

Personnel – General

Competency Assessment

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
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Unclassified

SUMMARY of CHANGE

MEDDAC REG 600-8-2
Competency Assessment

Specifically, this revision—

- o Adds new paragraph 3-4 to discuss MEDDAC Form 777 (Orientation of Specific Skills) and MEDDAC Form 777-1 (Orientation of Specific Skills – Continuation Sheet). Old paragraph 3-4 was redesignated 3-5.
- o Adds new paragraph 3-6 to address mandatory customer services competencies for all employees. Old paragraphs 3-6 through 3-9 have been redesignated accordingly.
- o Changes the policy and method for re-assessing employee competencies (para 3-7a).
- o Changes appendix B; specifically paragraph B-1, table B-1, and the Competency Assessment File Section I and III header sheets.
- o Add new appendix H, which will be used to evaluate customer services competencies.

The revision of 22 March 2004—

- o Adds the following as the third sentence in paragraph 2-1, Newcomers Orientation: “A ‘Statement of Orientation’ will be placed in the file of every employee who was oriented prior to February 2004.”
- o Paragraph 4-1b has been changed to read, “b. All new employees will attend facility orientation within 30 days of arrival. The Newcomers Orientation agenda will be dated, signed by training personnel, and put in the employee’s CAF to verify orientation. An interim orientation addressing key items, such as fire safety, will be conducted by the respective supervisor if the facility orientation is not scheduled within the employee’s first two weeks.”
- o Corrects erroneous references to paragraphs, appendixes, and obsolete forms throughout the regulation.
- o Changes table B-1 in appendix B.

The revision of 16 March 2004—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.

- o Reformats the title page. The Contents section now includes the page numbers for the various chapters and paragraphs.
- o Changes the title of the regulation from Competency-based Orientation (CBO) to Competency Assessment.
- o Changes the term competency-based orientation (CBO) folder to competency assessment file (CAF).
- o Rescinds MEDDAC Form 675-R (Personnel Data Sheet) and MEDDAC Form 676-R (Competency Assessment – Facility Orientation).
- o Expands the purpose paragraph to include defining process and policy (para 1-1).
- o Expands the responsibilities of the deputy commanders, department chiefs, section chiefs and employees (para 1-4).
- o Adds responsibilities for the Chief, PTMS&E (para 1-4).
- o Adds a new chapter entitled Orientation and Assessment Mechanisms (chapter 2).
- o Changes paragraph 3-1 (The CAF) to read, “The CAF is comprised of six sections. All information contained in the CAF will be filed chronologically with the most recent on top, All documents in the CAF will be maintained there a minimum of 3 years. Each section contains specific items of documentation and information as described below in table 3-1. Supervisors of credentialed providers maintain sections I through III and VI of the CAF. Information on initial competencies, ongoing competencies, and licensure concerning credentialed providers will be maintained in their credentials files in the Credentials Office. The divider sheets for the various sections of the CAF are provided at appendix B. The CAF will be assembled as shown in table 3-1, below.”
- o Changes table 3-1 to delete the mention of MEDDAC Forms 675-R and 676-R.
- o Deletes paragraph 2-2 (MEDDAC Form 675-R (Personnel Data Sheet)).
- o Deletes paragraph 2-5 (MEDDAC Form 676-R (Competency Assessment – Facility Orientation)).
- o Makes changes to the competency assessment program process (chapter 4).
- o Deletes the requirement to include a curriculum vita or resume in section 1 of the Competency Assessment File folder, which was formerly required by table B-1.
- o Enhances the age-specific competencies skills list (appendix D).
- o Adds an age-specific competencies signature sheet (appendix D, page D-2).

- o Adds an age-specific “fill in the blank” unit specific skills document (appendix D, page D-11).
- o Adds the method key to Age-specific Competencies for Patient Care Initial and Annual Unit-specific Competency Verification Record (appendix D).
- o Adds two new forms: MEDDAC Form 774-R (Statement of Understanding) (para 3-10); and MEDDAC Form 775-R (Certification of Performance Evaluation and Competency Review) (para 3-11).
- o Adds table B-1 (Organization of the competency assessment file folder (appendix B, table B-1).
- o Adds new appendix G (Competencies and Performance Criteria in Occupational and Environmental Health Nursing).

