

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			

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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			

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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			

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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.)