completion of telephone referral form				3m			
Communication of assessment findings to potential participant & caregiver	Preceptor				3m			
Maintenance of intake record	Preceptor				3m			
Participant confidentiality*	P&P manuals				3m			
Release of medical information	P&P manuals				3m			
Completion of PACE data	P&P manuals				3m			
♦ Intake study information	P&P manuals				3m			
♦ Biographical information	P&P manuals				3m			
♦ (State) information	P&P manuals				3m			
Participants' rights	P&P manuals				3m			
Review of marketing policy to include prohibited marketing practices*	P&P manuals				3m			
L. UNIT SPECIFIC								
Administrative call	P&P manual, section #				6m			
Management team	P&P manual, section #				3m			
Billing	P&P manual, section #				6m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
M. QUALITY IMPROVEMENT								
Chart review	QI manual				3m			
QI committee	Site QI meeting minutes				3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

INTAKE SPECIALIST COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
Driver's license number:	Evaluation date:
Driver's license renewal date:	Specialty certification (if applicable): Expiration date:
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW														
Tour of (PACE program)	Guided tour										3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation										3m			
Dress code	Policy #										3m			
Clock-in/out or sign in/out	Policy #										3m			
Beeper paging	Preceptor orientation										3m			
Telephone & intercom system	Tour, policy #										3m			
Location of manuals	Guided tour										3m			
PACE training	PACE manual, P&P manual, preceptor orientation										3m			
Review organizational chart	Review P&P										3m			
Review personnel procedures for travel, tardiness, absenteeism, leave requests, incident & accident reports, employee screening requirements, pay procedures, supplies	Review policies & procedures										3m			
B. DEPARTMENT SAFETY PROCEDURES														
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video										3m			
Review of emergency procedures and equipment, both medical and non-medical*														
♦ Fire safety procedure*	Disaster manual, P&P										3m			
♦ Disaster plan, evacuation plan*	Disaster manual, P&P										3m			
♦ Location of safety manuals*	Guided tour										3m			
♦ Hazardous materials*	Hazardous materials manual										3m			
♦ Body mechanics*	Policy #, PT orientation										6m			
C. INFECTION CONTROL														
Handwashing	Policy #										3m			
Standard precautions*	Policy #										3m			
Immunizations: ♦ PPD (mandatory)* ♦ Flu vaccination (counseling)	Policy #										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
D. RESOURCE MANAGEMENT														
Ordering of supplies	Preceptor										3m			
Scheduling of home visits	Preceptor										3m			
Coordination/scheduling of intake presentations	Preceptor										3m			
E. ASSESSMENT OF PARTICIPANTS														
Intake and enrollment policies & procedures	P&P manual, (<i>State</i>) Medicaid program handbook, (<i>PACE program</i>) enrollment handbook										3m			
Explanation of PACE concept	" , PACE manual										3m			
Screening criteria	"										3m			
♦ Age	"										3m			
♦ Geographical location	"										3m			
♦ Financial resources	(<i>State</i>) Medicare & Medicaid, private pay eligibility guidelines										3m			
♦ Explanation of benefits and coverage	(<i>PACE program</i>) handbook										3m			
♦ Explanation of exclusions and limitations of coverage	(<i>PACE program</i>) handbook										3m			
♦ Explanation of contracts with other community resources & agencies	(<i>PACE program</i>) handbook										3m			
♦ Explanation of charges & payment	(<i>PACE program</i>) handbook										3m			
♦ Explanation of emergency plan including out-of-state care	(<i>PACE program</i>) handbook										3m			
♦ Explanation of participant rights	(<i>PACE program</i>) handbook										3m			
♦ Explanation of participant and caregiver responsibilities	(<i>PACE program</i>) handbook										3m			
Ineligibility for enrollment	(<i>PACE program</i>) handbook										3m			
Referral to other resources	(<i>PACE program</i>) handbook										6m			
Home visit	(<i>PACE program</i>) handbook										3m			
♦ Assesses Medicaid eligibility and completes Medicaid applications as appropriate	(<i>PACE program</i>) handbook										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
F. PARTICIPANT SPECIFIC COMPETENCIES														
♦ Age specific*	Self study module										3m			
♦ Cultural diversity*	Self study module										3m			
♦ Latex allergy*	Self study module										3m			
♦ Limitation of participant movement*	Self study module										3m			
G. MANAGEMENT OF INFORMATION														
Referral information	Completion of telephone referral form										3m			
Maintenance of intake record	Preceptor										3m			
Participant confidentiality*	P&P manuals										3m			
Release of medical information	P&P manuals										3m			
Maintenance of PACE data	P&P manuals										3m			
♦ Intake study information	P&P manuals										3m			
♦ Biographical information	P&P manuals										3m			
♦ (State) information	P&P manuals										3m			
Review of participants' rights*	P&P manuals										3m			
Review of marketing policy to include prohibited marketing practices*	P&P manuals										3m			
H. QUALITY IMPROVEMENT														
Chart review	P&P manual										3m			
QI committee	Meeting minutes										3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

LICENSED PRACTICAL NURSE ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual				1 yr			
Immunizations (PPD every year)	Policy #				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module							
Age specific	Self-study module				1 yr			
Assessment, PACE documentation								
CPR every 2 years	Policy #, competency testing lab				2 yr			
Disaster/fire drills	Policy #, participation				1 yr			
Department manuals	Tour				1 yr			
Corporate compliance	Video & class				1 yr			
Infection control	P&P manual/ in-service training				1 yr			
Emergency equipment	Direct observation				1 yr			
Mandatory Training	Video and post-test				1 yr			

LICENSED PRACTICAL NURSE COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
Driver's license number:	Evaluation date:
Driver's license renewal date:	Specialty certification (if applicable) Expiration date:
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
6 months = 6m
1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW														
Tour of (<i>PACE program</i>)	Guided tour										3m			
"PACE" training	PACE manual, P&P manual, preceptor orientation										3m			
Dress code	Policy #										3m			
Clock-in/out or sign in/out	Policy #										3m			
Beeper paging	Preceptor orientation										3m			
Telephone & intercom system	Tour, policy #										3m			
Location of manuals	Guided tour										3m			
PACE training	PACE manual, P&P manual, preceptor orientation										3m			
Log books ♦ Grievance log ♦ Emergency equipment log ♦ Maintenance log	Guided tour, preceptor orientation										3m			
B. DEPARTMENT SAFETY PROCEDURES														
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video										3m			
Review of emergency procedures and equipment, both medical and non-medical*														
♦ Fire safety procedure*	Disaster manual, P&P										3m			
♦ Disaster plan, evacuation plan*	Disaster manual, P&P										3m			
♦ Location of safety manuals*	Guided tour										3m			
♦ Hazardous waste precautions*	Hazardous materials manual										3m			
♦ Body mechanics*	PT program										3m			
♦ CPR/basic life support (every 2 years)*	Policy #										6m			
♦ "911" system, emergency drug box*	Policy #, preceptor										3m			
Use of restraints*	Policy #, restraint P&P										3m			
MSDS notebook-agents used*	Hazardous materials manual										3m			
Secure guard system	Manufacturer's instructions, preceptor										3m			
Fall precautions/participant safety*	Nursing P&P										3m			
C. INFECTION CONTROL														
Handwashing	Policy #										3m			
Standard precautions*	Policy #										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Disposal of infectious waste	Policy #										3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy #										3m			
Location and use of personal protective equipment (PPE)*	Safety training manual & video										3m			
Toilet liners	Manufacturer's instructions, preceptor										3m			
D. RESOURCE MANAGEMENT														
Tour of supply room(s)	Guided tour										3m			
Ordering of supplies	Preceptor										3m			
♦ Requisition											3m			
Medication administration	Policy #										3m			
Pharmacy orders	P&P manual, section #										3m			
Narcotics responsibility	P&P manual, section #										3m			
E. ASSESSMENT OF PARTICIPANTS														
Intake and enrollment policies & procedures	P&P manual, section #										3m			
Assists with admission process-assessment (health history)	Medical records manual, section #, preceptor										3m			
Disenrollment criteria	P&P manual										3m			
F. PHYSICAL ASSESSMENT DATA														
Identifies both normal and abnormal findings and reports them to RN	Unit learning resources, preceptor										3m			
G. RESPIRATORY MANAGEMENT														
SpO ₂ monitoring (pulse oximetry)	Policy # and direct observation										3m			
Operation of oxygen equipment, tank, regulator & O ₂ concentrator*	Policy #										3m			
Tracheostomy care	Policy #										3m			
Suctioning (oral, tracheal, nasotracheal, endotracheal)*	Policy # and manufacturer's manual										3m			
H. NUTRITIONAL MANAGEMENT														
Nasogastric tubes	Policy #										3m			
Enteral tubes (gastrostomy tubes, PEG's)	P&P manual										3m			
Continuous/bolus feedings, kangaroo pumps	P&P manual, manufacturer's manual										3m			
Oral feedings	P&P manual										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
I. ELIMINATION MANAGEMENT														
Intermittent/indwelling catheter (male and female)	P&P manual										3m			
Suprapubic catheter	P&P manual										3m			
Condom catheter	P&P manual										3m			
Large volume enemas	P&P manual										3m			
Small volume enemas	P&P manual										3m			
Incontinent care	Policy #										3m			
J. USE OF EQUIPMENT														
Suction devices	P&P manual										3m			
Infusion pumps	Manufacturer's manual										3m			
BP cuff	P&P manual										3m			
Auto-cuffs (Dinemapp machine)	P&P manual										3m			
Thermometers/IVACs	P&P manual										3m			
Doppler	P&P manual										3m			
Lift scales	P&P manual										3m			
Standing scales	P&P manual										3m			
Pressure relieving devices	P&P manual										3m			
Glucometer use and calibration	P&P manual										3m			
Centrifuge	P&P manual										3m			
Nebulizer	P&P manual										3m			
Wheelchairs	P&P manual										3m			
Splints (hand, AFOs)	P&P manual										3m			
Ice packs	P&P manual										3m			
K. CARE OF PARTICIPANTS														
Airway management	P&P manual										3m			
IV therapy	P&P manual										3m			
♦ Venous (peripheral)	P&P manual										3m			
♦ Venipuncture	P&P manual										3m			
Immunization administration	P&P manual										3m			
Emergency intervention	Mock codes										6m			
Specimen collection	P&P manual										3m			
Lab procedures	Lab manual										3m			
Ostomy	P&P manual										3m			
Death and dying (including post mortem management)	Policy #										6m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
L. PATIENT SPECIFIC COMPETENCIES														
♦ Age specific*	Self-study module										3m			
♦ Latex allergy information*	Self-study module										3m			
♦ Cultural sensitivity/diversity*	Self-study module										3m			
M. MANAGEMENT OF INFORMATION														
Unit nursing documentation	Medical records manual										3m			
Patient confidentiality*	Policy #, P&P manual										3m			
Review of participants' rights*	P&P manual, mandatory in-service training										3m			
Review of marketing policy to include prohibited marketing practices*	P&P manual, mandatory in-service training										3m			
N. QUALITY IMPROVEMENT														
Quality control checks											3m			
♦ Emergency equipment checks	Policy #										3m			
♦ Refrigerator checks	P&P manual										3m			
QI committee	Meeting minutes										3m			
Serious occurrence reporting Incident reporting Adverse drug reaction reporting	Policy #										3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

MARKETING AND PLANNING COORDINATOR ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Fire safety procedure*	P&P manual, disaster manual							
Disaster plan/evacuation plan*	P&P manual, disaster manual							
Location of safety manuals*	Unit tour							
Immunizations (PPD yearly)*	Policy #							
Age specific competency	Self-study module							
Latex allergy competency	Self-study module							
Cultural sensitivity/diversity	Self-study module							

MARKETING AND PLANNING COORDINATOR COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
Other:	Evaluation date:

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
6 months = 6m
1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW														
Tour of (<i>PACE program</i>)	Guided tour										3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation										3m			
Dress code	Policy #										3m			
Sign in/out	Policy #										3m			
Beeper paging	Preceptor orientation										3m			
Telephone & intercom system	Tour, policy #										3m			
Location of manuals	Guided tour										3m			
Location of complaint/concern log	Guided tour										3m			
Department & in-service meetings	Direct observation										3m			
Review of participants' rights*	P&P manual, mandatory in- service training										3m			
B. DEPARTMENT SAFETY PROCEDURES														
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video										3m			
Review of emergency procedures and equipment, both medical and non-medical*														
♦ Fire safety procedure*	Disaster manual, P&P										3m			
♦ Disaster plan, evacuation plan*	Disaster manual, P&P										3m			
♦ Location of safety manuals*	Guided tour										3m			
♦ Emergency procedures-"911" system	P&P manual, preceptor ori- entation										3m			
C. INFECTION CONTROL														
Handwashing	Policy #										3m			
Standard precautions*	Policy #										3m			
Disposal of infectious waste	Policy #										3m			
Immunizations ♦ PPD yearly* ♦ Flu vaccination counseling	Policy #										3m			
D. USE OF EQUIPMENT														
Facsimile operation	Policy #													
Digital camera	Policy #													