Personnel – General

Competency Assessment

FOR THE COMMANDER:

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Official:



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History. This is the third revision of this regulation. It was originally published on 13 May 1998.

Summary. This regulation prescribes a means for building a documented source of information to

indicate the competency or need for training for U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) personnel.

Applicability. This regulation applies to the MEDDAC headquarters and all outlying clinics. Specifically, this regulation applies to all MEDDAC employees (that is, all military personnel, Department of the Army civilians, contract civilians, borrowed military or civilian personnel, reservists, volunteers and students) serving on the staff of, or as a student at, any medical treatment facility (MTF) belonging to this MEDDAC).

Proponent. The proponent of this regulation is the Chief, Plans, Training, Mobilization, Security and

Education Division (PTMS&E).

Supplementation. Supplementation of this regulation is prohibited.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-PTMS, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax (301) 677-8088.

Distribution. Distribution of this publication by electronic medium only.

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* This publication supersedes MEDDAC Reg 600-8-2, dated 22 March 2004.

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Chapter 1

Introduction

1-1. Purpose

This regulation prescribes the policies, procedures and responsibilities to establish and maintain a documented source of information that indicates the competency or need for training for MEDDAC personnel. It defines the process and policy for organization and unit orientation, annual updates of training, and assessment and documentation of competency, including age-specific competency for all MEDDAC staff. It provides a format for the creation and maintenance of 6-part competency assessment folders to institute consistent processes and documentation throughout the MEDDAC.

1-2. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-3. References

Prescribed forms are listed at appendix A.

1-4. Responsibilities

a. *The MEDDAC Commander*. The MEDDAC Commander will ensure a competent staff is available to meet the mission.

b. *The Deputy Commander for Clinical Services (DCCS)*. The DCCS will evaluate and ensure the competency of all medical and administrative staff in the departments, services and special clinical staff sections subordinate to the DCCS.

c. *The Deputy Commander for Nursing (DCN)*. The DCN will evaluate and ensure the competency of the nursing staff and the administrative support staff working under the direction of nursing personnel.

d. *The Deputy Commander for Administration (DCA)*. The DCA will evaluate and ensure the competency of the administrative staff, excluding those subordinate to Nursing Services.

e. *Commanders, directors and chiefs of outlying clinics*. Commanders, directors and chiefs of outlying clinics will comply with the provisions of this regulation.

f. *Department and section chiefs*. (Within this regulation “department” refers to any staff element whose chief is immediately subordinate to a deputy commander (or equivalent), and “section” refers to all sections, services, clinics and branches whose chiefs are subordinate to department chiefs, as defined within this statement.) Department and section chiefs will—

(1) Establish, evaluate and monitor a department or section Competency Assessment Program that identifies criteria to satisfy the mandatory and unique competency requirements for their respective activities. Chiefs with subordinate sections will ensure that those chiefs do the same.

(2) Ensure all personnel attend the MEDDAC’s Newcomers Orientation within 60 days of arrival at the MTF and complete a department and section orientation prior to assuming full duties within their respective work areas.

(3) Ensure all subordinates are familiar with this regulation.

(4) Ensure supervisors give their employees (that is, all assigned, contracted, attached volunteer and borrowed manpower personnel) performance and competency standards or expectations; that competency folders are established and competency is assessed before employees are allowed to independently perform the duties required of their positions.

(5) Ensure all employees complete the MEDDAC's Computer-based Annual Training (CBAT).

g. *The Chief, PTM&S.* The Chief, PTM&S will perform the following functions regarding Newcomers Orientation at Kimbrough Ambulatory Care Center—

(1) Design, update and revise the agenda.

(2) Schedule orientations.

