

Nursing Orientation

Competency Assessment

Medical-Surgical & Pediatric Department



Welcome to North Valley Hospital Medical Surgical & Pediatric Department. We are delighted to have you as part of our Team.

Over the next several weeks you will participate in a competency base orientation and training program designed specifically for you. This process will ensure you are a successful member of our Team. Welcome Aboard!

Directions:

1. Complete Day 1 in Human Resources and start your HealthStream Online Orientation. During this time you can also begin your Competency Based Self-Assessment as described below.

2. Self-Assessment: the following pages include your competency assessment and orientation packet which will stay with you throughout your orientation. Each employee has a variety of skills and work experiences that we want to know about. Read the Required Skill and Competencies in the left-hand column and rate your experience in the column next to it. Rate your experience on a scale of 0-2 (0- no experienced, 1-needs review & supervision, 2- perform independently) then initial and date. It’s ok to have 0s and 1s. Areas marked as 0s and 1s will be the focus of your orientation.

Clinical Skills Reference:

Lippincott’s Nursing Procedures and Skills

<http://procedures.lww.com/lnp/procedureSelect.do#/all>

3. Following the self-assessment your preceptor and supervisor will develop a plan to ensure you have a successful orientation.

4. Your supervisor will schedule Day 2 (date/time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) which will actually be your first day at work. Good luck and Welcome!

Nursing Orientation

Competency Assessment

Med-Surg Unit

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HR Preceptor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessment Start Date:\_\_\_\_\_\_\_\_\_\_ Completion Date:\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Required Skill or Competency** | **Employee Self- Evaluation Code** | **Employee Initial & Date** | **Preceptor Evaluation Code** | **Preceptor Initial & Date** | **Preceptor Re- Evaluation Code & Date *(required if initial evaluation code less than 2)*** | **Comments/Additional Resources** |
| **Day 1** |  |  |  |  |  |  |
| Human Resources |  |  |  |  |  |  |
| * Benefits Overview |  |  |  |  |  |  |
| * Purpose Statement |  |  |  |  |  |  |
| * Computer Access |  |  |  |  |  |  |
| * Badge |  |  |  |  |  |  |
| * Facility Tour |  |  |  |  |  |  |
| * Employee Health (Terri Dunn) |  |  |  |  |  |  |
| General Orientation Date/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | Assigned in HR |
| Planetree Retreat Date/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | Assigned in HR |
| Clinical Orientation Date/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | Assigned in HR |
| HealthStream Access/Orientation |  |  |  |  |  | Assigned by Edu. With email instructions |
| * Begin New Employee HealthStream Online Orientation |  |  |  |  |  |  |

***HR Preceptor Notes:*** Ensure employee gains access to NVH Outlook and is able to log on to HealthStream. Instruct employee to complete HealthStream online general orientation.

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Self-Evaluation Code

0 – No experience

1 – Minimal experience, need review & supervision

2 – Perform independently

NA - Not Applicable

Preceptor Evaluation/Validation Code

0 – No opportunity to perform, exposed to experience or information

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NA– Not applicable

Competency Based Orientation

Preceptor Signature Sheet

All preceptors performing competency assessments are to initial & date each competency as completed and a one-time entry of initials, title & department on the Preceptor Signature Sheet. This allows proper documentation & tracking for further reference.

|  |  |  |
| --- | --- | --- |
| Preceptors Department | Preceptors Printed Name & Title | Preceptors Initials |
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Nursing Orientation

Competency Assessment

Med-Surg Unit

Population Served: Infants Toddlers Preschool School Age Adolescents Adults Older Adults

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessment Start Date:\_\_\_\_\_\_\_\_\_\_ Completion Date:\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
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| **Day 2** |  |  |  |  |  |  |
| Meet and Greet (Preceptor & Staff) |  |  |  |  |  |  |
| Confirm General Orientation, Planetree Retreat, & clinical orientation day |  |  |  |  |  |  |
| Assess Progress of HealthStream Online General Nursing Orientation |  |  |  |  |  |  |
| Hospital and Unit Tour |  |  |  |  |  |  |
| Receives Med-Surg Orientation Packet |  |  |  |  |  |  |
| Review NVH Mission and Vision |  |  |  |  |  |  |
| Planetree Care Model /Patient Centered Caring (review planetree section on intranet) |  |  |  |  |  |  |
| Hospital Consumer Assessment (HCAHPS) see handout |  |  |  |  |  |  |
| Core Measures (SCIP, CHF) |  |  |  |  |  |  |
| Hospital/Department Policies Location and Review |  |  |  |  |  |  |
| Hospital Codes Review (see back of code badge) |  |  |  |  |  |  |
| Demonstrates An Understanding of Roles and Responsibilities of (Nursing Supervisor, House Coordinator, Care Manager, Ortho Coordinator, PCC) |  |  |  |  |  |  |
| Meet with Education Coordinator if needed. |  |  |  |  |  |  |

