Employee Competency Assessment Program
Guidelines and Toolkit

Penn Medicine
Chester County Hospital
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Section 1: Competency Principles

INTRODUCTION

Penn Medicine Chester County Hospital supports the health system’s mission of providing extraordinary care through education, research and practice. Each entity is responsible for providing an appropriate number of qualified staff to fulfill our mission and meet the needs of the patients we serve. Competency Assessment provides a mechanism for directing and evaluating the competencies needed to ensure our staff delivers safe, effective health care.

The purpose of the Competency Program is to outline a process for competency assessment upon hire and ongoing. Competency Assessment at Penn Medicine is dynamic and developmental. Competencies change over time in response to the global and organizational environment, the strategic direction of Penn Medicine, national healthcare trends, changing patient populations and their care needs, new equipment and technologies and quality improvement efforts and evidenced based data. Competency assessment supports staff and management alike in identifying areas of growth and development and provides opportunities for ongoing learning to achieve continuous quality improvement. All staff are included in this program.

Penn Medicine Chester County Hospital has adopted The Donna Wright Model for Ongoing Competency Assessment. This will assure that the identification, selection, validation and evaluation of Competencies will be consistent and standardized throughout the Health System. This Model is an effective, efficient and meaningful approach to competency assessment. It is designed to assure that staff have the knowledge, skills and attitude/behavior required to meet essential components of the job right now and in the future as the position evolves. The Model reflects the dynamic nature of the job and is an outcome focused and accountability based approach.

Through this approach:

- Departments select competencies that matter—can be a revalidation of a previously completed competency or a newly developed competency.
- Competencies are identified through a collaborative effort between managers/directors (or a designee) and employees. At times Health System leadership and /or management groups may make recommendations for an ongoing competency.
- Accountabilities are clear.
- Verification is completed through a variety of methods and is employee centered, meaning the employee has choices from a selection of verification methods.
DEFINITIONS

Competence: (n) A person’s ability to fulfill his or her professional role; the possession of knowledge, skills and attitudes/behaviors necessary to practice in a designated role under the varied circumstances of the real world

Competent: (adj.) Having suitable or sufficient skill, knowledge, attitudes and behaviors to function within the organization

Competency: (n) the expected level of performance that results from an integration of knowledge, skill, attitudes and behaviors in a designated role under the varied circumstances of the real world

Competency validation: (v) the process of verifying competency, according to selected performance criteria, through return demonstration, test/exams, evidence of daily work, case studies, exemplars, peer review, self-assessment, discussion/reflection groups, presentations, mock events/mock surveys and quality and performance improvement compliance

Validator of competencies: (n) an individual who has demonstrated competency in a specific area of practice and who is identified as being proficient to validate the competencies of others
COMPETENCY ASSESSMENT PROGRESSION

DIAGRAM 1: COMPETENCY ASSESSMENT PROGRESSION

HIRE  INITIAL  ONGOING

Competency assessment is an ongoing process. Competencies are identified through a collaborative process, and assessed on a continuum throughout the employment of an individual. The assessment continuum will include the hiring process, initial competencies during the orientation period, and an ongoing competency assessment.

1. **A Hire competency assessment** includes competency validation of:
   - Licensure, registration and certification (as applicable)
   - Education
   - Previous experience, and current skills and abilities through the interview process, reference checking, resumes, and applications.

2. **An Initial competency assessment (within 30 days of Hire)** includes competency validation of:
   - Competencies stated within the position description or a Domain of Practice (as applicable)
   - Frequently used functions and accountabilities
   - Population-Specific Care Needs
   - High risk job functions and accountabilities

3. **The Ongoing competency assessment** includes competency validation of:
   - New policies, procedures, technologies, and initiatives
   - Changing policies, procedures, technologies, and initiatives
   - High risk functions and accountabilities
   - Problematic job aspects identified through a variety of methods such as quality improvement, (e.g. hospital acquired infection rates, core measures, department specific data), department driven indicators, customer surveys, (e.g. HCAHPS), and review of aggregate competency data
GUIDELINES FOR HIRE AND INITIAL COMPETENCY ASSESSMENT

Hiring Competencies
1. Assessment occurs at time of hire by Human Resources and the department manager/director.
2. Includes: Validation of Licensure and Certification (as applicable), experience level as delineated in position requisition.