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Publishing software	Policy #										3m			
Knowledge of graphics, zip drive, camcorder, scanner	Policy #										3m			
Computer and printer (color and laser)	Policy #										3m			
E. PARTICIPANT SPECIFIC COMPETENCIES														
Age specific*	Self-study module										3m			
Cultural sensitivity/diversity*	Self-study module										3m			
F. MANAGEMENT OF INFORMATION														
Participant confidentiality*	Policy #, P&P manual										3m			
Knowledge of prohibited PACE marketing guidelines including:*														
♦ Discrimination of any kind, except that marketing may be directed to individuals eligible for (<i>PACE program</i>) by reason of their age*	PACE protocol, P&P manual, section #										3m			
♦ Activities that could mislead or confuse potential participant or misrepresent (<i>PACE program</i>) or the (<i>State</i>) Medicaid agency *	PACE protocol, P&P manual, section #										3m			
♦ Gifts or payments to induce enrollment	PACE protocol, P&P manual, section #										3m			
♦ Contracting outreach efforts to individuals or organizations whose sole responsibility involves direct contact with the elderly to solicit enrollment*	PACE protocol, P&P manual, section #										3m			
♦ Unsolicited door-to-door marketing*	PACE protocol, P&P manual, section #										3m			
Knowledge of (<i>PACE program</i>) marketing guidelines	P&P manual										3m			
Knowledge of Medicare + Choice guidelines	Preceptor										3m			
Knowledge of legislative issues effecting (<i>PACE program</i>)	Preceptor										6m			
Preparation of marketing strategy for programs	P&P manual, preceptor										6m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Preparation of a strategic marketing/advertising plan	Job description										6m			
Knowledge of PACE coverage including:														
♦ Lock-in	Participants' handbook										6m			
♦ Access to emergency care	Participants' handbook										6m			
♦ Urgently needed out-of-area care	Participants' handbook										6m			
♦ Written, understandable description of benefits, rules, procedures, services provided	Participants' handbook										6m			
♦ How and where to obtain services	Participants' handbook										6m			
♦ Restrictions on coverage	Participants' handbook										6m			
♦ Normal and expedited appeal procedures	Participants' handbook										6m			
♦ Moves and extended absences for participants who leave the coverage area	Participants' handbook										6m			
♦ Any other information necessary to enable potential participants to make informed decisions about enrollment	Participants' handbook										6m			
Submission of all marketing materials for approval before distribution	Preceptor										6m			
Coordinates media events	Job description										6m			
Develops internal and external communications (newsletter, brochures, presentation, etc.)	Job description										6m			
Coordination of participant satisfaction survey	Job description, preceptor										6m			
Facilitates consumer advisory council meetings and activities	Preceptor										6m			
Facilitates fund-raising activities per PACE protocol	PACE regulations, preceptor										6m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Builds and maintains collaborative relationships with area agencies which provide senior care services and serves as a public relations representative for (PACE program)	Job description										6m			
Acts as liaison between (PACE program) and general public through exhibits and speakers' bureau	Preceptor										6m			
G. QUALITY IMPROVEMENT														
Participation in program QI projects	Management team and/or QI meeting minutes										3m			
Concern/complaint logs	Site supervisor/designee, preceptor										3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

MEDICAL SOCIAL WORKER ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	Date		Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
		A	B					
Limitations of participant movement	P&P manual				1 yr			
Immunizations (PPD yearly)	Policy #				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module							
Age specific	Self-study module				1 yr			
Assessment, PACE documentation								
CPR/basic life support	Policy #, competency testing lab				2 yr			
Disaster/fire drills	Policy #, participation				1 yr			
Department manuals	Tour				1 yr			
Corporate compliance	Video & class				1 yr			
Infection control	P&P manual/ in-service training				1 yr			
Emergency equipment	Direct observation				1 yr			
Mandatory training	Video and post-test				1 yr			

MEDICAL SOCIAL WORKER COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Specialty certification (if applicable): Expiration date:
BLS renewal date:	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW														
Tour of (<i>PACE program</i>)	Guided tour										3m			
Knowledge of (<i>PACE program</i>) operations, history	Preceptor										3m			
Dress code	Policy #										3m			
Active participation in team process	Direct observation										3m			
Knowledge of chain of command	P&P manual										3m			
Telephone & intercom system	Tour, policy #										3m			
Morning meeting attendance & participation	P&P manual, direct observation										3m			
Staff meeting attendance & participation	P&P manual, direct observation										3m			
IDT meeting attendance & participation	P&P manual, direct observation										3m			
B. DEPARTMENT SAFETY PROCEDURES														
Emergencies, drills, "911" system	Disaster manual										3m			
CPR/basic life support	Policy #, competency testing lab										3m			
Mandatory training	Policy #, preceptor										3m			
Fall precautions	Policy #, restraint P&P										3m			
Hazardous materials management	Hazardous materials manual										3m			
Restraint use/precautions	P&P manual										3m			
Location of safety manuals	Guided tour										3m			
C. INFECTION CONTROL														
Handwashing	Policy #										3m			
Standard precautions*	Policy #										3m			
Annual PPD/X-ray	Policy #										3m			
Immunizations (PPD yearly)	Policy #										3m			
D. ASSESSMENT OF PARTICIPANTS/FAMILIES														
Ability to conduct a comprehensive biopsychosocial assessment	P&P manual, direct observation										6m			
Knowledge of family dynamics	P&P manual, direct observation										6m			
Knowledge about illnesses and medications and their psychosocial sequelae	P&P manual, direct observation										6m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
E. LEADERSHIP														
Quality improvement participation	Direct observation										3m			
Presentations-inside and outside (<i>PACE program</i>)	Direct observation										3m			
F. COMMUNITY & RESOURCE MANAGEMENT														
Ability to work with a variety of professionals, agencies and systems	Direct observation										3m			
Ability to mobilize an array of community resources and services	Direct observation										3m			
Ability to identify gaps in community services and alternative resources	Direct observation										3m			
Ability to identify, coordinate, utilize and develop community resources	Direct observation										3m			
Knowledge of current Medicare & Medicaid rules, regulations and benefits	Direct observation										3m			
G. PROFESSIONAL DEVELOPMENT & APPLICATION														
CEU's	Professional practice standards													
Ability to educate professional staff and community providers regarding psychosocial factors and family dynamics impacting response to treatment	Professional practice standards, direct observation													
Knowledge of population characteristics to include cultural, ethnic and religious diversity	Direct observation													
Knowledge and application of development theory and age specific issues	Direct observation and self-study packet													
Skills in communication	Direct observation													
Skills in advocacy	Direct observation													
Skills in counseling to facilitate life changes	Direct observation													
Skills in conflict management and mediation	Direct observation													

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
H. PARTICIPANT SPECIFIC COMPETENCIES								
♦ Age specific*	Self-study module				3m			
♦ Cultural diversity*	Self-study module				3m			
♦ Latex allergy*	Self-study module				3m			
I. MANAGEMENT OF INFORMATION								
Communication of transfer and disenrollment information	Direct observation				3m			
Medical record documentation	Medical records manual				3m			
DataPACE	P&P manual				3m			
Confidentiality	P&P manuals				3m			
J. UNIT SPECIFIC COMPETENCIES								
Alzheimer's or other dementia care	Unit learning resources				3m			
K. QUALITY IMPROVEMENT								
Participation in QI process	Direct observation				3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

NURSE PRACTITIONER COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Specialty certification: Expiration date:
BLS renewal date:	Hospital Nursing CBO completed: yes/no Date:
Other:	Competency testing score:

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW														
Tour of <i>(PACE program)</i>	Guided tour										3m			
"PACE" training	PACE manual, P&P manual, preceptor orientation										3m			
Dress code	Policy #										3m			
Sign in/out	Policy #										3m			
Beeper paging	Preceptor orientation										3m			
Telephone & intercom system	Tour, policy #										3m			
Location of manuals	Guided tour										3m			
Log books	Guided tour										3m			
Department meetings (staff, in-service)	Preceptor, center manager										3m			
Unit nurse practitioner protocols	<u>Griffith's 5 Minute Clinical Consult</u>										3m			
Current APN certification	<i>(State)</i> board of nursing mandates										3m			
Current prescriptive authority	<i>(State)</i> board of nursing mandates										3m			
Recognition by <i>(State)</i> board of labor and licensing	<i>(State)</i> board of nursing mandates										3m			
B. DEPARTMENT SAFETY PROCEDURES														
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video										3m			
Review of emergency procedures and equipment, both medical and non-medical*														
♦ Fire safety procedure*	Disaster manual, P&P										3m			
♦ Disaster plan, evacuation plan*	Disaster manual, P&P										3m			
♦ Location of safety manuals*	Guided tour										3m			
♦ MSDS notebook-agents used*	Hazardous materials manual										3m			
♦ Hazardous waste precautions*	Hazardous materials manual										3m			
♦ Body mechanics*	PT program										3m			
♦ Emergency procedures-"911" system	P&P manual, preceptor orientation										3m			
♦ Use of restraints*	Policy #, restraint P&P										3m			
♦ CPR/basic life support (every 2 years)	Policy #										3m			
Fall precautions/participant safety*	Nursing P&P										3m			
Secure guard system	Preceptor, center manager										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
C. INFECTION CONTROL														
Handwashing	Policy #										3m			
Standard precautions*	Policy #										3m			
Disposal of infectious waste	Policy #										3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy #										3m			
Transport of blood/body fluids	Policy #										3m			
Location and use of personal protective equipment (PPE)*	Safety training manual & video										3m			
Toilet liners	Product instructions										3m			
D. RESOURCE MANAGEMENT														
Tour of supply room(s)	Guided tour										3m			
Pharmacy orders	Medication dispensing										3m			
♦ Monthly cycle fill medications	(State) board of pharmacy guidelines										3m			
♦ Over the counter medications	(State) board of pharmacy guidelines										3m			
♦ Dispensing of floor stock medications	(State) board of pharmacy guidelines										3m			
E. ASSESSMENT OF PARTICIPANTS														
Intake and enrollment policies	P&P manual										3m			
Medical evaluation form	Medical records manual										3m			
Disenrollment policy	P&P manual										3m			
Management of episodic illness	P&P manual										3m			
Clinic visits (well care)	P&P manual										3m			
F. PHYSICAL ASSESSMENT DATA														
Weight	Griffith's 5 Minute Clinical Consult										3m			
Height	Griffith's 5 Minute Clinical Consult										3m			
Vital signs	Griffith's 5 Minute Clinical Consult										3m			
Visual acuity	Griffith's 5 Minute Clinical Consult										3m			
Hearing screen	Griffith's 5 Minute Clinical Consult										3m			
Problem focused exam	Griffith's 5 Minute Clinical Consult										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
G. RESPIRATORY MANAGEMENT														
Supplemental O2 therapies*	P&P manual										3m			
SpO2 monitoring (pulse oximetry)	P&P manual										3m			
Operation of oxygen equipment/tank/regulator	P&P manual										3m			
Suctioning (oral, tracheal, nasotracheal, endotracheal)*	P&P manual, manufacturer's manual										3m			
H. NUTRITIONAL MANAGEMENT														
Enteral tubes (gastrostomy tubes, gastrostomy buttons)	P&P manual										3m			
Continuous/bolus feedings	P&P manual										3m			
Oral feedings	P&P manual										3m			
Nasogastric tubes	P&P manual										3m			
I. ELIMINATION MANAGEMENT														
Intermittent/indwelling catheter (male and female)	P&P manual										3m			
Small volume enemas	P&P manual										3m			
Large volume enemas	P&P manual										3m			
Incontinent care	Policy #, skin care resource book										3m			
J. USE OF EQUIPMENT														
Equipment manual, situational analysis, unit learning resources														
Suction devices	P&P manual										3m			
Infusion pumps	Manufacturer's manual										3m			
Otoscope/ophthalmoscope	P&P manual										3m			
Auto-cuffs (dinemapp machine)	P&P manual										3m			
Thermometers/IVACs	P&P manual										3m			
Lift scales (hoyer/maxi lift)	P&P manual										3m			
Standing scales	P&P manual										3m			
Nebulizer	Policy #										3m			
Feeding pump	Manufacturer's manual										3m			
Splints (hand, AFOs)	P&P manual										3m			
K. CARE OF PARTICIPANTS														
Operation of EKG machine	Manufacturer's manual										3m			
Airway management	P&P manual										3m			
IV therapy	Policy #										3m			
♦ Venous (peripheral/central)	Policy #										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
♦ Venipuncture	Policy #										3m			
♦ IVADs	Policy #										3m			
♦ PICCs	Policy #										6m			
Emergency intervention	Mock codes, situation analysis										6m			
Specimen collection	P&P manual										3m			
Lab procedures	Lab manual										3m			
Ostomy/fistula care	P&P manual										3m			
Death and dying (including post mortem management)	Policy #										6m			
Wheelchair	Manufacturer's manual										3m			
L. PARTICIPANT SPECIFIC COMPETENCIES														
Age specific*	Self-study module										3m			
Latex allergy information*	Self-study module										3m			
Cultural sensitivity/diversity*	Self-study module										3m			
M. MANAGEMENT OF INFORMATION														
Unit nursing documentation	Medical records manual										3m			
Participant confidentiality*	Policy #, P&P manual										3m			
Review of participants' rights*	P&P manual, mandatory in-service training										3m			
Review of marketing policy to include prohibited marketing practices*	P&P manual, mandatory in-service										3m			
Informed consent	Policy #										3m			
Death notification	Policy #										3m			
Family	Policy #										3m			
Physician	Policy #										3m			
Coroner	Policy #										3m			
SCOPA	Policy #										3m			
Medical documentation	Medical records manual										3m			
Medical orders	Medical records manual										3m			
Documentation of pharmaceutical management	Medical records manual										3m			
Authorization of services	Medical records manual										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
N. UNIT SPECIFIC														
Immunization administration	P&P manual										3m			
Seizure precautions/management	P&P manual										3m			
Ear irrigation	P&P manual										3m			
Vision screening	Griffith's Five Minute Manual										3m			
O. QUALITY IMPROVEMENT														
Quality control checks	P&P manuals										3m			
♦ Emergency equipment checks	P&P manuals										3m			
♦ Refrigerator checks	P&P manuals										3m			
♦ Chart review	P&P manuals										3m			
♦ Glucometer and other CLIA-wavered equipment testing	Direct observation										3m			
QI committee	Meeting minutes										3m			
Serious occurrence reporting Incident reporting Adverse drug reaction reporting	Policy #										3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

