

## 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
<b>A. DEPARTMENT OVERVIEW</b>													
Tour of ( <i>PACE</i> 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>B. DEPARTMENT SAFETY PROCEDURES</b>													
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			
<b>C. INFECTION CONTROL</b>													
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			

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<b>D. USE OF EQUIPMENT</b>													
Two way radio	Instruction guide, preceptor supervision									3m			
Multi-line telephone	Instruction guide, preceptor supervision									3m			
Computer and printer	Instruction guide, preceptor supervision									3m			
<b>E. PARTICIPANT SPECIFIC COMPETENCIES</b>													
Age specific*	Self-study module									3m			
Cultural sensitivity/diversity*	Self-study module									3m			
Latex allergy information*	Self-study module									3m			
<b>F. MANAGEMENT OF INFORMATION</b>													
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			
<b>G. (PACE CENTER) SPECIFIC</b>													
"No available family" procedure	Preceptor/center manager									3m			
Outside appointments	Preceptor/center manager									3m			
<b>H. QUALITY IMPROVEMENT</b>													
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.)