

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 (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			
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			

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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			

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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			

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	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.)