NURSING TECHNICIAN ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

3 months

6 months

1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual				1 yr			
Immunizations (PPD yearly)	Policy #				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module				1 yr			
Age specific	Self-study module				1 yr			
CPR/basic life support	Policy #, competency testing lab				2 yr			
Disaster/fire drills	Policy #, participation				1 yr			
Corporate compliance	Video & class				1 yr			
Infection control	P&P manual/ in-service training				1 yr			
Emergency equipment	Direct observation				1 yr			
Mandatory training	Video and post-test				1 yr			

NURSING TECHNICIAN COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Specialty certification (if applicable): Expiration date:
BLS renewal date:	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW														
Tour of (PACE program)	Guided tour										3m			
"PACE" training	PACE manual, P&P manual, preceptor orientation										3m			
Dress code	Policy #										3m			
Clock in/out, sign in/out	Policy #										3m			
Beeper paging	Preceptor orientation										3m			
Telephone & intercom system	Tour, policy #										3m			
Location of manuals	Guided tour										3m			
Log books ♦ Grievance log ♦ Maintenance log	Guided tour, direct observation										3m			
Department meetings (staff, in-service)	Clinical ladder manual										3m			
B. DEPARTMENT SAFETY PROCEDURES														
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video										3m			
Review of emergency procedures and equipment, both medical and non-medical*														
♦ Fire safety procedure*	Disaster manual, P&P										3m			
♦ Disaster plan, evacuation plan*	Disaster manual, P&P										3m			
♦ Location of safety manuals*	Guided tour										3m			
♦ MSDS notebook-agents used*	Hazardous materials manual										3m			
♦ Hazardous waste precautions*	Hazardous materials manual										3m			
♦ Body mechanics*	PT program										3m			
♦ Emergency procedures-"911" system	P&P manual, preceptor orientation										3m			
♦ Use of restraints*	Policy #, restraint P&P										3m			
♦ CPR/basic life support (every 2 years)	Policy #										6m			
Fall precautions/participant safety*	Nursing P&P										3m			
Secure guard system	Preceptor, center manager										3m			
C. INFECTION CONTROL														
Handwashing	Policy #										3m			
Standard precautions*	Policy #										3m			
Disposal of infectious waste	Policy #										3m			
Transport of blood/body fluids	Policy # and unit learning resources										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Toilet liners	Manufacturer's instructions, preceptor										3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy #										3m			
Location and use of personal protective equipment (PPE)*	Safety training manual & video										3m			
D. RESOURCE MANAGEMENT														
Tour of supply room(s)/storage areas	Guided tour										3m			
E. RESPIRATORY MANAGEMENT														
Operation of oxygen equipment, tank, regulator*	Unit learning resources, P&P manual										3m			
Suctioning (oral)	P&P manual										3m			
F. NUTRITIONAL MANAGEMENT														
Enteral tubes (gastrostomy tubes)	P&P manual										3m			
Continuous, bolus feedings	P&P manual										3m			
Oral feedings	P&P manual										3m			
G. ELIMINATION MANAGEMENT														
Intermittent/indwelling catheter (male and female)	Policy #										3m			
Incontinent care	Policy # and skin care resource book										3m			
H. USE OF EQUIPMENT														
Review of all emergency equipment *	Policy # and skin care resource book										3m			
Suction devices*	Policy #, skin care resource book, P&P manual										3m			
Manual BP cuff	Policy #, skin care resource book, P&P manual										3m			
Auto-cuffs (dinemapp machine)	Policy #, skin care resource book, P&P manual										3m			
Thermometers/IVAC's	Policy #, skin care resource book, P&P manual										3m			
Lift scales	Policy #, skin care resource book, P&P manual										3m			
Standing scales	Policy #, skin care resource book, P&P manual										3m			
Feeding pump (kangaroo)	Policy #, skin care resource book, P&P manual										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Wheelchairs	Manufacturer's instructions, preceptor										3m			
Splints (hand, AFOs)	Manufacturer's instructions, preceptor										3m			
Bath chair/shower chair	Manufacturer's instructions, preceptor										3m			
Stethoscope	Manufacturer's instructions, preceptor										3m			
Hoyer/maxi lift	Manufacturer's instructions, preceptor										3m			
Pressure relieving devices	Manufacturer's instructions, preceptor										3m			
I. CARE OF PARTICIPANTS														
Airway management	P&P manual										3m			
Emergency intervention	Mock codes, situation analysis										6m			
Cardiopulmonary arrest	P&P manual										3m			
Ostomy/fistula care	P&P manual										3m			
Range of motion exercises	Physical/occupational therapy in-service (patient specific)										3m			
Patient hygiene needs/foot care	Unit learning resources										3m			
Vital signs	Unit learning resources, P&P manual										3m			
Simple wound care	Unit learning resources										3m			
Assist recreation therapy staff with age appropriate activities	Unit learning resources										3m			
J. PARTICIPANT SPECIFIC COMPETENCIES														
Age specific*	Self-study module										3m			
Latex allergy*	Self-study module										3m			
Cultural respect*	Self-study module										3m			
K. MANAGEMENT OF INFORMATION														
Nursing technician documentation	Medical records manual										3m			
Reporting of significant observations to supervising RN	Preceptor										3m			
Participant confidentiality*	Policy #, P&P manual										3m			
Review of marketing policy to include prohibited marketing practices*	P&P manual, mandatory in-service										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
L. UNIT SPECIFIC														
Review of participants' rights*	P&P manual, mandatory in-service										3m			
Management of wandering participants	Unit learning resources										3m			
M. QUALITY IMPROVEMENT														
Grievance log	P&P manual										3m			
QI committee	QI meeting minutes										3m			
Standard precautions monitor	P&P manual										3m			

Date competency profile completed: _____

Action plan initiated: Yes No
 (If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

OCCUPATIONAL THERAPY ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual				1 yr			
Immunizations (PPD yearly)	Policy #				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module				1 yr			
Age specific	Self-study module				1 yr			
CPR/basic life support	Policy #, competency testing lab				2 yr			
Disaster/fire drills	Policy #, participation				1 yr			
Emergency equipment	Direct observation				1 yr			
Range of motion	Direct observation				1 yr			

OCCUPATIONAL THERAPY COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Specialty certification (if applicable): Expiration date:
BLS renewal date:	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW														
Tour of (<i>PACE program</i>)	Guided tour										3m			
"PACE" training	PACE manual, P&P manual, preceptor orientation										3m			
Dress code	Policy #										3m			
Clock in/out	Policy #										3m			
Beeper paging	Preceptor orientation										3m			
Telephone system	Tour, policy #										3m			
Location of manuals	Guided tour										3m			
Standards of practice											3m			
Department meetings (staff, in-service)	Clinical ladder manual										3m			
B. DEPARTMENT SAFETY PROCEDURES														
Fire safety procedure*	Disaster manual, P&P										3m			
Disaster plan, evacuation plan*	Disaster manual, P&P										3m			
Location of safety manuals*	Guided tour										3m			
MSDS notebook-agents used*	Hazardous materials manual										3m			
Hazardous waste precautions*	Hazardous materials manual										3m			
Body mechanics*	PT program										3m			
Balance precautions	Unit learning resources										3m			
Use of restraints*	Policy #, restraint P&P										3m			
CPR/basic life support (every 2 years)	Policy #										6m			
C. INFECTION CONTROL														
Handwashing	Policy #										3m			
Universal precautions*	Policy #										3m			
Disposal of infectious waste	Policy #										3m			
TB control/fit check	Policy #										3m			
Immunizations (PPD yearly)	Policy #										3m			
D. RESOURCE MANAGEMENT														
Tour of supply room(s)	Guided tour										3m			
Durable medical equipment	P&P manual, preceptor										3m			
Scheduling of therapy appointments	Preceptor										3m			
Ordering of supplies ♦ Routine supplies ♦ Purchase order requisitions	Unit learning resources, preceptor										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
E. ASSESSMENT OF PATIENTS														
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy #										3m			
Location and use of personal protective equipment (PPE)*	Safety training manual & video										3m			
D. RESOURCE MANAGEMENT														
Intake and enrollment policies	Unit learning resources										3m			
Disenrollment policy	Unit learning resources										3m			
E. PHYSICAL ASSESSMENT DATA														
Range of motion measurement	Unit learning resources										3m			
Manual muscle testing	Unit learning resources										3m			
Sensory/perceptual testing	Unit learning resources										3m			
Activities of daily living assessment	Unit learning resources										3m			
Neuromotor functioning	Unit learning resources										3m			
Appropriateness of current assistive/adaptive/orthotic devices	Unit learning resources										3m			
F. USE/MAINTENANCE OF EQUIPMENT														
Wheelchair ♦ Manual ♦ Power	Unit learning resources, manufacturer manual										3m			
Hoyer lift	Unit learning resources, manufacturer manual										3m			
Walker	Unit learning resources, manufacturer manual										3m			
Crutches ♦ Loft strand ♦ Standard	Unit learning resources, manufacturer manual										3m			
Ankle foot orthosis (AFOs)	Unit learning resources										3m			
Knee ankle foot orthosis (KAFOs)	Unit learning resources										3m			
Knee immobilizers	Unit learning resources										3m			
Splints	Unit learning resources										3m			
G. CARE OF PATIENTS														
Neurodevelopment treatment	Unit learning resources										3m			
Sensory integration treatment	Unit learning resources										3m			
Muscle stretching	Unit learning resources										3m			
Range of motion exercises	Unit learning resources										3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Positioning	Unit learning resources										3m			
Splints fabrication	Unit learning resources										3m			
Bath chair/shower chair	Manufacturer's instructions, preceptor										3m			
Emergency intervention	Mock codes, situation analysis										3m			
H. PARTICIPANT SPECIFIC COMPETENCIES														
Age specific*	Self-study module										3m			
Latex allergy*	Self-study module										3m			
Cultural respect*	Self-study module										3m			
I. MANAGEMENT OF INFORMATION														
Unit therapy documentation	Medical records manual										3m			
Documents teaching	Medical records manual										3m			
Participant confidentiality*	Policy #, P&P manual										3m			
Completion of physician orders	Medical records manual										3m			
Participation in IEPs	Unit learning resources										3m			
J. UNIT SPECIFIC														
Therapy attendance policy	P&P manual										3m			
Wheelchair maintenance policy, contract	P&P manual										3m			
Seizure precautions, management	Module										3m			
Hip, shoulder dislocation precautions	Unit learning resources, preceptor										3m			
K. QUALITY IMPROVEMENT														
Therapy equipment checks	Policy #										3m			
Chart review	Policy #										3m			
Universal precautions monitor	Policy #										3m			
QI committee	Meeting minutes										3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

