

Facility: _____

COMPETENCE ASSESSMENT

[date]

Name: _____

Position/Grade: _____

HIGH PERFORMANCE DEVELOPMENT MODEL - CORE COMPETENCIES
Position-Specific Competencies including TECHNICAL SKILLS
Initial Assessment ___ Ongoing Assessment _____ (Check One)

VALIDATION: MR-Medical Record; DO- Direct Observation; T- Test; SCL-Skills Check List; S- Simulation; PS- Patient Survey; R Rounds
EF- Employee Feedback; V- Verbalize; D-Demonstration; PR-Peer Review; RD- Return Demonstration
NOTE: Include equipment competencies (if applicable), safety, infection control, etc. Use competencies which are high risk, problem prone, and/or low volume.

COMPETENCY LEVEL: E=Education/Training Required; S=Competent - Self-Directed Education/Training may be desired; C= Competent Through Education/Training/Exp

COMPETENCY	BEHAVIORS	SELF ASSESSMENT		COMP LEVEL			Validation Methods/Comments/ Supervisor's Initials & Date
		I feel I have the knowledge and ability to perform these functions	I request additional education and/or experience	E	S	C	
Infection Control	<i>Understands/applies proper standard precautions</i>						
Environment of Care	<i>1. Understands/applies proper Safety Management</i>						
	<i>2. Understands/applies Life Safety management/fire protection procedures</i>						
	<i>3. Understands/applies Hazardous material/MSDS/Waste management</i>						
	<i>4. Understands/applies Emergency preparedness</i>						
	<i>5. Understands/applies Security management</i>						
	<i>6. Understands/applies Utility systems failure response</i>						
Emergency Response	<i>Understands/applies Emergency Codes</i>						
Information Management	<i>1. Understands/applies proper Use of VISTA and/or PC software</i>						
	<i>2. Understands/applies proper ADP Security</i>						
	<i>3. Understands/applies Confidentiality of patient & employee information</i>						

NAME: _____

COMPETENCE ASSESSMENT

Facility: _____

October 1, 2001 – September 30, 2002

HIGH PERFORMANCE DEVELOPMENT MODEL - CORE COMPETENCIES
Position-Specific Competencies including TECHNICAL SKILLS
(Continued)

COMPETENCY	BEHAVIORS	SELF ASSESSMENT		COMP LEVEL			Validation Methods/Comments Supervisors initials & Date
		I feel I have the knowledge and ability to perform these functions	I request additional education and/or experience	E	S	C	
ADMINISTRATIVE SUPPORT: Provides clerical Administrative Support to the Care Coordination Program Team	Accurately collects, enters and manages data- including both patient data and program data.						
	Manages travel for Care Coordination Program Director.						
	Handles all incoming mail and correspondence including being e-mail surrogate for the Care Coordination Program Director.						

COMPETENCY	BEHAVIORS	SELF ASSESSMENT		COMP LEVEL			Validation Methods/Comments Supervisors initials & Date
		I feel I have the knowledge and ability to perform these functions	I request additional education ¹¹ and/or experience	E	S	C	
QUALITY AND CUSTOMER SERVICE: Provides input toward improving the quality and effectiveness of patient care.	Takes initiative to seek and suggest improvements as related to the workflow in the program or collaborative relationships within the facility.						
	Is often the first phone contact for Care Coordination Program Director and maintains good phone skills with internal and external customers.						
	Recognizes own role in achieving JCAHO Standards in daily practice.						
TECHNICAL SKILLS AND RESOURCE MANAGEMENT Implements standards and procedures to meet SOPs, regulations and standards of accrediting bodies.	Attains and maintains computer skills (e.g. word processing, file management, VISTA programs, EXCEL spreadsheets) and communication tools such as MS Outlook (e-mail).						
	Understands web-based software and other technologies used by Care Coordination Program.						

COMPETENCY	BEHAVIORS	SELF ASSESSMENT		COMP LEVEL			Validation Methods/Comments Supervisors initials & Date
		I feel I have the knowledge and ability to perform these functions	I request additional education and/or experience	E	S	C	
PERSONAL MASTERY EDUCATION Implements an educational plan to meet changing program needs; maintains current knowledge	Identifies personal learning needs and assumes responsibility for own professional growth.						
	Seeks out needed information from resource staff within the facility and /or parent facility or VISN office staff.						
	Provides information and materials as directed or requested about the Care Coordination Program.						
COLLEGIALITY/ INTERPERSONAL EFFECTIVENESS Works collaboratively with interdisciplinary groups	Facilitates open dialogue among peers, supervisors and staff.						
	Communicates effectively with patients, families/significant others and the business office members.						
	Demonstrates flexibility in responding to unexpected changes in work volume or complexity.						
ETHICS Assists in handling of ethical matters	Conducts self in a professional manner in many clinical and administrative settings.						
	Maintains the privacy, confidentiality and security of the patients' medical records and employee data.						

COMPETENCY	BEHAVIORS	SELF ASSESSMENT		COMP LEVEL			Validation Methods/Comments Supervisors initials & Date
		I feel I have the knowledge and ability to perform these functions	I request additional education ¹¹ and/or experience	E	S	C	
COLLABORATION/ TEAMWORK Builds positive relationships with team members	Participates in interdisciplinary groups as appropriate to achieving goals.						
	Establishes ongoing relationships with professional/health related groups within the facility and community.						
	Fosters good public relations when interpreting philosophy, policies/procedures, goals and objectives to staff, patients, and the public.						

COMPETENCE ASSESSMENT

[date]

HIGH PERFORMANCE DEVELOPMENT MODEL - CORE COMPETENCIES

Position-Specific Competencies including TECHNICAL SKILLS

AGE SPECIFIC COMPETENCIES

Initial Assessment _____

Ongoing Assessment _____ (Check One)

NAME: _____

Facility: _____

Position/Grade: _____

The following VALIDATION method codes may be used: T-Training Session; A-Article Reviewed; H-Handout Read; MR-Mandatory Review;
 P-Policy Review; D-Demonstration; RD Return Demonstration; I-Inservice; F-Feedback;
 OR-Orientation; PR-Peer Review; OB Observation; O-Other (specify)

COMPETENCY LEVEL: E= Education/Training Required; S=Competent – Self-Directed Education/Training may be desired; C= Competent Through Education/Training/Experience

COMPETENCY/ OUTCOME (Age Specific Considerations)	BEHAVIORS *If not applicable note "N/A" in Comments Section	SELF ASSESSMENT		COMP LEVEL			Comments & Supervisor's Initials
		I feel I have the knowledge and ability to perform these functions	I request additional education and/or experience	E	S	C	
1. Communication 2. Diagnostic 3. Equipment 4. Psycho-social 5. Growth & Devel. 6. Food/nutrition 7. Assessment	a. Interacts in a respectful manner, considerate of age and physical abilities (i.e., sight and hearing needs). b. Provides assistance to individuals in a manner that takes into account their special needs or age related needs.						
Position Specific: Note: Age ranges covered include early adulthood (18-44), through middle adulthood (45-59) and late adulthood(60+).	Is sensitive to and utilizes knowledge of age-related needs of patients and staff in accomplishing telehealth program goals.						