***Preceptor Notes:******No patients this day.*** *Focus on completion of new employee self-assessment and unit introduction.*

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Nursing Orientation

Competency Assessment

**Med-Surg Unit**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Physical Layout** |  |  |  |  |  |  |
| Fire Extinguishers/Pull stations/ Exits |  |  |  |  |  |  |
| Unit Main Station / Doctor Dictation/ Case Manage |  |  |  |  |  |  |
| Nurse Station/ Medication Station |  |  |  |  |  |  |
| Staff Lounge |  |  |  |  |  |  |
| Equipment storage/ PT room/ PT storage |  |  |  |  |  |  |
| Bathrooms |  |  |  |  |  |  |
| Patient Rooms, set up, supplies |  |  |  |  |  |  |
| Supply Room |  |  |  |  |  |  |
| Clean/ Dirty Utility rooms |  |  |  |  |  |  |
| Oxygen tanks & regulators |  |  |  |  |  |  |
| Isolation Room & Equipment |  |  |  |  |  |  |
| Isolation Carts, PPE |  |  |  |  |  |  |
| Intranet review (P&P, MDS sheets, Incident reports) |  |  |  |  |  |  |
| **Team Nursing Routines** |  |  |  |  |  |  |
| Time Sheets / Schedule Requests/ API |  |  |  |  |  |  |
| Call Time / Guarantee Time Policy |  |  |  |  |  |  |
| Dress Code |  |  |  |  |  |  |

*Preceptor Notes: Notes and extra documentation page.*

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**Med-Surg Unit**

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| **Nursing Process** |  |  |  |  |  |  |
| Preceptor Review Day 2 and Plan Orientation Process |  |  |  |  |  |  |
| Nursing Care Plans |  |  |  |  |  |  |
| Computer Clinical Documentation |  |  |  |  |  |  |
| CPOE Order Entry |  |  |  |  |  |  |
| Order Management |  |  |  |  |  |  |
| Allergy banding |  |  |  |  |  |  |
| Admission Hx/Interview/Assessment |  |  |  |  |  |  |
| Order Acknowledgement |  |  |  |  |  |  |
| Order Processing |  |  |  |  |  |  |
| Problem Oriented Charting |  |  |  |  |  |  |
| Standing Orders |  |  |  |  |  |  |
| Taking Verbal/Telephone Orders |  |  |  |  |  |  |
| 12 Hour Chart Checks |  |  |  |  |  |  |
| **Communication** |  |  |  |  |  |  |
| Assigned Phones |  |  |  |  |  |  |
| Paging |  |  |  |  |  |  |
| Hospitalist |  |  |  |  |  |  |
| **Meet with Supervisor to document progress and develop plan for orientation** |  |  |  |  |  | **Date/Time:** |

***Preceptor Notes:******Minimal to no patients this day.*** *Focus on developing training plan based on new employee self-assessment.*

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**Med-Surg Unit**

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| **Charges** |  |  |  |  |  |  |
| Patient Supply Charges |  |  |  |  |  |  |
| Charge Sticker System |  |  |  |  |  |  |
| Location of Supplies |  |  |  |  |  |  |
| **Admisisions/Admission Process** |  |  |  |  |  |  |
| Adult admission policy & procedure |  |  |  |  |  |  |
| Pediatric admission policy & procedure |  |  |  |  |  |  |
| Pediatric prescreen development policy & tool |  |  |  |  |  |  |
| Pediatric security policy & contract |  |  |  |  |  |  |
| Pediatric Emergency Medication guide |  |  |  |  |  |  |
| **Discharges / Discharge Process** |  |  |  |  |  |  |
| Standing Discharge Instructions |  |  |  |  |  |  |
| AMAs |  |  |  |  |  |  |
| Transfers to Swing Beds |  |  |  |  |  |  |
| Transfers to Other Facilities |  |  |  |  |  |  |
| COBRA |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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Nursing Orientation