PERSONAL CARE ATTENDANT COMPETENCY PROFILE

Name:	Date of hire:
Certification expiration date:	Employee number:
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
6 months = 6m
1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	Date	Instructor Initials	Time Frame	Met	Not met	Skills Improvement
A. DEPARTMENT OVERVIEW							
Tour of (<i>PACE program</i>)	Guided tour			3m			
Dress code	Policy #			3m			
Clock in/out, sign in/out	Policy #			3m			
Telephone system	Tour, policy #			3m			
Location of manuals	Guided tour			3m			
Complaint log book	Guided tour, direct observation			3m			
Department meetings (staff, in-service)	Clinical ladder manual			3m			
B. DEPARTMENT SAFETY PROCEDURES							
Fire safety procedure*	Disaster manual, P&P			3m			
Disaster plan, evacuation plan*	Disaster manual, P&P			3m			
Location of safety manuals*	Guided tour			3m			
MSDS notebook-agents used*	Hazardous materials manual			3m			
Hazardous waste precautions*	Hazardous materials manual			3m			
Body mechanics*	PT program			3m			
Emergency equipment*, "911" system	Policy #			3m			
Use of restraints*	Policy #, restraint P&P			3m			
CPR/basic life support	Policy #			6m			
Fall precautions, participant safety	Nursing P&P			3m			
C. INFECTION CONTROL							
Handwashing	Policy #			3m			
Universal precautions*	Policy #			3m			
Disposal of infectious waste	Policy #			3m			
D. RESOURCE MANAGEMENT							
Tour of supply room(s)	Guided tour			3m			
E. RESPIRATORY MANAGEMENT							
Operation of oxygen equipment/tank/regulator	Direct observation			3m			
Suctioning (oral)	Direct observation			3m			
F. NUTRITIONAL MANAGEMENT							
Enteral tubes (gastrostomy tubes)	Direct observation			3m			
Continuous/bolus feedings	Direct observation			3m			
Oral feedings	Direct observation			3m			
G. ELIMINATION MANAGEMENT							
Intermittent/indwelling catheter (male and female)	Policy #			3m			
Incontinent care	Policy #, direct observation			3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
H. USE OF EQUIPMENT							
Suction devices	Direct observation			3m			
Manual BP cuff	Direct observation			3m			
Stethoscope	Direct observation			3m			
Thermometers/IVAC's	Direct observation			3m			
Lift scales	Direct observation			3m			
Standing scales	Direct observation			3m			
Feeding pump	Direct observation			3m			
I. CARE OF PARTICIPANTS							
Airway management	Direct observation			3m			
Emergency intervention	Mock codes, situational analysis			6m			
Cardiopulmonary arrest	Policy #			6m			
Ostomy/fistula care	Policy #			3m			
Patient hygiene needs/foot care	Direct observation			3m			
Vital signs	Policy #			3m			
Simple wound care	Policy #			3m			
Assist recreation therapy staff with appropriate activities	Direct observation			3m			
J. PARTICIPANT SPECIFIC COMPETENCIES							
Age specific				3m			
Latex allergy				3m			
Cultural respect				3m			
K. MANAGEMENT OF INFORMATION							
Nursing technician documentation	Direct observation			3m			
Reporting of significant observations to supervising RN	Direct observation			3m			
Participant confidentiality	P&P manual			3m			
L. UNIT SPECIFIC							
Management of wandering participants	Unit learning resources			3m			
M. QUALITY IMPROVEMENT							
Occurrence report	Preceptor training			3m			
Concern/complaint log	P&P manual			3m			
Standard precautions monitor	P&P manual			3m			
QI committee	QI meeting minutes			3m			

Core
Resource
Set for
PACE

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

PHARMACIST ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual				1 yr			
Immunizations (PPD yearly)	Policy #				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module				1 yr			
Age specific	Self-study module				1 yr			
CPR/basic life support	Policy #, competency testing lab				2 yr			
Disaster/fire drills	Policy #, participation				1 yr			
Emergency equipment	Direct observation				1 yr			
Department manuals	Direct observation				1 yr			
Corporate compliance	Video & class				1 yr			
Emergency equipment	Direct observation				1 yr			
Infection control	Video & class				1 yr			
Mandatory training	Video & class				1 yr			

PHARMACIST COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Specialty certification (if applicable): Expiration date:
BLS renewal date:	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW													
Tour of (<i>PACE program</i>)	Direct observation									3m			
Dress code	P&P									3m			
Sign in/out	P&P, direct observation									3m			
Beeper paging	Direct observation									3m			
Telephone & intercom system	Direct observation									3m			
Meeting schedule	Direct observation									3m			
B. DEPARTMENT SAFETY PROCEDURES													
Fire safety procedure*	P&P, video review									3m			
Disaster plan, evacuation plan*	P&P									3m			
Location of safety manuals*	Direct observation									3m			
Hazardous waste precautions*	P&P									3m			
Body mechanics*	Direct observation									3m			
CPR/basic life support	Direct observation, competency									6m			
Sharps	P&P									3m			
C. INFECTION CONTROL													
Handwashing	Infection control manual									3m			
Standard precautions*	Infection control manual									3m			
TB control/fit check	Policy #									3m			
Immunizations (PPD yearly)	Policy # and unit learning resources									3m			
D. RESOURCE MANAGEMENT													
Drug cost control	P&P, direct observation									3m			
E. USE OF EQUIPMENT													
Glucometer	P&P, direct observation									3m			
Nebulizer	P&P, direct observation									3m			
Location of all emergency equipment	P&P, direct observation									3m			
F. MANAGEMENT OF INFORMATION													
Computer access	P&P									3m			
♦ E-mail	P&P									3m			
♦ Intranet	P&P									3m			
♦ Internet	P&P									3m			
♦ Other	P&P									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Confidentiality													
Charting	P&P, direct observation									3m			
♦ Forms	P&P, direct observation									3m			
♦ Re-evals	P&P, direct observation									3m			
♦ Intakes	P&P, direct observation									3m			
♦ Orders	P&P, direct observation									3m			
♦ Lab review	P&P, direct observation									3m			
♦ Flowsheets	P&P, direct observation									3m			
♦ MARs	P&P, direct observation									3m			
G. QUALITY IMPROVEMENT													
QI committees	P&P, direct observation									3m			
Record review	P&P, direct observation									3m			
Primary care	P&P, direct observation									3m			
Occurrence reporting	P&P, direct observation									3m			
Incident	P&P, direct observation									3m			
Adverse drug reactions	P&P, direct observation									3m			
Equipment/serious incidents	P&P, direct observation									3m			
H. PARTICIPANT CARE													
Doctorate in pharmacy	Direct observation, written test									3m			
License in pharmacy	Direct observation, written test									3m			
Management of medications for patients with chronic conditions in an outpatient setting	Direct observation, written test									3m			
Input into functional assessment and maintenance	Direct observation									3m			
Assistance with pain management	Direct observation									3m			
Management of polypharmacy	Direct observation									3m			
I. COMMUNICATION AND TEAM SKILLS													
Oral & written communication with peers, other staff , participants, families and public	P&P, direct observation									3m			
Working cooperatively in small groups	P&P, direct observation									3m			
Conflict resolution skills	P&P, direct observation									3m			
Team dynamics	P&P, direct observation									3m			

Date competency profile completed: _____

Action plan initiated: Yes No

(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

PHYSICAL THERAPY ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module				1 yr			
Age specific	Self-study module				1 yr			
CPR/basic life support	Policy #, competency testing lab				2 yr			
Disaster/fire drills	Policy #, participation				1 yr			
Emergency equipment	Direct observation				1 yr			
Corporate compliance	Video & class				1 yr			
Emergency equipment	Direct observation				1 yr			
Infection control	Video & class				1 yr			
Mandatory training	Video & class				1 yr			
Splinting	Direct observation				1 yr			

PHYSICAL THERAPY COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	
BLS renewal date:	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor	Time	Met	Not	Self-needs
									Initials	Frame		met	Assessment
A. DEPARTMENT OVERVIEW													
Tour of (<i>PACE program</i>)	Guided tour									3m			
Dress code	Policy #									3m			
Sign in/out	P&P manual, direct observation									3m			
Beeper paging	Policy #									3m			
Telephone & intercom system	Policy #									3m			
Location of manuals	Guided tour									3m			
Department meetings (staff, in-service)										3m			
Standards of practice										3m			
B. DEPARTMENT SAFETY PROCEDURES													
Fire safety procedure*	Disaster manual									3m			
Disaster plan, evacuation plan*	Disaster manual									3m			
Location of safety manuals*	Guided tour									3m			
Hazardous waste precautions*	MSDS manual									3m			
Body mechanics*	General CBO									3m			
CPR/basic life support	Policy #									6m			
Use of restraints*	Policy #, P&P manual									3m			
Balance Precautions	Unit learning resources									3m			
C. INFECTION CONTROL													
Handwashing	Infection control manual									3m			
Standard precautions*	Infection control manual									3m			
TB control/fit check	Policy #									3m			
Immunizations (PPD yearly)	Policy #									3m			
D. RESOURCE MANAGEMENT													
Tour of supply room(s)	Guided tour									3m			
Durable medical equipment	P&P manual, preceptor									3m			
Scheduling of therapy appointments	Preceptor									3m			
Ordering of supplies ♦ Routine supplies ♦ Purchase order requisitions	Unit learning resources, preceptor									3m			
E. ASSESSMENT OF PARTICIPANTS													
Intake and enrollment policies	P&P manual									3m			
Initial PT evaluation	Unit learning resources									3m			
Cognition/dementia assessment	Unit learning resources									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Fall risk assessment	Unit learning resources									3m			
Balance/posture assessment	Unit learning resources									3m			
Home assessment	Unit learning resources									3m			
Disenrollment policy	P&P manual									3m			
F. PHYSICAL ASSESSMENT DATA													
Normal/abnormal changes in the elderly	Unit learning resources									3m			
Range of motion measurement	Unit learning resources									3m			
♦ Active ♦ Active/assisted ♦ Passive	Unit learning resources									3m			
Manual muscle testing	Unit learning resources									3m			
Sensory/perceptual testing	Unit learning resources									3m			
Neuromotor functioning	Unit learning resources									3m			
Appropriateness of current assistive/adaptive/orthotic devices	Unit learning resources, preceptor									3m			
G. THERAPEUTIC SKILLS													
Range of motion (A/AA/PROM)	Unit learning resources									3m			
Contracture management	Unit learning resources									3m			
Modalities ♦ Hot packs	Unit learning resources									3m			
♦ Cold packs	Unit learning resources									3m			
♦ Paraffin	Unit learning resources									3m			
♦ Analgesic cream	Unit learning resources									3m			
♦ Electrotherapy	Unit learning resources, manufacturer manual									3m			
Wheelchair positioning and adaptive devices	Unit learning resources									3m			
Wheelchair mobility training	Unit learning resources									3m			
Edema control	Unit learning resources									3m			
Gross motor coordination exercises	Unit learning resources									3m			
Gait training	Unit learning resources									3m			
H. USE/MAINTENANCE OF EQUIPMENT													
Wheelchairs ♦ Manual ♦ Power	Unit learning resources, manufacturer manuals									3m			
Reclining wheelchair	Unit learning resources, manufacturer manual									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Walker	Unit learning resources									3m			
Rolling walker	Unit learning resources									3m			
Hemi-walker	Unit learning resources									3m			
Platform walker	Unit learning resources									3m			
Wedge	Unit learning resources, manufacturer manual									3m			
Hoyer lift	Unit learning resources, manufacturer manual									3m			
Crutches ♦ Loft strand ♦ Standard	Unit learning resources									3m			
Straight cane	Unit learning resources									3m			
Quad cane	Unit learning resources									3m			
Above knee prosthesis	Unit learning resources									3m			
Below knee prosthesis	Unit learning resources									3m			
Short leg brace (double upright)	Unit learning resources									3m			
Ankle foot orthosis (AFOs)	Unit learning resources									3m			
Knee ankle foot orthosis (KAFOs)	Unit learning resources									6m			
Knee immobilizers	Unit learning resources									3m			
Splints	Unit learning resources									3m			
I. CARE OF PARTICIPANTS													
Neurodevelopmental treatment	Unit learning resources									3m			
Amputee management	Unit learning resources									3m			
Muscle stretching	Unit learning resources									3m			
Range of motion exercises	Unit learning resources									3m			
Gait training	Unit learning resources									3m			
Orthopedic precautions	Unit learning resources									3m			
Positioning	Unit learning resources									3m			
Emergency intervention	Mock codes, situational analysis									3m			
J. PATIENT SPECIFIC COMPETENCIES													
Age specific*	Self-study module									3m			
Latex allergy*	Self-study module									3m			
Cultural respect*	Self-study module									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
K. MANAGEMENT OF INFORMATION								
Unit therapy documentation	Medical records manual				3m			
Teaching documents	Medical records manual				3m			
Patient confidentiality	Policy #, P&P manual				3m			
Completion of physician orders	Medical records manual				3m			
Participation in MDC	Unit learning resources, preceptor				3m			
L. UNIT SPECIFIC								
Therapy attendance policy	P&P manual				3m			
Wheelchair maintenance policy/contract	P&P manual				3m			
Seizure precautions/management	Module				3m			
M. QUALITY IMPROVEMENT								
Therapy equipment checks	Preceptor				3m			
Chart review	Preceptor				3m			
Standard precautions monitor	Preceptor				3m			
QI committee	Meeting minutes				3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

PHYSICIAN ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module				2 yrs			
Age specific	Self-study module				1 yr			
Disaster/fire drills	Direct observation				1 yr			
Emergency equipment	P&P, direct observation				1 yr			
Corporate compliance	Video				1 yr			
Emergency equipment	P&P, direct observation				1 yr			
Infection control	P&P, direct observation				1 yr			
Mandatory training	Video & post test				1 yr			
Immunizations (PPD every year)	Policy #				1 yr			
BLS renewal	P&P, direct observation, competency testing				1 yr			

