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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| image001 | | | | | | | **New Employee Competency Validation Worksheet** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Employee Name:** | |  | | | | | | | | | **Unit/Department:** | | | | | Infusion Center | | | | | | |
| **Job Title:** | Registered Nurse | | | | | | | | | | **\*Evaluation Period:** | | | | |  | | | | | | |
|  | | | | | | | |  |  | | | | |  |  | | | | | |  |  |
|  | | | |  | | | |  | | | | | |  | | | | | | |  | |
| **Competency** | | | **\*\* Rationale for Competency**  (High Volume, Low Volume, High Risk, Problem Prone, etc) | | | **\*\* Criteria/ Reference:** (Policy, Procedure or Standard used to validate) | | | | **Age Category**(Pt Age, Gender) | | **\*\* Validation Criteria** | **\*\* Validation Method** | | | | **\*\***  **Frequency** | |  | **Validator:**  **Initial and Date:**(must Initial **each** competency) | | |
| \*\*\* Emergency preparedness | | | High risk, low volume. | | | Regulations, policies and procedures. Facility emergency plan. | | | | All | | Understands job responsibilities in preparation and responding to a disaster. | Drills, direct observation, in-service sheets, documentation, participation in community event. Reading after-action plan for facility. | | | | Once per year. | |  |  | | |
| \*\*\* Infection prevention | | | High risk, problem prone. | | | Policy, DNV and CMS standards. CBLs. | | | | All | | Environment of care, work areas are disinfected, cleanliness, hand washing. | Direct observations, record review. | | | | Once per year. | |  |  | | |
| Interpreter services | | | LV, Quality | | | Policy Interpreter services and Bilingual staff policy | | | | All | | Communication | Direct observation, able to verbalize process | | | | Once per year. | |  |  | | |
| Complete Chemotherapy Clinical Practicum Evaluation | | | HR, HV | | | ONS Policy and Procedure  Cytotoxic therapy Administration Policy | | | | All | | Adhere to safe administration of Chemotherapy | DO  Understand policy and procedure | | | | Three times | |  | 1-  2-  3- | | |
| Implanted port access and de-access | | | HV, HR | | | ONS, INS CLABSI team | | | | All | | Able to demonstrate | DO | | | | Three times | |  | 1-  2-  3- | | |
| Extravasation | | | HR, LV | | | Policy and procedure  Extravasation of Intravenous Medication policy | | | | All | | Able to verbalize steps to take in the event of an extravasation. Able to locate extravasation kit and policy. | Direct observation, Chart Audit, and demonstration. Able to verbalize process.  Understands policy/procedure | | | | Once a year. | |  |  | | |
| Chemotherapy spill | | | HR, LV | | | ONS | | | | All | | Able to verbalize steps to clean a chemotherapy spill. | DO and demonstration. Able to verbalize process.  Understands policy/procedure | | | | Once a year | |  |  | | |
| Complete Skills Fair Competencies | | | HR, Quality | | | DNV Accreditation | | | | All | | Technical skills: Competent at use of equipment for care of oncology patient. | Completed check-off list | | | | Once | |  |  | | |
| CBL’s complete | | | HR, LV | | | Policy and procedure | | | | All | |  | Netlearning | | | | Once per year | |  |  | | |
|  | | |  | | |  | | | |  | |  |  | | | |  | |  |  | | |
| Validator's Initials, Printed Name, Title and signature: | | | | |  | | | | | | | | | | | | |
| Validator's Initials, Printed Name, Title, and signature: | | | | |  | | | | | | | | | | | | |
| Employee’s Printed Name, Title, and signature: | | | | |  | | | | | | | | | | | | |
| Manager’s Printed Name, Title, and signature: | | | | |  | | | | | | | | | | | | |

**\* Evaluation Period is January - December each year**

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| **\*\* Refer to Guidelines for Competency Selection and Validation for examples and guidance in completing this form** |
| **\*\*\* Universal Competency - do not remove - may be altered Validation Criteria and/or Validation Method to better define for position** |

**\*\*\*\*There are separate Carve Outs for Medical Oncology, Radiation Oncology and Inpatient Oncology.**

**\*\*Revised 8/10/2022 PD**