Competency Assessment

**Med-Surg Unit**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Equipment** |  |  |  |  |  |  |
| Vital Sign Machines |  |  |  |  |  |  |
| Pulse Oximeter |  |  |  |  |  |  |
| PCA Pump (CADD) |  |  |  |  |  |  |
| Infusion Pump (Sigma) |  |  |  |  |  |  |
| Feeding Pump (Covidian) |  |  |  |  |  |  |
| Bladder Scanner |  |  |  |  |  |  |
| Doppler Ultra Sound |  |  |  |  |  |  |
| Suction |  |  |  |  |  |  |
| O2 Equipment (NC, Mask, Non-Rebreather |  |  |  |  |  |  |
| Bed Scales (Proper Procedure) |  |  |  |  |  |  |
| Feeding Pump / Tube Feeding |  |  |  |  |  |  |
| Blood Warmer |  |  |  |  |  |  |
| Air mattress overlays |  |  |  |  |  |  |
| Hypo/Hyperthermia Blankets |  |  |  |  |  |  |
| SCD’s |  |  |  |  |  |  |
| K-Pad |  |  |  |  |  |  |
| Thermometers |  |  |  |  |  |  |

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**Med-Surg Unit**

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| **Equipment cont.** |  |  |  |  |  |  |
| Maxi Lift |  |  |  |  |  |  |
| Sara lift 3000 |  |  |  |  |  |  |
| Sarah Steady |  |  |  |  |  |  |
| Maxi Slide Sheets |  |  |  |  |  |  |
| HoverMatt |  |  |  |  |  |  |
| CPM machine |  |  |  |  |  |  |
| **Pediatric Equipment:** |  |  |  |  |  |  |
| Pediatric crash cart |  |  |  |  |  |  |
| Weigh Scale |  |  |  |  |  |  |
| Diaper scale |  |  |  |  |  |  |
| Crib Preparation |  |  |  |  |  |  |
| Pediatric supply storage |  |  |  |  |  |  |
| **Code Blue** |  |  |  |  |  |  |
| Code Blue Policy |  |  |  |  |  |  |
| Code Blue Response |  |  |  |  |  |  |
| Crash Cart |  |  |  |  |  |  |
| Defibrillator/ AED |  |  |  |  |  |  |
| Location of Code Blue Buttons |  |  |  |  |  |  |

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Nursing Orientation

Competency Assessment

**Med-Surg Unit**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Required Skill or Competency** | **Employee Self-Evaluation Code** | **Employee Initial & Date** | **Preceptor Evaluation Code** | **Preceptor Initial & Date** | **Preceptor Re-Evaluation Code & Date *(required if initial evaluation code less than 2)*** | **Comments/Additional Resources** |
| **Pharmacy** |  |  |  |  |  |  |
| AcuDose |  |  |  |  |  |  |
| Access Protocol |  |  |  |  |  |  |
| Medication Errors / Reporting |  |  |  |  |  |  |
| Aminophylline gtt |  |  |  |  |  |  |
| Heparin gtt protocol |  |  |  |  |  |  |
| TPN Protocol |  |  |  |  |  |  |
| Procedure for Narcotic Sign-Out |  |  |  |  |  |  |
| Cart System (Unit Dose) |  |  |  |  |  |  |
| Transcription of Doctor’s Orders |  |  |  |  |  |  |
| Discharge Medications / Prescriptions |  |  |  |  |  |  |
| Skin Test (PPD etc.) |  |  |  |  |  |  |
| Eye and Ear Drops Administration |  |  |  |  |  |  |
| Correctly calculates medication dosages |  |  |  |  |  |  |
| Pediatric medication policy |  |  |  |  |  |  |
| **Surgery** |  |  |  |  |  |  |
| Preop Teaching |  |  |  |  |  |  |
| Consents |  |  |  |  |  |  |
| Preparing Patient For Surgery |  |  |  |  |  |  |
| Receiving Patient From Surgery |  |  |  |  |  |  |
| On-call Personnel |  |  |  |  |  |  |