Initial Competencies
1. A competency-based orientation is provided to all newly hired/transferred employees.
2. Successful completion of the Classroom and/or Specialty-specific Orientation and Training may be required.
3. Successful completion of clinical and/or on-the-job orientation. Competencies are validated and documented by a preceptor, manager/director or educator within 30 days of hire. See Initial/New Employee Competency Assessment Form (pgs. 20-24)
4. Validation of a competency is required before an employee may independently perform the skill/procedure within their job duties.
5. Throughout the department orientation, the orientee meets regularly with the preceptor, manager/director, and/or Educator to discuss orientation and competency completion progress; and to review and update the orientation plan as necessary.
6. The Initial Competency Assessment Form documents the orientee’s completion of core competencies. This form is reviewed throughout orientation by the orientee, preceptor and Staff Development Educator. The form is signed by the orientee, Staff Development Educator, preceptors and Manager.
7. The completed Initial Competency Assessment Form serves as an initial competency evaluation and secure evidence that an employee has validated the orientation competencies. This document is placed in the employee’s HR file.
8. A decision to extend the orientation period for an orientee is under the discretion of the manager/director after review of the employee’s competency status and specific learning needs.
Section 2: Ongoing Competency Assessment Program

ONGOING COMPETENCY PROGRAM OVERVIEW

There are 3 phases to ongoing competency assessment:

Phase 1
- Competency Identification
- Competency Selection
- Verification Method Selection

Phase 2
- Competency Validation

Phase 3
- Evaluation

EXAMPLE: ON-GOING COMPETENCY ASSESSMENT CYCLE

The ONGOING COMPETENCY ASSESSMENT CYCLE is the specified period in which the ongoing competency assessment process is initiated, completed and evaluated.
ONGOING COMPETENCY CHECKLIST

Phase I

1. □ Suggestion - Create a Department Competency Binder.
2. □ Gather data as described on page 11.
3. □ Meet with key group of department stakeholders.
5. □ Prioritize and select department competencies. (1-3 per cycle)
6. □ Complete the Competency Selection Worksheet (Form B) and submit to your Manager/Director or Educator by the due date. Also, forward a copy of the form to HROD, Operations Manager and file a copy in the department competency binder.
7. □ Complete the Ongoing Competency Assessment Form (Form C). Each employee will need this form. Keep this form in the binder until all competencies are completed for the cycle.
8. □ Consult with the Manager/Director or Educator as needed to match verification method with competency need.

Phase II

1. □ Each employee is responsible for completing his or her competencies for the cycle using one of the approved verification methods for each competency.
2. □ At the end of the competency cycle, the Manager/Director or designee will validate that the employee has successfully completed the competencies identified.
3. □ The employee will be deemed competent with the completion of 100% of the indicated competencies. If successful completion is not achieved by the end of the cycle, a plan will be initiated by the Manager/Director with the employee.
4. □ The completed Ongoing Competency Assessment Form (Form C) for the cycle will be maintained in each employee’s HR file. The Manager/Director collects the completed Ongoing Competency Assessment Forms and sends them to HROD.