PHYSICIAN COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Specialty certification: Expiration date:
BLS renewal date:	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW													
Tour of (<i>PACE program</i>)	Direct observation									1m			
Dress code	P&P									1m			
Time	P&P, direct observation*									1m			
Beeper paging	Direct observation									1m			
Telephone & intercom system	Direct observation									1m			
Meeting schedule	Direct observation									1m			
B. DEPARTMENT SAFETY PROCEDURES													
Fire safety procedure*	P&P, video									3m			
Disaster plan, evacuation plan*	P&P									3m			
Location of safety manuals*	Direct observation									3m			
Hazardous materials	P&P									3m			
Body mechanics	Direct observation									3m			
CPR/basic life support	Direct observation, competency testing									3m			
Sharps	P&P									3m			
C. INFECTION CONTROL													
Handwashing	Infection control manual									3m			
Standard precautions*	Infection control manual									3m			
TB control/fit check	Policy #									3m			
Immunizations (PPD yearly)	Policy #									3m			
Management of communicable diseases	P&P												
D. RESOURCE MANAGEMENT													
Pharmacy	Direct observation									3m			
E. USE OF EQUIPMENT													
Wheelchair	P&P, direct observation									3m			
EKG machine	P&P, direct observation									3m			
Glucometer	P&P, direct observation									3m			
Centrifuge	P&P, direct observation									3m			
Suction machine	P&P, direct observation									3m			
Oxygen	P&P, direct observation									3m			
Ophthalmoscope	P&P, direct observation									3m			
Otoscope	P&P, direct observation									3m			
Nebulizer	P&P, direct observation									3m			
IVAC	P&P, direct observation									3m			
Location of all emergency equipment	P&P, direct observation									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
F. MANAGEMENT OF INFORMATION													
Computer Access													
♦ E-mail	P&P, direct observation									3m			
♦ Intranet	P&P, direct observation									3m			
♦ Internet	P&P, direct observation									3m			
♦ Other	P&P, direct observation									3m			
Confidentiality													
Charting	P&P, direct observation									3m			
♦ Forms	P&P, direct observation									3m			
♦ Re-evals	P&P, direct observation									3m			
♦ Intakes	P&P, direct observation									3m			
♦ Orders	P&P, direct observation									3m			
♦ Lab review	P&P, direct observation									3m			
♦ Flowsheets	P&P, direct observation									3m			
♦ DataPACE or successor	P&P, direct observation									3m			
G. QUALITY IMPROVEMENT													
QI committees	P&P, direct observation									3m			
Record review	P&P, direct observation									3m			
Primary care	P&P, direct observation									3m			
Occurrence reporting	P&P, direct observation									3m			
♦ Incident	P&P, direct observation									3m			
♦ Adverse drug reactions	P&P, direct observation									3m			
♦ Equipment/serious incidents	P&P, direct observation									3m			
H. PARTICIPANT CARE													
Knowledge of diseases & management	Direct observation, written test									on-going			
Completion of approved residency in IM or FP	Direct observation, written test									on-going			
Board certification or Board eligibility and pursuing certification	Direct observation, written test									on-going			
Patient management in acute care setting (inpatient and ER)	Direct observation, written test									on-going			
Medical staff privileges at <i>hospital</i>	Direct observation, written test									on-going			
Patient management in LTC setting	Direct observation, written test									on-going			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
I. PARTICIPANT SPECIFIC COMPETENCIES													
Knowledge and skills related to management of specific issues in geriatric care	Direct observation, written test									on-going			
CAQ in geriatrics; successful completion of fellowship, demonstrated knowledge of:	Direct observation, written test									on-going			
♦ Management of chronic conditions in outpatient setting	Direct observation, written test									on-going			
♦ Functional assessment and maintenance	Direct observation, written test									on-going			
♦ Geriatric preventive care issues-primary, secondary and tertiary	Direct observation, written test									on-going			
♦ Diagnosis and management of geriatric syndromes	Direct observation, written test									on-going			
Ability to effectively address issues around death and dying	Direct observation, written test									on-going			
♦ Establishing advance directives (formal and informal)	Direct observation, written test									on-going			
♦ Comfort care, palliative care, pain management	Direct observation, written test									on-going			
Judicious consultant use	Direct observation, written test									on-going			
I. CARE OF PARTICIPANTS													
Oral and written communication with peers, other staff, participants, families and public	P&P, direct observation									6m			
Working cooperatively in small groups	P&P, direct observation									6m			
Conflict resolution skills	P&P, direct observation									6m			
Team dynamics	P&P, direct observation									6m			

Date competency profile completed: _____

Action plan initiated: Yes No

(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

RECEPTIONIST COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
BLS renewal date (every 2 years):	Evaluation date:
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW													
Tour of (PACE program)	Guided tour									3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation									3m			
Dress code	Policy #									3m			
Clock in/out, sign in/out	Policy #									3m			
Beeper paging	Direct observation									3m			
Telephone & intercom system	Policy #									3m			
Telephone etiquette	Direct observation									3m			
Department & in-service meetings	Direct observation									3m			
Recording of telephone messages	Direct observation									3m			
Location of manuals	Guided tour									3m			
Log books ♦ Grievance log ♦ Maintenance log ♦ Emergency equipment log	Guided tour									3m			
B. DEPARTMENT SAFETY PROCEDURES													
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video									3m			
Review of emergency procedures and equipment, both medical and non-medical*													
♦ Fire safety procedure*	Disaster manual, P&P									3m			
♦ Disaster plan, evacuation plan*	Disaster manual, P&P									3m			
♦ Location of safety manuals*	Guided tour									3m			
♦ MSDS notebook-agents used*	Hazardous materials manual									3m			
♦ Hazardous waste precautions*	Hazardous materials manual									3m			
♦ Body mechanics*	PT program									3m			
♦ "911" system	Preceptor, guided tour									3m			
♦ Use of restraints*	Policy #, restraint P&P									3m			
♦ CPR/basic life support (every 2 years)	Policy #									6m			
Fall precautions/participant safety*	Nursing P&P									3m			
C. INFECTION CONTROL													
Handwashing	Policy #									3m			
Standard precautions*	Policy #									3m			
Disposal of infectious waste	Policy #									3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy # and unit learning resources									3m			
Location and use of personal protective equipment (PPE)*	Safety training manual & video									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
D. USE OF EQUIPMENT													
Two way radio	Instruction guide, preceptor supervision									3m			
Multi-line telephone	Instruction guide, preceptor supervision									3m			
Computer and printer	Instruction guide, preceptor supervision									3m			
E. PARTICIPANT SPECIFIC COMPETENCIES													
Age specific*	Self-study module									3m			
Cultural sensitivity/diversity*	Self-study module									3m			
Latex allergy information*	Self-study module									3m			
F. MANAGEMENT OF INFORMATION													
Daily participant log	Preceptor instructions									3m			
Daily employee attendance roster	Preceptor instructions									3m			
Utilization sheets	Preceptor instructions									3m			
Medication log	Preceptor instructions									3m			
Participant confidentiality*	Policy #, safety training manual & video, mandatory in-service									3m			
Review of participants' rights*	P&P manual, mandatory in-service training									3m			
Review of marketing policy to include prohibited marketing practices*	P&P manual, mandatory in-service									3m			
G. (PACE CENTER) SPECIFIC													
"No available family" procedure	Preceptor/center manager									3m			
Outside appointments	Preceptor/center manager									3m			
H. QUALITY IMPROVEMENT													
Participation in QI projects	QI meeting minutes									6m			
Grievance log	Preceptor/center manager									3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to perform in my assigned area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

RECREATION THERAPY ASSISTANT COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number (if applicable):	Evaluation date:
License renewal date:	Specialty certification (if applicable): Expiration date:
BLS renewal date (every 2 years):	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW													
Tour of (<i>PACE program</i>)	Guided tour									3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation									3m			
Dress code	Policy #									3m			
Clock in/out, sign in/out	Policy #									3m			
Beeper paging	Direct observation									3m			
Telephone & intercom system	Policy #									3m			
Location of manuals	Guided tour									3m			
Log books ♦ Grievance log ♦ Maintenance log	Guided tour									3m			
Department meetings (staff, in-service)	Clinical ladder manual									3m			
Standards of practice	National Council for Therapeutic Recreation Certification (NCTRC)									3m			
B. DEPARTMENT SAFETY PROCEDURES													
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video									3m			
Review of emergency procedures and equipment, both medical and non-medical*													
♦ Fire safety procedure*	Disaster manual, P&P									3m			
♦ Disaster plan, evacuation plan*	Disaster manual, P&P									3m			
♦ Location of safety manuals*	Guided tour									3m			
♦ MSDS notebook-agents used*	Hazardous materials manual									3m			
♦ Hazardous waste precautions*	Hazardous materials manual									3m			
♦ Body mechanics*	PT program									3m			
♦ "911" system	Preceptor, guided tour									3m			
♦ Use of restraints*	Policy #, restraint P&P									3m			
♦ CPR, basic life support (every 2 years)	Policy #									6m			
Fall precautions, participant safety*	Nursing P&P									3m			
C. INFECTION CONTROL													
Handwashing	Policy #									3m			
Standard precautions*	Policy #									3m			
Disposal of infectious waste	Policy #									3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy # and unit learning resources									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
D. RESOURCE MANAGEMENT													
Tour of supply room(s), cabinets	Guided tour, scavenger hunt									3m			
Ordering supplies, purchasing	P&P manual									3m			
Assists with specific therapeutic programs to include recreational & social activities	P&P manual									3m			
E. ASSESSMENT OF PARTICIPANTS													
Admission criteria	P&P manual									3m			
Admission process-assessment	P&P manual									3m			
Transfer, intraprogram: receiving	P&P manual									3m			
Transfer, intraprogram: sending	P&P manual									3m			
Reassessment	P&P manual									3m			
F. USE OF EQUIPMENT													
Wheelchair	Orientation equipment checklist									3m			
Van lifts	Orientation equipment checklist									6m			
Seat belts	Orientation equipment checklist									6m			
Tie downs	Orientation equipment checklist									6m			
Location and use of personal protective equipment (PPE)*	Safety training manual & video, unit tour									3m			
G. CARE OF PARTICIPANTS													
Neurodevelopment therapy	P&P manual									6m			
Sensory integration therapy	P&P manual									6m			
Range of motion activities	P&P manual									6m			
Educational activities	P&P manual									6m			
Community outings	P&P manual									6m			
Cultural events	P&P manual									6m			
Reality orientation	P&P manual									6m			
Counseling, leisure, education	P&P manual									6m			
Social games & events	P&P manual									6m			
E. PARTICIPANT SPECIFIC COMPETENCIES													
Age specific*	Self-study module									3m			
Cultural sensitivity, diversity*	Self-study module									3m			
Latex allergy information*	Self-study module									3m			
F. MANAGEMENT OF INFORMATION													
Participant confidentiality*	P&P manual									3m			
Participants' bill of rights*	P&P manual									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Review of marketing policy to include prohibited marketing practices*	P&P manual, mandatory in-service									3m			
Volunteer documentation	P&P manual									3m			
Medical records	Medical records manual									3m			
Intraprogram transfer report (verbal)	P&P manual									3m			
Assessment, reassessment documentation	P&P manual									3m			
Service utilization	PACE manual, P&P manual									3m			
Supply requisition	P&P manual									3m			
Catering requests	P&P manual									3m			
J. CENTER SPECIFIC													
Implements specific therapeutic programs to include recreational & social activities	P&P manual									3m			
♦ Alzheimer's dementia	P&P manual									3m			
H. QUALITY IMPROVEMENT													
Participation in QI projects	QI meeting minutes									3m			
Grievance log	Center manager, preceptor									3m			
Occurrence reports	P&P manual, Policy #									3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

RECREATION THERAPY COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number (if applicable):	Evaluation date:
License renewal date:	Specialty certification (if applicable): Expiration date:
BLS renewal date (every 2 years):	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW													
Tour of (<i>PACE program</i>)	Guided tour									3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation									3m			
Dress code	Policy #									3m			
Clock in/out, sign in/out	Policy #									3m			
Beeper paging	Direct observation									3m			
Telephone & intercom system	Policy #									3m			
Location of manuals	Guided tour									3m			
Log books ♦ Grievance log ♦ Maintenance log	Guided tour									3m			
Department meetings (staff, in-service)	Clinical ladder manual									3m			
Standards of practice	National Council for Therapeutic Recreation Certification (NCTRC)									3m			
B. DEPARTMENT SAFETY PROCEDURES													
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video									3m			
Review of emergency procedures and equipment, both medical and non-medical*													
♦ Fire safety procedure*	Disaster manual, P&P									3m			
♦ Disaster plan, evacuation plan*	Disaster manual, P&P									3m			
♦ Location of safety manuals*	Guided tour									3m			
♦ MSDS notebook-agents used*	Hazardous materials manual									3m			
♦ Hazardous waste precautions*	Hazardous materials manual									3m			
♦ Body mechanics*	PT program									3m			
♦ "911" system	Preceptor, guided tour									3m			
♦ Use of restraints*	Policy #, restraint P&P									3m			
♦ CPR, basic life support (every 2 years)	Policy #									6m			
Fall precautions, participant safety*	Nursing P&P									3m			
C. INFECTION CONTROL													
Handwashing	Policy #									3m			
Standard precautions*	Policy #									3m			
Disposal of infectious waste	Policy #									3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy # and unit learning resources									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
D. RESOURCE MANAGEMENT													
Tour of supply room(s), cabinets	Guided tour, scavenger hunt									3m			
Ordering supplies, purchasing	P&P manual									3m			
Develops specific therapeutic programs to include recreational & social activities	P&P manual									3m			
E. ASSESSMENT OF PARTICIPANTS													
Admission criteria	P&P manual									3m			
Admission process-assessment	P&P manual									3m			
Transfer, intraprogram: receiving	P&P manual									3m			
Transfer, intraprogram: sending	P&P manual									3m			
Reassessment	P&P manual									3m			
F. PHYSICAL ASSESSMENT DATA													
Behavioral	Admission criteria & medical records manual									3m			
Musculoskeletal	Admission criteria & medical records manual									3m			
Neurological	Admission criteria & medical records manual									3m			
Cognitive ability	Admission criteria & medical records manual									3m			
Identifies both normal and abnormal findings	Admission criteria & medical records manual									3m			
Motor development	Admission criteria & medical records manual									3m			
Tactile senses	Admission criteria & medical records manual									3m			
Exercise physiology	Admission criteria & medical records manual									3m			
G. USE OF EQUIPMENT													
Wheelchair	Orientation equipment checklist									3m			
Van lifts	Operating manual, preceptor									6m			
Seat belts	Operating manual, preceptor									6m			
Tie downs	Operating manual, preceptor									6m			
Location and use of personal protective equipment (PPE)*	Safety training manual & video, unit tour									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
H. CARE OF PARTICIPANTS													
Neurodevelopmental therapy	P&P manual									3m			
Sensory integration therapy	P&P manual									3m			
Range of motion activities	P&P manual									3m			
Educational activities	P&P manual									3m			
Community outings	P&P manual									3m			
Cultural events	P&P manual									3m			
Reality orientation	P&P manual									3m			
Counseling, leisure, education	P&P manual									3m			
Social games & events	P&P manual									3m			
I. PARTICIPANT SPECIFIC COMPETENCIES													
Age specific*	Self-study module									3m			
Cultural sensitivity, diversity*	Self-study module									3m			
Latex allergy information*	Self-study module									3m			
J. MANAGEMENT OF INFORMATION													
Participant confidentiality*	P&P manual									3m			
Participants' bill of rights*	P&P manual									3m			
Review of marketing policy to include prohibited marketing practices*	P&P manual, mandatory in-service									3m			
Volunteer documentation	P&P manual									3m			
Medical records	P&P manual									3m			
Intraprogram transfer report (verbal)	P&P manual									3m			
Assessment, reassessment documentation	P&P manual									3m			
Service utilization	P&P manual									3m			
Supply requisition	P&P manual									3m			
Catering requests	P&P manual									3m			
K. CENTER SPECIFIC													
Develops specific therapeutic programs to include recreational & social activities	P&P manual									3m			
Alzheimer's dementia										3m			
L. QUALITY IMPROVEMENT													
Participation in QI projects	P&P manual									3m			
Grievance log	Center manager, preceptor, P&P manual									3m			
Occurrence reports	Policy #									3m			

