SAMPLE COMPETENCY BASED PERFORMANCE PROGRAM

**Rules:**
Staff competency will be measured against the department job requirements for all new (PACE program) employees and annually for existing employees. The purpose of the competency based performance program is to verify that all (PACE program) employees have been trained and are capable of achieving job requirements and performance standards as identified at (PACE program). The program also assists the employee to maintain and to increase competency through educational programs.

The following definitions apply:

**Competency:**
Characterized by three basic elements:
1. an appropriate knowledge base;
2. skills in use of equipment and technical aspects of role; and
3. behaviors, such as critical thinking and implementation of performance standards, that are adjusted to the work environment, clinical setting and participants.

**Competency testing:**
A validation process used to verify that each employee has the appropriate knowledge, skills and behaviors to achieve and maintain job expectations.

Each discipline identifies key areas to be assessed incorporating Scope of Care issues, i.e., age, diagnoses, cultural and religious needs of the participant.

**With assistance:**
An employee must perform a task/behavior with a preceptor/instructor present and “with assistance” is marked on an employee’s skills checklist or competency profile. Action plans are developed to assist the employee to perform the action without assistance.

**Identifying competency topics/level**
Competency topics/levels are identified in job descriptions, policies and procedures, (PACE program) mission statements and the scope of care/service for the Program for All-Inclusive Care for the Elderly (PACE).

- Job descriptions identify knowledge requirements, skills and behaviors that are specific to the role of the employee.
- Policies and procedures identify current national, state and local standards or requirements.
• The mission statements and the clinical scope of care/service identify competency requirements including those related to the age population served (those ages 55 years and higher), the cultural, religious and psychological needs of the participant, and the goals/objectives of the participant and the goals/objectives of (PACE program).

• Universal competency elements for all employees are identified in the safety, infection control, quality improvement and body mechanics programs.

**Measurement of competency**

Expected competency outcomes and criteria for competency testing are identified in performance standards and policies and procedures.

References for competency may include:

- oral or written exams
- competency testing labs
- self learning modules
- charting reviews
- care plans
- participant interviews
- attendance at meetings and/or participation on committees
- BCL certification

Measurement for competency behavior testing is based on a 1-4 scale. Competency is satisfactorily met if the employee is 1) able to perform independently or 2) able to perform after a review of information. Competency is not met if the employee 3) achieves the behavior only if he/she has assistance or 4) is unable to perform the behavior.

The employee’s performance will be documented on the competency profile sheet. This sheet is kept at the (PACE program), accessible to the employee and the supervisor. Competency profiles will be used as a reference for clinical assignments.

An action plan is generated by the supervisor for an employee who does not achieve the required competency level within a specified time frame.

**Frequency of competency testing**

All new employees complete the competency based orientation program to verify knowledge, skills and behaviors required in their role.

The Frequency-Risk Grid (del Bueno, 1987) is used to identify topics for on-going, periodic testing. The grid is also used to determine the frequency of testing.

- Topics that are identified as high risk-low frequency may be tested on a frequent basis, i.e. monthly, quarterly or every six months.
- Topics identified through routine competency testing as areas in need of improvement are targeted for more frequent evaluations until such time as satisfactory and consistent competency testing results are documented.
Mandatory topics, such as safety classes, standard precautions, infection control, body mechanics or BLS will be included in mandatory annual competency achievement programs. If deficiencies are noted, more frequent review may be needed.

Skills proficiency labs may be held to facilitate equipment and procedure reviews and testing depending on identified need.

Educational offerings and/or workshops may also be held on universal topics such as age-specific issues, cultural, religious and common needs of all participants.

**Communication**

A summary of the competency testing results will be completed and maintained by (PACE program) center managers and forwarded to the (PACE program) director and the (PACE program) quality improvement coordinator.

An annual report regarding the (PACE program) competency based performance program trends and patterns will be provided for the director of geriatric services and the (PACE program) board of directors.