(3) Collect and review feedback from orientation participants and provide feedback to presenters to facilitate continuous improvement of the program.

(4) Ensure attendance is recorded and feedback is provided to all department chiefs.

(5) Provide a mechanism for students and short-term employees to meet the orientation requirements of the organization.

h. *Employees.* Employees will—

(1) Attend the MTF's Newcomers Orientation.

(2) Complete CBAT annually.

(3) Complete section orientations before independently performing the duties required of their positions.

(4) Execute only the duties they have been validated to perform, as determined during their department and section orientations and competency assessment processes.

(5) When asked to perform tasks beyond their capabilities, report such to their supervisors. (Employees will not be required or allowed to perform tasks for which they have not been certified or validated to perform.)

(6) Request and attend in-service, continuing education and cross-training programs as needed to maintain or enhance their skills. (Supervisors will revalidate competency of skills annually.)

Chapter 2 **Orientation and Assessment Mechanisms**

2-1. Newcomers Orientation

All new employees are required to attend the first available Newcomers Orientation following the onset of employment. The Newcomers Orientation agenda will be initialed for completion and placed in section III of the CAF. A "Statement of Orientation" will be placed in the file of every employee who was oriented prior to February 2004. Temporary personnel at Kimbrough Ambulatory Care Center (that is, anyone who will be with the organization less than 45 days) will complete and document their orientation using the Short Term Staff Orientation document. The Short Term Staff Orientation document will be reviewed, completed, and signed by the temporary personnel and their supervisors. It is the supervisors' (or designees') responsibility to assure the personnel are competent with the required orientation information.

2-2. Unit-specific orientation

All employees receive unit-specific orientations within their sections, where they will be briefed on issues and polices that are specific to their departments and sections. Unit-specific orientation will be conducted at the department and section level and is the responsibility of those chiefs, who may delegate this responsibility to subordinate supervisors. Unit-specific orientation expands on those

areas covered in Newcomers Orientation and also addresses those areas specific to the job site.

2-3. CBAT

After receiving initial Newcomers Orientation training, staff will update their organizational level training annually via CBAT during their birth months. The CBAT Certificate of Completion will be filed in Section III of the CAF. During this time, supervisors will review the need for updates on unit level training and provide such as deemed necessary.

2-4. Assessment of duty performance

All employees' duty performance will be assessed using appropriate job evaluation processes.

2-5. Competency assessment

Competency assessment of an employee will be accomplished before he is allowed to work without direct supervision. If an extension to the orientation period is deemed necessary, documentation and communication to the immediate supervisor is required. Initial competency will be based on the employee's education, training, prior performance evaluations, and demonstrated skill. Competency requirements will be based on specific expectations and requirements unique to the duty position, including any age-specific competencies that may be identified for the duty position.

Chapter 3

The CAF, Documentation Maintained in the CAF, and General Maintenance of the CAF

3-1. The CAF

The CAF is comprised of six sections. All information contained in the CAF will be filed chronologically with the most recent on top. All documents in the CAF will be maintained there a minimum of 3 years. Each section contains specific items of documentation and information as described below in table 3-1. Supervisors of credentialed providers maintain sections I through III and VI of the CAF. Information on initial competencies, ongoing competencies, and licensure concerning credentialed providers will be maintained in their credentials files in the Credentials Office. The divider sheets for the various sections of the CAF are provided at appendix B. The CAF will be assembled as shown in table 3-1, below.

3-2. MEDDAC Form 719-R (Signature Verification Sheet)

Supervisors will have all eligible staff who are authorized to initial new employees CAFs (that is, an employee's supervisor, HN, NCOIC and preceptor (or designee)) complete MEDDAC Form 719-R. This form is reproducible and is contained in the -R Forms section at the back of this regulation. Supervisors may reproduce copies of the form as needed; do not requisition copies through forms resupply channels.