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**Med-Surg Unit**

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| **Procedures** |  |  |  |  |  |
| IV Protocol / Charting Adult |  |  |  |  |  |
| IV Protocol / Charting Pediatrics |  |  |  |  |  |
| Peripheral IV start |  |  |  |  |  |
| Preparing and Mixing IV Medications |  |  |  |  |  |
| Regulating IV Fluid |  |  |  |  |  |
| Intermittent Injections Locks (Hep Lock) |  |  |  |  |  |
| Blood Transfusions |  |  |  |  |  |
| Blood Transfusion Reaction |  |  |  |  |  |
| Thoracentesis |  |  |  |  |  |
| Chest Tubes / Atrium Collection Chamber |  |  |  |  |  |
| Tele pak placement & monitor guideline |  |  |  |  |  |
| Glucose Testing |  |  |  |  |  |
| Pneumatic stockings |  |  |  |  |  |
| CPM placement |  |  |  |  |  |
| PCA Setup and Protocol |  |  |  |  |  |
| Epidural Setup and Protocol |  |  |  |  |  |
| Suicidal Ideation Protocol |  |  |  |  |  |
| Alcohol withdrawal Protocol |  |  |  |  |  |

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| Radiology Preps |  |  |  |  |  |  |
| Oxygen Therapy |  |  |  |  |  |  |
| End tidal CO2 monitoring |  |  |  |  |  |  |
| 12 Lead EKG |  |  |  |  |  |  |
| **Orthopedic Patient Care** |  |  |  |  |  |  |
| * Total Joint Replacement (equipment, orders, standard of care) |  |  |  |  |  |  |
| * Postoperative Care |  |  |  |  |  |  |
| * Joint Laparoscopy Care |  |  |  |  |  |  |
| * Pain Assessment/Control |  |  |  |  |  |  |
| * Setting up Traction |  |  |  |  |  |  |
| **Chemotherapy Patient Care** |  |  |  |  |  |  |
| * Isolation/Neutropenic Precautions |  |  |  |  |  |  |
| * Pain Control |  |  |  |  |  |  |
| * Control Of Nausea And Vomiting |  |  |  |  |  |  |
| **Lab** |  |  |  |  |  |  |
| Introduction to Lab and Personnel |  |  |  |  |  |  |
| Order Entry |  |  |  |  |  |  |

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**Med-Surg Unit**

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| **Lab cont.** |  |  |  |  |  |  |
| Lab 24-hour Coverage |  |  |  |  |  |  |
| Labeling Specimens /Order of Draw |  |  |  |  |  |  |
| Location Of Storage For Specimen In Lab |  |  |  |  |  |  |
| Returning Blood Bags |  |  |  |  |  |  |
| 24-hour Urine Collection |  |  |  |  |  |  |
| **Specimen collection** |  |  |  |  |  |  |
| blood |  |  |  |  |  |  |
| urine |  |  |  |  |  |  |
| Sputum / flu |  |  |  |  |  |  |
| Pediatric blood draw volumes see admission policy |  |  |  |  |  |  |
| Pediatric blood draw volumes documentation |  |  |  |  |  |  |
| Pedi Bags |  |  |  |  |  |  |
| **Ancillary Departments** |  |  |  |  |  |  |
| Discharge Planner Role |  |  |  |  |  |  |
| Health Information Management (accessing records) |  |  |  |  |  |  |
| Maintenance (equipment failure, contact) |  |  |  |  |  |  |
| Housekeeping (cleaning after hours) |  |  |  |  |  |  |