Phase III

1. □ Department reviews its completion rates.
2. □ Department evaluates the various verification methods used.
3. □ Manager/Director or designee follows up on gaps in completion.
4. □ Manager/Director assesses competency effectiveness based on selected outcome measures selected for each competency

********Please note********

All worksheets are located in the Toolkit at the end of this packet.
DETAILED INSTRUCTIONS FOR ONGOING COMPETENCY

Phase 1

Before you begin your identification it is suggested you create a Department Competency Binder with the following tabs:

- **Tab A** - *Progress at a glance*: Insert excel spreadsheet with employees’ name on Y axis and competencies to be completed on the x axis, document for each employee as each competency is completed.
- **Tab B** - *Resources*: Competency Program Guidelines and Toolkit, Huddle Sheets, Competency Pamphlet
- **Tab C** - *Identification Worksheet*: File completed **Ongoing Competency Identification Worksheet (Form A)** here, and each subsequent year (archive after 3 years).
- **Tab D** - *Competency Selection*: File **Completed Competency Selection Worksheet (Form B)** here and each subsequent year (archive after 3 years).
- **Tab E** - *Assessment Form*: Place a copy of the **Ongoing Competency Assessment Form (Form C)** for each employee here. When the form is completed, send to HR to be filed in the employee’s HR file.

### Competency Identification

Annually, each unit is to hold a session to **brainstorm and review data**. Multiple sources of data should be considered and may include: UPHS Blue Print for Quality and Patient Safety, HCAHPS, Performance Indicators, Formal/Informal Practice concerns, Joint Commission National Patient Safety Goals PSG, Press Ganey Results, Specialty and Regulatory Requirements. E.g. Joint Commission CVA certification. Other important documents include organization mission statement, scope of practice and any other organizational/departmental vision statements.

The department identifies competencies through a **collaborative effort** between leadership and employees. Include at least 2-3 employees and the Manager/Director (or designee) in your session. Consider inviting other stakeholders to the session that can provide additional input about the data and the competency needs of employees in your department (Finance, Educator, Human Resources, Quality Improvement, etc.)

During this session all ideas and considerations should be listed on the **Ongoing Competency Identification Worksheet (Form A)**. What are the staff’s competency needs in the categories of new, changes, high risk and problematic aspects of the job as identified through your review of the data? Determine what outcome may be impacted by your identified competencies. Competencies are identified through a collaborative effort between directors/managers (or a designee) and employees. At times Health System leadership and /or Competency Steering committee may make recommendations for an ongoing competency. Those recommendations will be populated onto your Identification Worksheet and the unit determines if they meet the expected threshold.
Competency Selection

Prioritize all the competencies identified on your Ongoing Competency Identification Worksheet. File this form in your Unit Competency Binder.

Use the priority rating scale of High, Medium and Low. High Risk does not always indicate High Priority. If need is also Time Sensitive it would carry a higher priority. (See Prioritization Guidelines – Toolkit)

Select your competencies to focus on for this cycle as determined by your identification worksheet, priority rating and associated outcomes.

Limit your selection to 1-3 competencies.

Verification Method Selection

Assign verification methods to each selected competency.
Select a variety of appropriate verification methods (See Verification Methods-Toolkit). It is recommended that you assign 2-3 different verification methods per competency. The verification process should be employee-centered. Therefore the employee chooses the method of verification for each competency.

Submit Competency Selection Worksheet (Form B) to your Manager/Director or Educator by the due date of each year and file a copy of the worksheet in your department’s Competency Binder.

Each Manager/Director and Educator reviews the Ongoing Competency Selection Worksheets. The department will collect the worksheets for their area/s of responsibility; assess similarities, trends and opportunities. Send copies of the forms to HROD, Operations Manager and file the form/s in the department competency binder.

Phase 2-Validation

Department leadership communicates the competency assessment plan and due dates to staff. Each employee’s competencies are documented on the Ongoing Competency Assessment Form (Form C). This form will stay in the Department Competency Binder until all competencies are validated.

Each employee is responsible to verify his or her competencies. Each Manager/Director is responsible for creating an environment that promotes competency assessment. Competency validation is to be completed within the established time period.

The Manager/Director (or designee) will review that the employee has successfully completed the competencies identified. The employee will be deemed competent with the completion of 100% of the indicated competencies. If successful completion is not achieved by the end of the cycle a plan will be initiated by the Manager/Director with the employee.
The Ongoing Competency Assessment Form for the cycle will be maintained in each clinical employee’s HR file after the Competency Assessment Form is complete.