3-3. MEDDAC Form Letter (FL) 200-R, (Patient Confidentiality Acknowledgment Statement)

MEDDAC FL 200-R will be initiated and maintained in accordance with MEDDAC Policy Statement No. 15, which may be accessed from the Electronic Publications section of the MEDDAC's web site. The form may be reproduced from the copy at the back of Policy Statement 15, as needed. Do not requisition copies through forms resupply channels.

3-4. MEDDAC Form 777 (Orientation of Specific Skills) and MEDDAC Form 777-1 (Orientation of Specific Skills – Continuation Sheet)

MEDDAC Forms 777 and 777-1 are electronically fillable forms that may be used to prepare competency assessment documents for specific skills for an employee when one of the appendixes provided at the back of this regulation does not suit the purpose. Employees at KACC can access these forms in the Local Forms Menu of the AMEDD Electronic Forms Support System (AFESS). Employees at outlying clinics that utilize AFESS should access the forms from their Local Forms Menu if the forms have been installed in AFESS. If not, or if the MTF does not utilize AFESS, you should download these forms from the Electronic Forms section of the MEDDAC's internet web site (www.narmc.amedd.army.mil/kacc/Employees/Eforms/Forms.htm), store them on your computer's hard drives or your network drive, and access them from there.

**Table 3-1
Sections and content of the competency assessment file**

Section	Section Title	Contents
I	Personnel Data	a. MEDDAC Form 719-R b. MEDDAC FL 200-R c. Copy of BLS and ACLS card (if applicable)
II	Duty / Position Description	a. Duty description for officers and enlisted personnel b. FASCLASS position description for DA civilians c. Statement of Work for contract employees
III	Facility Orientation	
IV	Initial Unit Orientation and Initial Competency Assessment	See paragraph 3-4, below.
V	Ongoing Competency Assessment	See paragraph 3-5, below.
VI	Continuing Education	MEDDAC Form 679-R or comparable documentation

3-5. Initial unit orientation and competency assessment (IUOCA)

a. The IUOCA will identify unit specific tasks that an employee must know and demonstrate to work in that unit. In addition to the skills and tasks, pieces of medical equipment that an employee would be required to use will be listed. Age-specific competencies and critical thinking skills should also be incorporated throughout the document. Customer service competencies are required for all staff (see paragraph 3-6, below).

b. Since each section must have a version of this form that is specifically tailored to the unit, there is no official MEDDAC form associated with the IUOCA section of the CAF. Two example formats are provided in appendixes C and D.

c. Each unit is responsible for creating an Initial Unit Orientation and Competency Assessment form based on the examples in appendixes C and D, using existing regulations or practice guidelines pertinent to their clinical or administrative area.

(1) The first column lists the knowledge and skills specific to that unit. If possible, these are grouped by major category as shown in the example.

(2) The second column is a self assessment completed by the new employee. The supervisor uses this information to help tailor the orientation program.

(3) The third column is used by the preceptor to annotate when the new employee was oriented to a task or skill.

(4) The fourth column annotates the method used by the supervisor to verify the employee's competence to perform that skill or task. Each unit is responsible for identifying those procedures and/or tasks that require demonstration to verify competency. This is annotated with a "D" for demonstration.

(5) The supervisor signs and dates the fifth column once competency has been assessed and verified. By doing so, the supervisor has verified that the employee is competent to perform this task without supervision.

(6) The final column addresses comments and can be used by both the preceptor and supervisor. Comments may include notes that this task was performed in a skills lab setting or that the employee requires additional practice before verifying competency, or similar notes. This section may also be used to annotate restrictions (such as a skill that requires certification) or note that the employee did not have an opportunity to perform or demonstrate that skill during the orientation process (such as administering the rabies vaccine).

d. Department chiefs, or supervisors if delegated, will initiate the CAF and issue the new employee a IUOCA checklist to use during his or her orientation program. Completion of the checklist is a joint effort between the employee, the preceptor and the supervisor. The completed IUOCA checklist will be maintained in the employee's CAF.

e. Supervisors are responsible for establishing a time frame to complete the IUOCA. Established time frames are to be used as guidelines and may be subject to change at the discretion of the supervisor depending on the learning needs of the new employee.

f. The supervisor will prepare and sign a memorandum for record stating that the employee has successfully completed initial orientation. An employee who rotates to another area, such as to Laboratory Service or Pharmacy Service, must have a separate memorandum for each identified area.

