

LICENSED NURSE COMPETENCY ASSESSMENT

Name: _____ Job Title: _____ Date of Hire _____

Assessment of competency for the following policy and procedure:

Competency Statement:

Licensed nurses will display consistent competency proficiency when providing care and services to residents and managing the residents' care processes.

Instructions:

Nurse: Complete the self-assessment portion of this document using the key for each step of the procedure.

Evaluator: Complete the Evaluator's Assessment portion of this document using the key for each step of the procedure. Collaborate with the nurse to describe an improvement or knowledge plan, as needed, based on the assessment.

<p>Assessment Key:</p> <p>1- Needs skills Improvement 2- Needs increased knowledge 3 - Can perform competently 3 - Can perform independently and evaluate others</p>	<p>Method of Evaluation:</p> <p>SA – Self assessment S- Simulation DO- Direct Observation RD- Return demonstration KT– Knowledge Test</p>	<p>Learning Resources</p> <p><input type="checkbox"/> Observed peer mentor <input type="checkbox"/> Computer-based learning and test <input type="checkbox"/> Formal class <input type="checkbox"/> Other:</p>
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Performance Criteria <i>Document the steps of the facility procedure here</i>	Self-Assessment Use Assessment Key (See legend) Add comments as needed			Evaluator's Assessment Use Assessment Key (See legend) Add comments as needed		
Procedure steps	Method Code	Assessment Key	Comment	Method Code	Assessment Key	Comment
1.						
2.						
3.						
4.						
5.						
6.						
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20.						

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Performance Criteria <i>Document the steps of the facility procedure here</i>	Self-Assessment Use Assessment Key (See legend) Add comments as needed			Evaluator's Assessment Use Assessment Key (See legend) Add comments as needed		
	Method Code	Assessment Key	Comment	Method Code	Assessment Key	Comment
Procedure steps						
21.						
22.						
23.						
24.						
25.						

Employee signature date
Both sign here when employee meets competency

Evaluator signature date

Competency Met

Knowledge Plan – see below Knowledge Plan completed on _____ Competency Met after knowledge plan completed (*Sign above*)

Improvement Plan - see below Improvement Plan completed on _____ Competency Met after improvement plan completed (*Sign above*)

Knowledge or Improvement Plan Steps Initiated on (<i>date</i>)	Resources	Target date for completion