**Phase 3-Evaluation**

The department reviews its completion rates. The department evaluates the various verification methods used. The Manager/Director (or designee) follows up on gaps in completion. The department assesses competency effectiveness based on selected outcome measures selected for each competency.

**ONGOING COMPETENCY ACCOUNTABILITIES**

The **Penn Medicine Competency Steering Committee** is responsible for:
- Developing a competency definition
- Developing a system for competency documentation
- Providing education and consultation on competency assessment
- Developing organizational competencies
- Developing guidelines and tools for competency assessment
- Developing mechanisms for communication to stakeholders
- Evaluating competency program

The **Manager/Director or designee** in each area is responsible for:
- Creating an environment that promotes timely competency assessment and ongoing growth and development
- Receiving and distributing information from the steering committee
- Establishing a mechanism to identify specific area competencies with staff involvement
- Communicating expectations and providing support to employees throughout the competency process
- Monitoring employee progress
- Verify validation of competencies
- Collaborate with Validators and/or Educator to ensure completion of competency validation.
- Evaluating the competency program.

The **Educator(s) (if appropriate)** is responsible for:
- Collaborating to evaluate assessment data and identify and develop competencies
- Providing expertise on matching the appropriate verification methods to the competencies identified by the groups indicated above
- Identify work groups that have similar competency needs
- Working with the manager/director to identify annual competency validators
- Validating the validators
- Providing support and education for remediation
- Providing expertise to support the steering committee, managers/directors, and employees in their areas of responsibility in the competency assessment process

The competency **validators** will:
- Be chosen by the Manager/Director and/or Educator
- Attends validator training if indicated
- Validate competencies according to the selected verification method(s)
- Communicate to the Manager/Director or Educator any need for remediation
- Complete the competency validation documentation and submit to the Manager/Director or Educator
- Participate in the evaluation of the competency program

The **employee** is responsible for:
- Participating in competency identification and development
- Completing competencies within the allotted time frame
- Evaluating the competency program

**DIAGRAM 2: ACCOUNTABILITY IN THE COMPETENCY ASSESSMENT PROCESS**

The manager/director (or designee) and select employees collaboratively determine appropriate competencies to assess for the identified job class each assessment period.

Each **employee** is accountable to verify completion of his or her identified competencies.

The **manager or designee** is accountable for creating an environment that supports competency achievement.
Section 3: Toolkit for Ongoing Competency Assessment

Supporting Documents

- Prioritization Guidelines
- Verification Methods

Forms

- Initial/New Employee Competency Assessment Form
- Form A: Ongoing Competency Identification Worksheet
- Form B: Competency Selection Worksheet
- Form C: Ongoing Competency Assessment Form
Prioritization Guidelines

To keep the competency program reasonable and achievable, assess 3 or fewer competencies each cycle.

Guideline #1:
Do any of the competencies you have listed on the worksheet appear in more than one box? (i.e., the competency is NEW and HIGH-RISK, or is both CHANGING and PROBLEMATIC.) These will have a higher priority. If it is both HIGH-RISK and PROBLEMATIC definitely make it a priority.

Guideline #2:
What are the outcomes (or results) of the competencies listed on the worksheet? If the competency has a large outcome for the patient, customer, or employee, make it a priority. If the outcome is low or small, do not select this item.