Date competency profile completed: _____

Action plan initiated: Yes No

(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

REGISTERED DIETITIAN COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
Registration number:	Evaluation date:
BLS renewal date (every 2 years):	Specialty certification (if applicable): Expiration date:
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW								
Tour of (PACE program)	Guided tour				3m			
Dress code	Policy #				3m			
Sign in/out	Policy #				3m			
Beeper paging	Direct observation				3m			
Telephone & intercom system	Policy #				3m			
Location of manuals	Guided tour				3m			
Location of complaint/concern log	Guided tour				3m			
Department & in-service meetings	Clinical ladder manual				3m			
Standards of practice	P&P manual, Gerontological Nutritionists Standards of Professional Practice per the ADA (July, 1999)				3m			
B. DEPARTMENT SAFETY PROCEDURES								
Fire safety procedure*	Disaster manual, P&P				3m			
Disaster plan, evacuation plan*	Disaster manual, P&P				3m			
Location of safety manuals*	Guided tour				3m			
MSDS notebook-agents used*	Hazardous materials manual				3m			
Hazardous waste precautions*	Hazardous materials manual				3m			
Body mechanics*	PT program				3m			
Emergency procedures-"911" system	Preceptor, guided tour				3m			
Use of restraints*	Policy #, restraint P&P				3m			
CPR/basic life support (every 2 years)	Policy #				6m			
Fall precautions/participant safety*	Nursing P&P				3m			
C. INFECTION CONTROL								
Handwashing	Policy #				3m			
Standard precautions*	Policy #				3m			
Disposal of infectious waste	Policy #				3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy # and unit learning resources				3m			
TB control/fit testing	Policy #				3m			
D. RESOURCE MANAGEMENT								
Tour of centers and storage areas	Guided tour				3m			
Explains the cost difference between various types of nutrition supplements and tube feedings available and explains how this information can be utilized to make cost effective nutrition recommendations	Preceptor				3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor	Time	Met	Not	Self-needs
									Initials	Frame		met	Assessment
Understands the method of charging for nutrition supplies per facility policy	Direct observation									3m			
Orders supplements, supplies ♦ Owens & minor forms ♦ Warehouse ♦ Special requisition forms (SFRF)	P&P manual									3m			
E. CLINICAL NUTRITION ASSESSMENT													
Demonstrates the ability to accurately assess participants utilizing standards of care	Preceptor, direct observation									3m			
Identifies age-related factors that may influence nutritional assessment for geriatric specialty	Preceptor, direct observation									3m			
Accurately calculates protein, calorie and fluid requirements for normal and specific disease states	Preceptor, direct observation									6m			
Accurately calculates nutrient breakdown of tube feedings	Preceptor, direct observation									6m			
Verbally defines the differences between the nutritional supplements on the enteral formulary and implements appropriate supplementation into care plan	Preceptor, direct observation									6m			
Makes appropriate recommendations for enteral tube feedings or parenteral nutrition changes, as appropriate, based on assessment of participants	Preceptor, direct observation									3m			
Includes religious, cultural and ethnic preferences when completing nutrition assessments	Preceptor, direct observation									3m			
Appropriately identifies nutrient, drug interactions and is knowledgeable of resources to use when information is not readily available	Preceptor, direct observation									3m			
Monitors monthly weight changes with development of appropriate interventions	Preceptor, direct observation									3m			
Sets nutritional goals in care plan process	Preceptor, direct observation									3m			
Completes caloric intake assessments and appropriately summarizes the results	Preceptor, direct observation									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
F. PARTICIPANT, FAMILY, STAFF & COMMUNITY EDUCATION													
Explains the importance of assessing participant and family educational needs and potential barriers to learning when conducting nutrition education	Preceptor, direct observation									3m			
Appropriately incorporates knowledge of therapeutic diets when conducting participant education sessions	Preceptor, direct observation									3m			
Identifies religious, cultural, motivational and other barriers that may impact a participant's ability to learn	Preceptor, direct observation									3m			
Identifies and utilizes resources available in the facility, such as interpreters, that can be used when language barriers exist	Preceptor, direct observation									3m			
Evaluates competencies and potential to comply with nutrition counseling	Preceptor, direct observation									3m			
G. PARTICIPANT SPECIFIC COMPETENCIES													
Age specific*	Self-study module									3m			
Cultural sensitivity, diversity*	Self-study module									3m			
Latex allergy information*	Self-study module									3m			
H. MANAGEMENT OF INFORMATION													
Documents in the participant's medical record using appropriate charting methods for the facility	Medical records manual									3m			
Completes transfer report between centers	Medical records manual									3m			
Completes initial assessment data	Medical records manual									3m			
Completes periodic reassessment data	Medical records manual									3m			
Evaluates progress toward care plan goals	Medical records manual									3m			
Respects participant confidentiality	P&P manual									3m			
I. IMPROVING ORGANIZATIONAL PERFORMANCE													
Participates in interdisciplinary teams assigned center	Preceptor, direct observation									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	Date	Instructor	Time	Met	Not	Self-needs
		B		Initials	Frame		met	Assessment
		C						
		D						
		E						
		F						
Defines internal and external customers and demonstrates the ability to address customers' needs to maintain satisfaction	Preceptor, direct observation				3m			
Explains importance of using the satisfaction survey or client survey in monitoring participant satisfaction	Preceptor, direct observation				3m			
Observes oral intake at noon meal and follows up on identified problems	Preceptor, direct observation				3m			
Explains the JCAHO, OBRA and state standards that impact the role of the clinical dietitian	Preceptor, direct observation				3m			
States the <i>PACE organization's</i> mission statements and defines them in everyday language	Preceptor, direct observation				3m			
J. QUALITY IMPROVEMENT								
Monitors monthly weights; evaluates quarterly reports for monthly changes to meet criteria for nutritional quality of care	Preceptor, direct observation				3m			
Prepares quarterly report for management team	Preceptor, direct observation				3m			
Participates in QI councils	Preceptor, direct observation				3m			
Participates in CQI plans as requested by center manager and gathers needed data	Preceptor, direct observation				3m			
Explains the CQI process and its role in improving organizational performance	Preceptor, direct observation				3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

REGISTERED NURSE COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Hospital nursing CBO completed: yes/no Date:
BLS renewal date (every 2 years):	Specialty certification (if applicable): Expiration date:
ACLS renewal date (if applicable):	Competency testing score:
Other renewal date (if applicable):	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self- needs Assess- ment
A. DEPARTMENT OVERVIEW								
Tour of (PACE program)	Guided tour	G			3m			
PACE training	PACE manual, P&P manual, preceptor orientation	A			3m			
Dress code	Policy #	A,G			3m			
Clock in/out, sign in/out	Policy #	A,G			3m			
Beeper paging	Direct observation	A,G			3m			
Telephone & intercom system	Policy #	A,G			3m			
Location of manuals	Guided tour	G			3m			
Department meetings (staff, in-service)	Clinical ladder manual	A,G			3m			
Log books 1. Grievance log 2. Emergency equipment log 3. Glucometer log 4. Maintenance log	Guided tour	G G G G G			3m			
Standards of practice	ANA Standards and Scope of Gerontological Nursing Practice	A			3m			
B. DEPARTMENT SAFETY AND EMERGENCY (MEDICAL AND NON MEDICAL) PROCEDURES								
Annual mandatory safety training*	Safety training manual & video	A,C, E			3m			
Fire safety procedure*	Disaster manual, P&P manual, fire drill participation	A,C, E,G			3m			
Review of all emergency equipment*	Safety training manual & video, manufacturer's manuals	A,B, C,D, E,G			3m			
Disaster plan, evacuation plan*	P&P and disaster manuals	"			3m			
Location of safety manuals*	Guided tour	G			3m			
MSDS notebook-agents used*	Hazardous materials manual	A,G			3m			
Hazardous waste precautions*	Hazardous materials manual, safety training manual & video	A,C, E			3m			
Body mechanics*	PT program, safety training manual & video, <u>Nursing Procedures, 3rd Edition (NP) p. 60</u>	A,C, D,E, G			3m			
CPR/basic life support (every 2 years)*	Policy #	A,D, G			3m			
"911" system, emergency drug box*	Preceptor, guided tour	G			3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self- needs Assess- ment
Use of restraints* ♦ Lap buddy ♦ Y-strap ♦ Wrist restraints ♦ Hand mittens ♦ Other types of restraints	Policy #, restraint P&P, "Respect and non-discrimi- nation", annual mandatory in-service	A,G			3m			
Fall precautions, participant safety	Nursing P&P	A,G			3m			
C. INFECTION CONTROL								
Handwashing	Policy #	A,G			3m			
Standard precautions*	Policy #, safety training manual & video	A,C, E,G			3m			
Disposal of infectious waste	Policy #	A,G			6m			
Isolation protocols	Infection control manual	A,G			6m			
TB control, fit check	Policy #	A,G			6m			
Immunizations (PPD yearly)	Policy #	A,G			3m			
Location and use of personal pro- tective equipment (PPE)*	Safety training manual & video, guided tour	A,C, G			3m			
D. RESOURCE MANAGEMENT								
Tour of supply room(s), cabinets	Guided tour	G			3m			
Ordering supplies ♦ Requisition	Preceptor, direct observa- tion	G			3m			
E. ASSESSMENT OF PARTICIPANTS								
Admission criteria	Manual section #	A			3m			
Admission process-assessment (health history/physical assess- ment)	Medical records manual	A,G			3m			
Transfer, intraprogram: receiving	P&P manual	A,G			3m			
Transfer, intraprogram: sending	P&P manual	A,G			3m			
Disenrollment criteria	P&P manual	A			3m			
Baseline assessment (beginning of shift)	Charting tools, policy #	A,G			3m			
Assessment re-evaluation	Medical records and P&P manual	A,G			3m			
PACE assessment	P&P manual	A,G			3m			
Physical assessment data	Policy #	A,G			3m			
♦ Neurological	Policy #	A,G			3m			
♦ Behavior	Policy #	A,G			3m			
♦ Respiratory	Policy #	A,G			3m			
♦ Cardiovascular	Policy #	A,G			3m			
♦ Integumentary and altered skin conditions	Policy #	A,G			3m			
♦ Gastrointestinal	Policy #	A,G			3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct Observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self- needs Assess- ment
♦ Renal, urinary	Policy #	A,G			3m			
♦ Reproductive (date of last PAP, mammogram through age 70)	Policy #	A,G			3m			
♦ Identifies both normal and abnormal findings, including changes in the elderly	Policy #	A,G			3m			
Gastric suctioning	Policy #	A,G			3m			
F. USE OF EQUIPMENT								
Suction devices*	Equipment manuals, situational analysis, unit learning resources	A,B ,G			3m			
Infusion pumps	"	"			3m			
Auto-cuffs (Dinemapp machine)	"	"			3m			
Thermometers, IVACs	"	"			3m			
BP cuff	"	"			3m			
Pulse oximeter	"	"						
Doppler	"	"			3m			
Foot pump	"	"			3m			
Pacemaker check	"	"			3m			
Pressure relieving devices	"	"						
Glucometer*	"	"			3m			
Urine test strips*	"	"			3m			
Hemocult testing*	"	"			3m			
EKG machine	"	"			3m			
Kangaroo pump	"	"			3m			
Centrifuge	"	"			3m			
Multipodus splints	"	"			3m			
Ice packs	"	"			3m			
Waffle boot	"	"			3m			
Waffle wheelchair, head cushion	"	"			3m			
Hoyer, maxi lift	"	"			3m			
Wheelchair	"	"			3m			
Scales	"	"			3m			
Secure guard system	"	"			3m			
Otoscope	"	"			3m			
Ophthalmoscope	"	"			3m			
Sterilizer	"	"			3m			
Toilet liners	Product instructions	G			3m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self- needs Assess- ment
G. CARE OF PARTICIPANTS								
Airway management	P&P manual	A,G			3m			
Pain management	Situation analysis	A,G			3m			
Epidural management	Policy #	A,G			1yr			
IV therapy	Policy #	A,G			3m			
Venipuncture	Policy #	A,G			3m			
IVADs*	Policy #	A,G			6m			
PICCs	Policy #	A,G			6m			
TPN/PPN	Policy #	A,G			6m			
Emergency intervention	Situation analysis	A,G			6m			
Cardiopulmonary arrest*	Policy #	A,G			6m			
Specimen collection	Policy #	A,G			3m			
Removal of sutures, staples	P&P manual	A,G			3m			
Drains (JP's, hemovac, lumbar)	P&P manual	A,G			3m			
Ostomy, fistula care	P&P manual	A,G			3m			
Pressure ulcers	Policy #	A,G			3m			
Eye care	Policy #	A,G			1yr			
Death and dying (including post mortem management)	Policy #	A,G			6m			
Medication administration	Policy #, ASCP video, Med pass observation	A,C,G			3m			
Narcotics responsibility	P&P manual	A,G			3m			
Respiratory Management								
Supplemental O ₂ therapies	P&P manual	A,G			3m			
Operation of oxygen equipment, including O ₂ concentrator*	P&P manual	A,G			3m			
Tracheostomy care	P&P manual	A,G			3m			
Nebulizer	Policy #	A,G			3m			
Suctioning (oral, tracheal, nasotracheal)*	P&P manual	A,G			3m			
Nutritional Management								
Nasogastric tubes	Policy #	A,G			3m			
Enteral tubes (gastrostomy tubes, PEGs, caluso tubes)	P&P manual	A,G			3m			
Continuous feedings, bolus feedings, kangaroo pump	P&P manual, equipment manual	A,B,G			3m			
Elimination Management								
Intermittent/indwelling catheter (male and female)	Policy #	A,G			3m			
Nephrotomy tube	P&P manual	A,G			1yr			