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Nursing Orientation

Competency Assessment

**Med-Surg Unit**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Required Skill or Competency** | **Employee Self-Evaluation Code** | **Employee Initial & Sign** | **Preceptor Evaluation Code** | **Preceptor Initials & Date** | **Preceptor Re-Evaluation Code & Date *(required if initial evaluation code less than 2)*** | **Comments/Additional Resources** |
| Respiratory Therapy Role & Responsibilities |  |  |  |  |  |  |
| Physical / Occupational/ Speech Therapy |  |  |  |  |  |  |
| Radiology orders |  |  |  |  |  |  |
| Purchasing (accessing department sign – out) |  |  |  |  |  |  |
| **Systems** |  |  |  |  |  |  |
| **Cardiovascular** |  |  |  |  |  |  |
| Pulse Checks (central and peripheral) |  |  |  |  |  |  |
| Doppler for peripheral pulses |  |  |  |  |  |  |
| **Orthopedics** |  |  |  |  |  |  |
| Cast Care |  |  |  |  |  |  |
| CMS Assessment |  |  |  |  |  |  |
| Compartment Syndrome |  |  |  |  |  |  |
| Skeletal Traction (Steinman Pin) |  |  |  |  |  |  |
| Skin Traction (Bucks) |  |  |  |  |  |  |
| Skin Traction (Pelvic) |  |  |  |  |  |  |
| Range of Motion Exercises |  |  |  |  |  |  |
| Post op Total Hip Replacement Care (Hip Precautions) |  |  |  |  |  |  |
| Post op Total Knee Replacement Care (CPM Protocol) |  |  |  |  |  |  |
| ACL Repair Postop Care |  |  |  |  |  |  |
| Hemavac |  |  |  |  |  |  |

***Preceptor Notes:***

Clinical Skills Reference:

Lippincott’s Nursing Procedures and Skills

<http://procedures.lww.com/lnp/procedureSelect.do#/all>

Self-Evaluation Code

0 – No experience

1 – Minimal experience, need review & supervision

2 – Perform independently

NA - Not Applicable

Preceptor Evaluation/Validation Code

0 – No opportunity to perform, exposed to experience or information

1 – Needs review & supervision

2 – Performs independently & safely or verbalizes/documents accurately

NA– Not applicable

Nursing Orientation

Competency Assessment

**Med-Surg Unit**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Required Skill or Competency** | **Employee Self-Evaluation Code** | **Employee Initial & Date** | **Preceptor Evaluation Code** | **Preceptor Initials & Date** | **Preceptor Re-Evaluation Code & Date *(required if initial evaluation code less than 2)*** | **Comments/Additional Resources** |
| **Orthopedics cont.** |  |  |  |  |  |  |
| Crutch Walking |  |  |  |  |  |  |
| Ice Packs / Frostbite education |  |  |  |  |  |  |
| Transfer bed to chair |  |  |  |  |  |  |
| **Urology** |  |  |  |  |  |  |
| Catheter Care |  |  |  |  |  |  |
| Patient Catheterization |  |  |  |  |  |  |
| Catheter Irrigations (intermittent & continuous) |  |  |  |  |  |  |
| Suprapubic Catheter Care |  |  |  |  |  |  |
| Self Cath Teaching |  |  |  |  |  |  |
| **Gyn** |  |  |  |  |  |  |
| Postoperative care |  |  |  |  |  |  |
| Sitz Bath |  |  |  |  |  |  |
| **Wound/Skin Care** |  |  |  |  |  |  |
| Wound Care Policy and Documentation |  |  |  |  |  |  |
| Dressing Changes |  |  |  |  |  |  |
| Burn Care (dressings, fluids, medications) |  |  |  |  |  |  |

***Preceptor Notes:***

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NA– Not applicable

Nursing Orientation

Competency Assessment

**Med-Surg Unit**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Required Skill or Competency** | **Employee Self-Evaluation Code** | **Employee Initial & Date** | **Preceptor Evaluation Code** | **Preceptor Initials & Date** | **Preceptor Re-Evaluation Code & Date *(required if initial evaluation code less than 2)*** | **Comments/Additional Resources** |
| **Wound & Skin cont.** |  |  |  |  |  |  |
| Egg Crate Mattress Use |  |  |  |  |  |  |
| Alternating Pressure Mattress |  |  |  |  |  |  |
| Low Air Loss Mattress |  |  |  |  |  |  |
| **Neurology** |  |  |  |  |  |  |
| Neuro Check Sheet |  |  |  |  |  |  |
| Assessing LOC |  |  |  |  |  |  |
| Glascow Coma Scale (GCS) |  |  |  |  |  |  |
| Seizure Precautions |  |  |  |  |  |  |
| Acute CVA Care use NIHSS |  |  |  |  |  |  |
| Rehab Post CVA Care |  |  |  |  |  |  |
| **Respiratory** |  |  |  |  |  |  |
| Chest Auscultation |  |  |  |  |  |  |
| Chest Tube Management |  |  |  |  |  |  |
| Inhaler (spacer) medication |  |  |  |  |  |  |
| **Gastrointestinal** |  |  |  |  |  |  |
| Nasogastric Tube Insertion |  |  |  |  |  |  |
| Nasogastric Tube placement (check) |  |  |  |  |  |  |

