Nurse Aide

Clinical Skill Competency

**Nurse Aide Clinical Skill Competency**

*State logo added here. If not, delete text box*

**Employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Observation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐ New Employee Evaluation ☐ Completed prior to Annual Performance Review**

**Definitions**

|  |  |
| --- | --- |
| **Exceeds Job Requirements** | Performs consistently above average. |
| **Meets Job Requirements** | Performs at acceptable standard of practice meeting the expectations of the job. |
| **Needs Improvement** | Job performance is not meeting the current standards of practice and/or expectations. An educational plan including goals, objectives, and time frames must be established. |

| **Technique and/or Task** | **Exceeds Job**  **Requirements** | **Meets Job Requirements** | | | **Needs Improvement** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| * Can verbalize resident assignment and demonstrate where to obtain current information on care delivery tasks * Reports to the nurse immediately if assignment sheet is not current or correct |  |  | | |  | | |
| **Comment:** | | | | | | |
| * Demonstrates timeliness in the repositioning of residents every two hours or as care planned * Offers fluids to dependent residents at least every two hours or as care planned |  | | |  | |  | |
| **Comment:** | | | | | | |
| * Follows care planned toileting schedule and/or house routines * Demonstrates proper application of protective undergarments and incontinent pads * Demonstrate proper perineal care * Demonstrates proper catheter care |  | |  | | | |  |
| **Comment:** | | | | | | |
| * Demonstrate respecting resident privacy and dignity by knocking on doors before entering resident rooms and bathrooms * Consistently introduces self and explains tasks to residents within the resident’s frame of reference * Provides privacy during cares by closing doors / curtains and window coverings |  |  | | |  | | |
| **Comment:** | | | | | | |
| * Consistently answers call lights and alarms promptly (alarms immediately, call lights within 5 minutes) |  | |  | |  | | |
| **Comment:** | | | | | | |
| * Demonstrates accurate documentation: * Weights / re-weights * Vital Signs * ADL / Care Data |  | |  | |  | | |
| **Comment:** | | | | | | |
| * Consistently demonstrates proper infection control standards: * Hand Hygiene * Glove Usage * Personal Protective Equipment * Proper Disinfection of Equipment / Utensils |  | |  | |  | | |
| **Comment:** | | | | | | |
| * Consistently maintains a clean environment: * Resident rooms & common areas are kept clean and orderly * Personal supplies are kept clean, labeled & stored in designated location * Soiled linens are removed & placed in appropriate containers * Soiled incontinent products are immediately contained & disposed of per universal standards |  | |  | |  | | |
| **Comment:** | | | | | | |
| * Balances providing assistance and encouraging resident self-performance / self-determination: * Verbalizes the value of resident’s attaining and maintaining their highest level of function * Assists, sets-up or encourages resident per care plan with dressing, grooming, and bathing |  | |  | |  | | |
| **Comment:** | | | | | | |
| * Provides care planned assistance at mealtime * Verbalizes seating assignments * Demonstrates skills of giving cues, partial feeding and total feeding assistance * Verbalizes how to follow individualized aspiration precautions and choking precautions and when to notify the nurse * Demonstrates accurate recording of intake * Demonstrates therapeutic communication with residents |  | |  | |  | | |
| **Comment:** | | | | | | |
| * Demonstrates proper technique for: * Gait belt use * Pivot transfer using gait belt * Two person transfers * Mechanical Lifts |  | |  | |  | | |
| **Comment:** | | | | | | |
| * Demonstrates proper technique for: * Proper body mechanics * Restorative ambulation * Restorative bed mobility * Restorative feeding assistance * Restorative incontinence care * Restorative contracture prevention, upper and lower extremity range of motion * Splint, brace application * Anti-embolism stocking application * Documentation of restorative minutes for data collection |  | |  | |  | | |
| **Comment:** | | | | | | |

**Signature of Nurse Aide:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature /Title of Evaluator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Opportunities identified for employee remedial education:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_