# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Hire \_\_\_\_\_\_\_\_\_\_\_

**Assessment of competency for the following policy and procedure:**

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| **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. | | |
| **Assessment Key:**  1- Needs skills Improvement  2- Needs increased knowledge  3 - Can perform competently  3 - Can perform independently and evaluate others | **Method of Evaluation:**  SA – Self assessment  S- Simulation  DO- Direct Observation  RD- Return demonstration  KT– Knowledge Test | **Learning Resources**  □ Observed peer mentor  □ Computer-based learning and test  □ Formal class  □ Other: |

| **Performance Criteria**  *Document the steps of the facility procedure here* | **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* |
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**Employee signature date Evaluator signature date**

***Both sign here when employee meets competency***

**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)***

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| **Knowledge or Improvement Plan Steps Initiated on *(date)*** | **Resources** | **Target date for completion** |
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