Core
Resource
Set for
PACE

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self- needs Assess- ment
Intraperitoneal catheter	Policy #	A,G			1yr			
Suprapubic catheter	Policy #	A,G			1yr			
Condom catheter	Policy #	A,G			3m			
Continuous bladder irrigation	Policy #	A,G			1yr			
Intermittent bladder irrigation	Policy #	A,G			1yr			
Large volume enemas	Policy #	A,G			3m			
Small volume enemas	Policy #	A,G			3m			
Incontinent care	Policy #, skin care resource book	A,G			3m			
Continuous ambulatory PD	Policy #	A,G			1yr			
AV fistula graft, dialysis catheter	Policy #	A,G			3m			
H. PARTICIPANT SPECIFIC COMPETENCIES								
Age specific*	Self-study module	E,F			3m			
Latex allergy*	Self-study module, safety training manual & video	A,C, E,F			3m			
Cultural diversity*	Self-study module	E,F			3m			
I. MANAGEMENT OF INFORMATION								
Medical record	Medical records manual	A			3m			
Participant confidentiality*	Policy #, safety training manual & video, mandatory in-service	A,C, E			3m			
Review of marketing policy to include prohibited marketing practices*	P&P manual, mandatory in-service	A			3m			
Informed consent	Policy #	A			3m			
Death notification	Policy #	A,G			3m			
♦ Family	Policy #	A,G						
♦ Physician	Policy #	A,G			3m			
♦ Coroner	Policy #	A,G			3m			
♦ SCOPA	Policy #	A,G			3m			
QI council participation	Meeting minutes	G			3m			
Documentation of teaching, disenrollment instructions	Policy #, P&P manual	A,G			3m			
J. UNIT SPECIFIC								
Stump care	P&P manual	A,G			6m			
Cast, splint care	P&P manual	A,G			6m			
Application and maintenance of slings	P&P manual	A,G			6m			

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Instructor Initials	Time Frame	Met	Not met	Self- needs Assess- ment
Immobilizers, cervical collars, braces	P&P manual	A,G			6m			
Neurovascular checks	P&P manual	D,G			6m			
K. GENERAL								
Authorizations	Authorization manual	A,G			1yr			
PACE documentation	Unit PACE manual	A,G			1yr			
Diabetic foot care	P&P manual	A,G			3m			
Management of participants who wander	P&P manual	G			3m			
Review of participants' rights (mandatory)*	P&P manual, mandatory in-service training	A			3m			
Corporate compliance*	Safety training manual & video	A,C,E			1yr			
L. NEUROSCIENCE								
Seizure precautions, use of anti-convulsants (action & side effects)	Resource book: <u>The Clinical Practice of Neurological & Neurosurgical Nursing</u> **	A,G			3m			
Evaluation of LOC (appropriate actions in caring for participant and notifying MD)	Resource book **, P&P manual	A,C,E ,F			3m			
Care of head injuries, aneurysms, brain tumors	Resource book**	E,F			3m			
Quality control checks	P&P manual	A,C,E			3m			
♦ Emergency drug box checks	Policy #	A			3m			
♦ Refrigerator checks	Direct observation, equipment manual	A			3m			
♦ Chart review	P&P manual	A,G			3m			
♦ Glucometer checks	Direct observation, equipment manual	A,G						
Serious occurrence reporting,* Incident reporting, Adverse drug reaction reporting	Policy #	A,G			3m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

RESTORATIVE ASSISTANT COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
BLS renewal date (every 2 years):	Evaluation date:
Other:	Hospital orientation completed: yes/no Date:

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW								
Tour of (<i>PACE program</i>)	Guided tour				3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation				3m			
Dress code	Policy #				3m			
Clock in/out, sign in/out	Policy #				3m			
Beeper paging	Direct observation				3m			
Telephone & intercom system	Policy #				3m			
Location of manuals	Guided tour				3m			
Log books ♦ Grievance log ♦ Maintenance log	Guided tour				3m			
Department meetings (staff, in-service)	Clinical ladder manual				3m			
B. DEPARTMENT SAFETY PROCEDURES								
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video				3m			
Review of emergency procedures and equipment, both medical and non-medical*								
♦ Fire safety procedure*	Disaster manual, P&P				3m			
♦ Disaster plan, evacuation plan*	Disaster manual, P&P				3m			
♦ Location of safety manuals*	Guided tour				3m			
♦ MSDS notebook-agents used*	Hazardous materials manual				3m			
♦ Hazardous waste precautions*	Hazardous materials manual				3m			
♦ Body mechanics*	PT program				3m			
♦ "911" system	Preceptor, guided tour				3m			
♦ Use of restraints*	Policy #, restraint P&P				3m			
♦ CPR, basic life support (every 2 years)	Policy #				6m			
Fall precautions, participant safety*	Preceptor				3m			
C. INFECTION CONTROL								
Handwashing	Policy #				3m			
Standard precautions*	Policy #				3m			
Disposal of infectious waste	Policy #				3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy # and unit learning resources				3m			
Location and use of personal protective equipment (PPE)*	Safety training manual & video				3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
D. RESOURCE MANAGEMENT													
Tour of supply room(s), cabinets	Guided tour, preceptor									3m			
Durable medical equipment (DME)	P&P manual, preceptor									3m			
Ordering of linen	Preceptor									3m			
UR book	Unit learning resources, Preceptor									3m			
Scheduling of therapy appointments	Preceptor									3m			
E. THERAPEUTIC SKILLS													
Assistance with treatment plans for:										3m			
♦ Wheelchair positioning and adaptive devices	Unit learning resources, preceptor									3m			
♦ Wheelchair mobility training	Unit learning resources, preceptor									3m			
♦ Transfer training	Unit learning resources, preceptor									3m			
♦ Edema control	Unit learning resources, preceptor									3m			
♦ Gross motor coordination exercises	Unit learning resources, preceptor									3m			
♦ Range of motion	Unit learning resources, preceptor									3m			
♦ Ambulation	Unit learning resources, preceptor									3m			
♦ ADL's	Unit learning resources, preceptor									3m			
G. USE/MAINTENANCE OF EQUIPMENT													
Wheelchair ♦ Manual ♦ Power	Unit learning resources, manufacturer manuals, preceptor									3m			
Reclining wheelchair	"									3m			
Walker	"									3m			
Rolling walker	"									3m			
Hemi-walker	"									3m			
Platform walker	"									3m			
Wedge	"									3m			
Hoyer lift	"									3m			
Crutches ♦ Loft strand ♦ Standard	"									3m			
Straight cane	"									3m			
Quad cane	"									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
Above knee prosthesis	Unit learning resources, manufacturer manuals, preceptor									3m			
Below knee prosthesis	"									3m			
short leg brace (double upright)	"									3m			
Ankle foot orthosis (AFOs)	"									3m			
Adaptive equipment	"									3m			
Hydroculator	"									3m			
Paraffin bath	"									3m			
Knee ankle foot orthosis (KAFOs)	"									3m			
Knee immobilizers	"									3m			
Splints	"									3m			
G. CARE OF PARTICIPANTS													
Amputee management	Unit learning resources,									3m			
CVA, stroke management	Unit learning resources									3m			
Balance precautions	Unit learning resources									3m			
Neurological diseases	Unit learning resources									3m			
Orthopedic precautions	Unit learning resources									3m			
Skin integrity	Unit learning resources									3m			
Circulatory diseases	Unit learning resources									3m			
Emergency intervention	Mock codes, situational analysis									3m			
Balance precautions	Unit learning resources									3m			
H. PARTICIPANT SPECIFIC COMPETENCIES													
Age specific*	Self-study module									3m			
Cultural sensitivity, diversity*	Self-study module									3m			
Latex allergy information*	Self-study module									3m			
I. MANAGEMENT OF INFORMATION													
Unit therapy documentation	Medical records manual									3m			
Utilization review	Medical records manual, preceptor									3m			
Participant confidentiality*	Policy #, P&P manual									3m			
Participants' bill of rights*	P&P manual									3m			
Review of marketing policy to include prohibited marketing practices*	P&P manual, mandatory in- service									3m			
J. UNIT SPECIFIC													
Therapy attendance policy	P&P manual									3m			
Wheelchair maintenance policy, contract	P&P manual									3m			

Task/Behavior	References:	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
	A. Review policy/procedure												
	B. Direct observation												
	C. Video review												
	D. Competency testing lab												
	E. Written test												
	F. Self-study packet												
K. QUALITY IMPROVEMENT													
Therapy equipment checks	Preceptor									3m			
Standard precautions monitor	Preceptor									3m			
QI committee	Meeting minutes, attendance									3m			

Date competency profile completed: _____

Action plan initiated: Yes No
 (If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

SPEECH THERAPY ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met:		Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
	A. Review policy/procedure	B. Direct observation						
Limitations of participant movement		P&P manual			1 yr			
Cultural respect		Self-study module			1 yr			
Latex allergy		Self-study module			1 yr			
Age specific		Self-study module			1 yr			
Corporate compliance		Mandatory training			1 yr			
CPR/BLS renewal		Direct observation and written test			2 yrs			
Infection control		Direct observation			1 yr			
Mandatory training		Video & post test			1 yr			
Immunizations (PPD every year)		Policy #			1 yr			