Examples:
- **Competency**: Use of a new printer (NEW)
  - **Patient Outcomes**: Low
  - **Employee Safety Outcome**: Low

- **Competency**: Hand Washing (PROBLEMATIC)
  - **Patient Outcomes**: High (inadequate hand washing can cause sometimes fatal nosocomial infections in patient)

Guideline #3
This guideline specifically assists in the prioritization of the high risk category of the worksheet. During the brainstorming sessions, 10, 20, 30, even 40 high risk items may be generated. Unfortunately, it is neither cost effective nor achievable to assess such a large list. Take one further step and sort the high risk category based on which ones are time sensitive. **High risk/time sensitive** refers to job aspects that need to be performed instantly upon identification. Response to a particular Emergency Code or internal alarm is a good example. Items that are high risk and low volume or high risk and not time sensitive might be better served as making them a standard policy/procedure with a double check. This will ensure a better outcome for the patient.
Verification Methods

Consider the best verification method for the competency you are validating.
Competency can be validated by 11 different methods as listed below:

- Test/Exams
- Return demonstrations
- Evidence of daily work
- Case Studies
- Exemplars
- Peer review
- Self-Assessment
- Discussion/Reflection Groups
- Presentations
- Mock events/Surveys
- Quality improvement monitors

1. Quiz/Test: works well to measure cognitive skills and knowledge only. They assess what information people have in their heads. They do a great job of measuring cognitive skills but do not reflect behavioral, performance or psychomotor skills of an individual. Examples include written tests, quizzes, oral exams, surveys, worksheets, calculation tests, crossword puzzles and some forms of word games can reflect the principles behind the test form of evaluation. Tests work best when the desired outcome is to measure cognitive knowledge and skill.

2. Return Demonstrations: works well for measuring technical skills. In essence the goal is to involve an individual in demonstrating a set of skills to a skilled observer. Can work in a simulation lab, classroom or in the real world setting. Return demonstration is usually a planned activity. Excellent for demonstrating psychomotor skills. Describing an action is one thing: doing is quite another.

3. Evidence of Daily Work: can be used to measure skills in the technical domain. Many of the skills needed to verify are demonstrated every day in the work setting. Assessing these actions which we perform on a daily basis is a valid form of competency assessment. This can be a highly cost effective method because it does not require special time outside of the workday. Sometimes this method is so obvious that we forget to use it as a verification method. The observer can be a supervisor, manager/director, educator, or peer who is a validator.

4. Case Studies: great for measuring critical thinking skills. Case studies generally provide individuals with a situation and ask them to explain their responses or choices in that given situation. Case studies can be prepared in many different ways:

   - Create a story of a patient, customer or work situation. Then ask questions that reflect that situation and capture the nature of the competency you are measuring
   - Identify questions that capture the nature of the competency you are trying to measure, and have the employees use their real life situations as the story. Then they can use the list of general questions identified to demonstrate their critical thinking skills in a real life situation.
The second approach is much better at revealing application to real world situation. Case studies can be used alone or shared in discussion/reflection groups for further team building and group problem solving.

5. **Paragraph/Exemplar**: can be used to measure both critical thinking skills and interpersonal skills. An exemplar is a story the employee tells or writes themselves. It describes a situation that has been experienced or may experience. It can describe a particular rationale, judgement and choices made in the situation. Exemplars can assess critical thinking and interpersonal skills that are difficult, or even impossible to observe. Exemplars can be used with a back story such as examples of customer service, team work between co-workers and multi-disciplinary dynamics, dealing with leadership paradox or learning new skills and becoming a champion for change. Exemplars are one of the few verification methods that can also assess actions that are not taken- especially when “not taking action” is the competency choice in a given situation.

6. **Peer Review**: can be used to measure interpersonal skills, as well as critical thinking skills. Peer review is a very powerful tool to help reinforce the preferred behaviors in our own teams. Peer review can be a positive, motivating experience or it can be a devastatingly negative experience. It all depends upon how it is approached and carried out.

7. **Self-Assessment**: can measure some critical thinking skills, especially those associated with values or beliefs. Self-Assessment is a verification method that is sometimes avoided. Sometimes people feel it is not a valid form of verification, so they do not use it at all. Some organizations use it to measure everything.