***Preceptor Notes:***

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Nursing Orientation

Competency Assessment

**Med-Surg Unit**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Required Skill or Competency** | **Employee Self-Evaluation Code** | **Employee Initial & Date** | **Preceptor Evaluation Code** | **Preceptor Initials & Date** | **Preceptor Re-Evaluation Code & Date *(required if initial evaluation code less than 2)*** | **Comments/Additional Resources** |
| **Gastrointestinal cont.** |  |  |  |  |  |  |
| Nasogastric Suction |  |  |  |  |  |  |
| Nasogastric Irrigation |  |  |  |  |  |  |
| Small Bore Enteral Feeding Tube Insertion |  |  |  |  |  |  |
| Enteral Feeding |  |  |  |  |  |  |
| Stool Specimen Collection |  |  |  |  |  |  |
| Cleansing Enema |  |  |  |  |  |  |
| Care of Colostomy |  |  |  |  |  |  |
| Care of Gastrostomy Tube |  |  |  |  |  |  |
| **Oncology** |  |  |  |  |  |  |
| Chemotherapy Protocol |  |  |  |  |  |  |
| **Nutritional Status** |  |  |  |  |  |  |
| Assessment documentation |  |  |  |  |  |  |
| Calorie Count form |  |  |  |  |  |  |
| Enteral Therapy, Charting |  |  |  |  |  |  |
| TPN, Charting |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***Preceptor Notes:***

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NA– Not applicable

Nursing Orientation

Competency Assessment

**Med-Surg Unit**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Required Skill or Competency** | **Employee Self-Evaluation Code** | **Employee Initial & Date** | **Preceptor Evaluation Code** | **Preceptor Initials & Date** | **Preceptor Re-Evaluation Code & Date *(required if initial evaluation code less than 2)*** | **Comments/Additional Resources** |
| Systems cont. |  |  |  |  |  |  |
| **Infection Control** |  |  |  |  |  |  |
| PAPR Use (hands on demonstration) |  |  |  |  |  |  |
| Airborne (policy, room signs, equipment) |  |  |  |  |  |  |
| Droplet (policy room signs, equipment) |  |  |  |  |  |  |
| Enteric (policy, room signs, equipment) |  |  |  |  |  |  |
| Contact (policy, room signs, equipment) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***Preceptor Notes:***

Preceptor Evaluation/Validation Code

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1 – Needs review & supervision

2 – Performs independently & safely or verbalizes/documents accurately

NA– Not applicable

Self-Evaluation Code

0 – No experience

1 – Minimal experience, need review & supervision

2 – Perform independently

NA - Not Applicable

Nursing Orientation

Competency Assessment

**Med-Surg Unit**

Planned Orientation Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following verifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has successfully completed all orientation competency requirements in the Medical Surgical & Pediatric Department at North Valley Hospital.

**\*Not all experiences during orientation allow for complete competency verification. It is the employee’s responsibility to seek out the assistance of an experience nurse or other healthcare provider before implementing any interventions or procedures they are unfamiliar with.**

Employee Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisory Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Evaluation Tool

Orientee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preceptor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Performance | Expectations Met | Expectations Not Met | Feedback/Comments (examples |
| 1. My preceptor selected assignments & experiences that met my learning needs to perform my job |  |  |  |
| My preceptor demonstrated how to set priorities |  |  |  |
| My preceptor conducted interactions in a professional manner |  |  |  |
| My preceptor observed my performance and provided timely constructive feedback at appropriate times |  |  |  |
| My preceptor identified methods to improve my performance |  |  |  |
| My preceptor assisted in setting & reviewing my goals daily, weekly, and at the conclusion of orientation |  |  |  |
| My preceptor documented completion of my competencies in a timely manner |  |  |  |
| My preceptor supervisor, education and co-workers supported me during my orientation |  |  |  |
|  |  |  |  |

Summarize your orientation experience (include strengths, weaknesses, and if anything could have improved your experience):

List below any additional learning needs:

**Please return to education. Place in education mailbox in mail room or put in outgoing mail folder and send to Cheryl in Education. *For additional preceptors please just make copies if necessary.***