SPEECH THERAPY ASSISTANT COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Specialty certification (if applicable): Expiration date:
BLS renewal date:	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW													
Tour of (<i>PACE program</i>)	Guided tour									3m			
Dress code	Policy #									3m			
Clock in/out, sign in/out	Policy #									3m			
Telephone & intercom system	Policy #									3m			
Location of manuals	Guided tour									3m			
Staff in-services	Guided tour									3m			
B. DEPARTMENT SAFETY PROCEDURES													
Fire safety procedure*	Disaster manual, P&P									3m			
Disaster plan, evacuation plan*	Disaster manual, P&P									3m			
Location of safety manuals*	Guided tour									3m			
Hazardous materials	Hazardous materials manual									3m			
Body mechanics	PT program									3m			
Use of restraints*	Policy #, restraint P&P									3m			
CPR, basic life support (every 2 years)	Policy #									6m			
C. INFECTION CONTROL													
Handwashing	Infection control manual									3m			
Standard precautions*	Infection control manual									3m			
TB control, fit check	Policy #									3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy #, unit learning resources									3m			
D. RESOURCE MANAGEMENT													
Tour of supply room(s)	Guided tour									3m			
Ordering of supplies	P&P manual									3m			
E. ASSESSMENT OF PARTICIPANTS													
Intake and enrollment policies	P&P manual									3m			
Language (expressive/receptive)	P&P manual									3m			
Articulation	P&P manual									3m			
Auditory processing	P&P manual									3m			
Voice	P&P manual									3m			
Fluency	P&P manual									3m			
Aural habilitation	P&P manual									3m			
Dysphagia, oral-motor	P&P manual									3m			
Augmentative, alternative communication	P&P manual									3m			
Appropriateness of current assistive, adaptive devices	P&P manual									3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
		B						
C								
D								
E								
F								
F. USE AND MAINTENANCE OF EQUIPMENT								
Augmentative, alternative communication devices ♦ Communication notebooks ♦ Communication boards	Speech manual				3m			
Oral motor facilitation tools ♦ Laryngeal mirror	Speech manual				3m			
Audiometer	Speech manual				3m			
Assistive listening devices, hearing aids	Speech manual				3m			
G. CARE OF PARTICIPANTS								
Articulation treatment	Speech manual				3m			
Language treatment	Speech manual				3m			
Auditory processing, cognitive treatment	Speech manual				3m			
Dysphagia/oral-motor treatment	Speech manual				3m			
Fluency treatment	Speech manual				3m			
Voice treatment	Speech manual				3m			
H. PARTICIPANT SPECIFIC								
Age specific*	Module				3m			
Latex allergy*	Module				3m			
Limitation of participant movement	P&P manual				3m			
Cultural respect*	Module				3m			
I. MANAGEMENT OF INFORMATION								
Unit therapy documentation	Medical records manual				3m			
Teaching documents	Medical records manual				3m			
Participant confidentiality	P&P manual				3m			
Completion of physician orders	Medical records manual				3m			
J. UNIT SPECIFIC								
Therapy attendance policy	Speech manual				3m			
Referral process	Speech manual				3m			
♦ Audiological evaluation	Speech manual				3m			
♦ Videofluoroscopy	Speech manual				3m			
K. QUALITY IMPROVEMENT								
Chart review	QI manual				3m			
QI committee	Meeting minutes				3m			

Date competency profile completed: _____

Action plan initiated: Yes No

(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

STAFF ASSISTANT ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual									1 yr			
Cultural respect	Self-study module									1 yr			
Latex allergy	Self-study module									1 yr			
Age specific	Self-study module									1 yr			
Corporate compliance	Mandatory training									1 yr			
CPR/BLS renewal	Direct observation and written test									2 yrs			
Infection control	Direct observation									1 yr			
Immunizations (PPD every year)	Policy #									1 yr			
Recording and typing of morning meeting and IDT meeting minutes	Direct Observation									1 yr			
Emergency equipment										1 yr			
Disaster/fire drills										1 yr			

TRANSPORTATION COORDINATOR ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

- 1. Able to perform independently
- 2. Able to perform after review of information
- 3. Able to perform with assistance only
- 4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Limitations of participant movement	P&P manual				1 yr			
Cultural respect	Self-study module				1 yr			
Latex allergy	Self-study module				1 yr			
Age specific	Self-study module				1 yr			
Corporate compliance	Mandatory training				1 yr			
CPR every 2 years	Direct observation and written test				2 yrs			
Infection control	Direct observation				1 yr			
Department manuals	P&P manual, participation				1 yr			
Immunizations (PPD every year)	Policy #				1 yr			
Driver's license renewal (if applicable)					5 yrs			
Defensive driving renewal (if applicable)	Defensive driving course				2 yrs			
Disaster/fire drills	Tour				1 yr			
Emergency equipment	Direct observation				1 yr			

TRANSPORTATION COORDINATOR COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Defensive driving renewal date:
BLS renewal date:	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW													
Tour of (PACE program)	Guided tour									3m			
Dress code	Policy #									3m			
Clock in/out	Policy #									3m			
Telephone & intercom system	Policy #									3m			
Beeper paging	Direct observation									3m			
Location of manuals	Guided tour									3m			
Location of complaint, concern log	Guided tour									3m			
Department & in-service meetings	Direct observation									3m			
B. DEPARTMENT SAFETY PROCEDURES													
Fire safety procedure*	Disaster manual, P&P									3m			
Disaster plan, evacuation plan*	Disaster manual, P&P									3m			
Location of safety manuals*	Guided tour									3m			
Hazardous materials	Hazardous materials manual									3m			
Body mechanics	PT program									3m			
Use of restraints*	Policy #, restraint P&P									3m			
CPR, basic life support (every 2 years)	Policy #									6m			
MSDS notebook-agents used*	Hazardous materials manual									3m			
Emergency procedures-"911" system	Disaster manual									3m			
Fall precautions	P&P manual									3m			
C. INFECTION CONTROL													
Handwashing	Infection control manual									3m			
Standard precautions*	Infection control manual									3m			
Disposal of infectious waste	P&P manual									3m			
Annual mandatory testing*	P&P manual									3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy # and unit learning resources									3m			
D. USE OF EQUIPMENT													
Operating van	Vehicle manual, defensive driving course knowledge, preceptor supervision									6m			
Van lifts	Operating manual, preceptor supervision									6m			
Fire extinguisher	Instructions, annual mandatory in-service									6m			
First aid kit	Instruction guide, first aid course knowledge									6m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	Date	Instructor	Time	Met	Not	Self-needs
		B		Initials	Frame	met	Assessment	
		C						
		D						
		E						
		F						
Seat belts	Operating manual, preceptor supervision				6m			
Tie downs	Operating manual, preceptor supervision				6m			
Oxygen tank	Instructions, preceptor supervision				6m			
Two-way radio	Instructions, preceptor supervision				6m			
F. CARE OF PARTICIPANTS								
Loading/unloading participants on/off vans	Preceptor supervision				6m			
Transporting participants	Preceptor supervision				6m			
G. PARTICIPANT SPECIFIC								
Age specific*	Module				3m			
Latex allergy*	Module				3m			
Cultural respect*	Module				3m			
H. MANAGEMENT OF INFORMATION								
Mileage log	Transportation manual, preceptor instructions				6m			
Daily vehicle checklist	Transportation manual, preceptor instructions				6m			
Fuel log	Transportation manual, preceptor instructions				6m			
Daily participant log	Transportation manual, preceptor instructions				6m			
Daily employee attendance roster	Transportation manual, preceptor instructions				6m			
Utilization sheets	Transportation manual, preceptor instructions				6m			
Medication log	Transportation manual, preceptor instructions				6m			
Participant confidentiality	Transportation manual, preceptor instructions				6m			
J. UNIT SPECIFIC								
Therapy attendance policy	Speech manual				3m			
Referral process	Speech manual				3m			
♦ Audiological evaluation	Speech manual				3m			
♦ Videofluoroscopy	Speech manual				3m			
K. QUALITY IMPROVEMENT								
Chart review	QI manual				3m			
QI committee	Meeting minutes				3m			

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
I. UNIT SPECIFIC								
Pharmacy, supply, mail pick-ups	Transportation manual, preceptor instructions				6m			
Van maintenance procedure	Transportation manual, preceptor instructions				6m			
"No available family" procedure	Transportation manual, preceptor instructions				6m			
Field trips	Transportation manual, preceptor instructions				6m			
Saturday respite	Transportation manual, preceptor instructions				6m			
Outside appointments	Transportation manual, preceptor instructions				6m			
K. QUALITY IMPROVEMENT								
Participation in center QI projects	QI meeting minutes				6m			
Concern, complaint log	Site supervisor/designee, preceptor				6m			

Date competency profile completed: _____

Action plan initiated: Yes No
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)

SAMPLE COMPETENCY BASED PERFORMANCE PROGRAM

Rules:

Staff competency will be measured against the department job requirements for all new (*PACE program*) employees and annually for existing employees. The purpose of the competency based performance program is to verify that all (*PACE program*) employees have been trained and are capable of achieving job requirements and performance standards as identified at (*PACE program*). The program also assists the employee to maintain and to increase competency through educational programs.

The following definitions apply:

Competency:

Characterized by three basic elements:

1. an appropriate knowledge base;
2. skills in use of equipment and technical aspects of role; and
3. behaviors, such as critical thinking and implementation of performance standards, that are adjusted to the work environment, clinical setting and participants.

Competency testing:

A validation process used to verify that each employee has the appropriate knowledge, skills and behaviors to achieve and maintain job expectations.

Each discipline identifies key areas to be assessed incorporating Scope of Care issues, i.e., age, diagnoses, cultural and religious needs of the participant.

With assistance:

An employee must perform a task/behavior with a preceptor/instructor present and “with assistance” is marked on an employee’s skills checklist or competency profile. Action plans are developed to assist the employee to perform the action without assistance.

Identifying competency topics/level

Competency topics/levels are identified in job descriptions, policies and procedures, (*PACE program*) mission statements and the scope of care/service for the Program for All-Inclusive Care for the Elderly (PACE).

- ♦ Job descriptions identify knowledge requirements, skills and behaviors that are specific to the role of the employee.
- ♦ Policies and procedures identify current national, state and local standards or requirements.

- ♦ The mission statements and the clinical scope of care/service identify competency requirements including those related to the age population served (those ages 55 years and higher), the cultural, religious and psychological needs of the participant, and the goals/objectives of the participant and the goals/objectives of (*PACE program*).
- ♦ Universal competency elements for all employees are identified in the safety, infection control, quality improvement and body mechanics programs.

Measurement of competency

Expected competency outcomes and criteria for competency testing are identified in performance standards and policies and procedures.

References for competency may include:

- ♦ oral or written exams
- ♦ competency testing labs
- ♦ self learning modules
- ♦ charting reviews
- ♦ care plans
- ♦ participant interviews
- ♦ attendance at meetings and/or participation on committees
- ♦ BCL certification

Measurement for competency behavior testing is based on a 1-4 scale. Competency is satisfactorily met if the employee is 1) able to perform independently or 2) able to perform after a review of information. Competency is not met if the employee 3) achieves the behavior only if he/she has assistance or 4) is unable to perform the behavior.

The employee's performance will be documented on the competency profile sheet. This sheet is kept at the (*PACE program*), accessible to the employee and the supervisor. Competency profiles will be used as a reference for clinical assignments.

An action plan is generated by the supervisor for an employee who does not achieve the required competency level within a specified time frame.

Frequency of competency testing

All new employees complete the competency based orientation program to verify knowledge, skills and behaviors required in their role.

The Frequency-Risk Grid (del Bueno, 1987) is used to identify topics for on-going, periodic testing. The grid is also used to determine the frequency of testing.

- ♦ Topics that are identified as high risk-low frequency may be tested on a frequent basis, i.e. monthly, quarterly or every six months.
- ♦ Topics identified through routine competency testing as areas in need of improvement are targeted for more frequent evaluations until such time as satisfactory and consistent competency testing results are documented.

Mandatory topics, such as safety classes, standard precautions, infection control, body mechanics or BLS will be included in mandatory annual competency achievement programs. If deficiencies are noted, more frequent review may be needed.

Skills proficiency labs may be held to facilitate equipment and procedure reviews and testing depending on identified need.

Educational offerings and/or workshops may also be held on universal topics such as age-specific issues, cultural, religious and common needs of all participants.

Communication

A summary of the competency testing results will be completed and maintained by (*PACE program*) center managers and forwarded to the (*PACE program*) director and the (*PACE program*) quality improvement coordinator.

An annual report regarding the (*PACE program*) competency based performance program trends and patterns will be provided for the director of geriatric services and the (*PACE program*) board of directors.

SAMPLE COMPETENCY PROFILE ACTION PLAN

Date: _____ Satisfactory completion required by: _____

Plan:

Employee Signature: _____ Instructor Signature: _____

Date: _____ Satisfactory completion required by: _____

Plan:

Employee Signature: _____ Instructor Signature: _____

Date: _____ Satisfactory completion required by: _____

Plan:

Employee Signature: _____ Instructor Signature: _____

SAMPLE INITIAL COMPETENCY SELF-ASSESSMENT

1. At the time of hire, each staff person will be required to complete a “Competency Self-Assessment” form. This form will provide supervisory staff with an assessment of the staff’s ability to perform each skill and activity required by their position.
2. In the event of noted deficiencies in one or more areas of competencies, supervisory staff will develop and implement a plan for correcting deficiencies. The plan will include the training and education necessary for the staff person to become competent in the skills required for the position.

SAMPLE PERFORMANCE EVALUATION SAMPLE POLICY

Purpose:

To provide an objective basis on which to evaluate the performance of employees so that salary adjustments are properly substantiated.

Scope:

All (*PACE program*) employees.

Policy:

- ♦ Supervisors and employees are strongly encouraged to discuss job performance and goals on an informal, day-to-day basis. For performance evaluations/development plans are generally conducted at the end of an employee's initial period in any new position. This period, known as the introductory period, allows the supervisor and the employee to discuss the job responsibilities, standards and performance requirements of the new position. Additional formal performance evaluations are generally conducted to provide both supervisors and employees the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths and discuss positive, purposeful approaches for meeting goals.
- ♦ Performance evaluations are generally scheduled approximately every 12 months, coinciding generally with the anniversary of the employee's original date of hire.
- ♦ Merit-based pay adjustments may be awarded by (*PACE program*) in an effort to recognize truly superior employee performance. The decision to award such an adjustment is dependent upon numerous factors, including the information documented by this formal performance evaluation process.