

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			

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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			

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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.)