Self-Assessment must be applied to the appropriate competencies. It is best used to assess aspects of the affective domain of learning. This includes values, beliefs, opinions and attitude. It allows individuals to explore their thoughts and how they influence their day to day judgments. Self-assessment is a form of reflection. You can use a tool that helps the individual explain or articulate how they:

- Manage change via a tool or worksheet with examples of change and then ask the person to describe and reflect their attitudes and beliefs.
- This is also a good method to eliminate myths, or underlying misconceptions about stereo-types or internal bias’. An example is diversity in the workplace. The self-assessment can include questions about: how the employee perceives personal characteristics relating to age, national origin, religion or culture (or other), did they respond appropriately to promote a workplace that respects cultural diversity in the workplace.
8. **Discussion/Reflection Groups**: can be used to measure critical thinking skills (and when linked with mock events, may also be able to measure technical and interpersonal skills. Discussion groups are a valid way to look at critical thinking skills, as well as to promote group cohesiveness and mutual support. The purpose of a discussion group is to allow a group of individuals to share their thoughts and strategies on an issue, and discuss the merits and consequences of each aspect.

Some examples of discussion/reflection groups are:
- Debriefing session after a mock event/code/disaster
- Discussion group using an actual or hypothetical situation
- Discussion group to analyze a sentinel event

9. **Presentation**: can be used to assess competencies that deal with knowledge and understanding. Using a presentation is a valid way to measure competency of a presenter’s knowledge and understanding of a subject.

Presentations promote individual mastery of information while introducing the information to other individuals. This creates an environment in which the sharing of information is valued and rewarded.

Asking the intended audience to evaluate the presentation or provide a comment card, quick quiz, or post presentation Q & A. This measures understanding of the concept. Providers have used this form of competency verification for years (case presentations or grand rounds are the forums).

10. **Mock Events/Surveys**: can be used to assess responses to daily work or practice. Mock events are simulation of real-world situations. They can be carried out either in the work setting or in artificial laboratory (such as skills lab). Mock events are educational and assessment activities that can measure the ability of an individual or team to carry out a job function under the time, stress and reality of a potential work-related situation. Examples of mock events can include:
- Mock codes
- Disaster drills or emergency situations
- Mock surveys for accreditation or inspection agencies
- Mock drills (fire, access, internal emergency)
- Hazardous material spill clean-ups
- Mock surveys of equipment use maintenance
- Mock financial audits

Debriefing sessions following a mock event are an essential element. You will get more out of a mock event by reflecting on the actions that were taken during the event.
11. **Quality Improvement Monitors**: can be used to measure any of the three skill domains. Any time a QI monitor reflects individual performance, it’s automatically a verification of competency as well. QI monitors are often used to check compliance with policies and protocols as well as to benchmark desired outcomes and successful achievement of the outcome.

Examples of QI monitors are:
- Chart/documentation audits
- Compliance with sanitation or infection control policies
- Appropriate equipment set-up/teardown/clean up
INITIAL/NEW EMPLOYEE COMPETENCY ASSESSMENT FORM

Department ___________________ Specialty Area: ___________________ Position: ___________________

Orienteer's Name: ___________________ Employee #: ___________ Date of Hire: ___________

COMPLETE THE INITIAL COMPETENCY ASSESSMENT WITHIN 30 DAYS OF HIRE. RETURN THIS COMPLETED FORM TO (Manager/Director/Educator). THIS DOCUMENT IS FILED IN THE EMPLOYEE FILE WITHIN HR/OD.

DIRECTIONS:
Completion of the Initial Competency Assessment is a joint responsibility of the orientee, preceptor and manager. Completion of this form is a job requirement. The Director, Manager and/or Educator may include additional information, as appropriate.

