

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			

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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.)