The validation process verifies and documents competence according to selected methods such as:

Method of Validation - Utilize codes as follows:
- Return demonstration (Demo)
- Test/exams (Test)
- Evidence of daily work (Evidence)
- Case studies (Case)
- Exemplars/Paragraph (Exemplar)
- Peer review (Peer)
- Discussion/reflection groups (Discuss)
- Presentations (Present)
- Mock events/mock surveys (Mock)
- Quality and performance improvement (PI)

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<tr>
<th>Skill/Objective</th>
<th>Method of Validation (Codes Above)</th>
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<th>Orienteer Initials Performed/Reviewed</th>
<th>Preceptor Initials Performed/Reviewed</th>
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<td>1. CORE JOB FUNCTIONS – SKILLS AND KNOWLEDGE</td>
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<td>Locates emergency equipment ( , etc.)</td>
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<td>Lists at least 1 current process improvement project that is now in progress in the department.</td>
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### 2. COMMUNICATION & BEHAVIOR

Able integrate iCare and BluePrint for Quality values, standards and goals into daily work.

Communicates pertinent information effectively to ancillary staff, co-workers and inter-related departments.

### 3. ATTITUDE & JUDGEMENT

Responds and adapts to a changing work environment with openness and positive attitude.

Accepts accountability for actions.

### 4. SAFETY & QUALITY

Uses equipment or techniques to prevent employee related injuries

Appropriately handles sensitive information and uses information systems to protect patient and institutional infrastructure.

Seeks answers to questions using appropriate resources, policy & procedure manual, including supervisor.

Practices hand hygiene and Standard Precautions

**Orienteer (signature):** ___________________________ **Date:** ____________

**SIGNATURES: Preceptor(s), Manager/Director and/or Department Educator**

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<td>Preceptor/Educator:</td>
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<td>Manager/Director:</td>
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Note: Manager Forward completed Competency Assessment to HROD

Rev. 1/2015
# Ongoing Competency Identification Worksheet

Complete and return to your Manager/Director/Educator and file in the Department Competency book.

**Step 1:** Brainstorm needs on your staff and department in each of the categories listed below.

**Step 2:** Prioritize the needs and select the needs for which the department will focus.

**Step 3:** Determine what outcomes may be impacted by the competency selections.

**What are the NEW procedures, policies, equipment, technology, initiatives, etc. that affects this job class?**

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**Outcome:**

|       | High Medium Low |

**What are the CHANGES in procedures, policies, equipment, technology, initiatives, etc. that affects this job class?**

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**Outcome:**

|       | High Medium Low |

**What are the HIGH RISK aspects of this job? (High risk is anything that would cause harm, death, or legal action to an individual or the organization)**

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**Outcome:**

|       | High Medium Low |

**What are the PROBLEMATIC aspects of this job? (These can be identified through quality improvement data, Datamart reports, patient surveys, staff surveys, and any other form of formal or informal evaluation)**

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<td>High Medium Low</td>
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**Outcome:**

|       | High Medium Low |
# Ongoing Competency Selection Worksheet

Department_________________________ DATE________________

1. Return this completed form to your DEPARTMENT MANAGER/DIRECTOR BY _____________.
2. File in your Department Competency Binder.
3. Send a copy to HROD – Operations Manager.

<table>
<thead>
<tr>
<th>Competency Statements and rationale (risk assessment)</th>
<th>Verification Methods (complete one for each competency)</th>
<th>Verification Documents</th>
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</thead>
<tbody>
<tr>
<td>1)</td>
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<td>□ New procedure □ High risk</td>
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MO= Measurable Outcome Expected
Ongoing Competency Assessment Form

When completed, return this form to your Manager/Director. After all employees within the department have completed the Competency Assessment and it is satisfactorily reviewed by the Manager/Director, then the departments’ forms are forwarded to HROD with any verification documents.

Employee Name ___________________________ Dept. __________________

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Method of Verification (complete one for each competency)</th>
<th>Verification Documents</th>
<th>Date Complete</th>
<th>Initials of Validator if applicable</th>
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Employee Signature ___________________________ Date __________

Validator Signature ___________________________ Date __________

Validator Signature ___________________________ Date __________

Confirmation of Competency Completion
Manager/Director
Signature ___________________________ Date __________