3-6. Customer service competency assessment

Each employee will have a customer service competency assessment. Use appendix H for this purpose.

3-7. Ongoing competency assessment

a. Every supervisor will re-assess and validate the competencies of his or her established employees on an ongoing basis during the year. Supervisors will document a formal written competency re-assessment, using appendix D or a similar format, utilizing MEDDAC Form 777, and MEDDAC Form 777-1 if necessary, at least once in a 3-year JCAHO accreditation cycle (2004, 2007, 2010, etc.). The supervisor may use a variety of methods (that is, verbal, observation of daily practice, demonstration, or via skills labs or a recertification class) to validate the competency of the staff.

b. Ongoing competencies will reflect the changing nature of the job in light of organization mission and goals. These are based on new initiatives, procedures, technologies, policies or practices; changes in procedures, technologies, policies or practices; high risk job functions or accountabilities; problem prone areas identified by performance improvement data, patient surveys, staff surveys, incident reports, or any other formal or informal evaluation processes. The ongoing competency checklist is completed in the same manner as the orientation checklist as per the steps noted in paragraph 3-5, above, and has room to write in new required competencies as they are identified.

- c. Each unit is responsible for creating an IUOCA form based on the example in appendix D.
- d. The ongoing competency assessment checklist is maintained in the six-part CAF. Employees assigned prior to the implementation of this format will keep all prior CAF formats in their CAFs and will use the ongoing competency assessment form from this point on.

3-8. MEDDAC Form 679-R (Competency Assessment – Continuing Education/In-service Record)

a. MEDDAC Form 679-R (or a comparable document) will be used to record continuing education, and military and education in-services.

b. This form is reproducible and is contained in the -R Forms section at the back of this regulation. Supervisors will reproduce copies of the form as they need them; do not requisition copies through forms resupply channels.

3-9. MEDDAC Form 774-R (Statement of Understanding)

MEDDAC Form 774-R will be signed by the employee to indicate the employee has read and understands—

- a. The MEDDAC's Mission, Vision, Values, and Strategy goals.
- b. The MEDDAC's Staff Rights and Responsibilities in MEDDAC Policy Statements 17 and 19.

3-10. MEDDAC Form 775-R (Certification of Performance Evaluation and Competency Review)

MEDDAC Form 775-R will be signed by the employee and supervisor to attest to the completion of a current evaluation report for the employee.

3-11. General maintenance of the CAF

- a. All entries made in the CAF will be in ink or typewritten.
- b. Any time a formal review of skills is undertaken, a written assessment of the needs, recommendations and/or remedial training, and outcome will be documented and maintained in the employee's CAF.

Chapter 4 **Implementation of the Competency Assessment Program and the Competency-based Assessment Evaluation Process**

4-1. The Competency Assessment Program process

a. The department chief, or the supervisor if delegated to do so, will initiate CAFs for all new employees.

b. All new employees will attend facility orientation within 30 days of arrival. The Newcomers Orientation agenda will be dated, signed by training personnel, and put in the employee's CAF to verify orientation. An interim orientation addressing key items, such as fire safety, will be conducted by the respective supervisor if the facility orientation is not scheduled within the employee's first two weeks.

c. Orientation to a specific unit will be documented in a format similar to the one provided in appendix C, which will be completed in conjunction with the immediate supervisor.

d. Except for credentialed providers, all new employees will undergo an initial competency assessment orientation at the unit level and follow the process outlined in paragraph 3-4, above.

e. New employees are encouraged to provide their supervisors with documentation of previous training courses, certifications, continuing education classes, and similar documentation, that can be included in section VI of the CAF. This will provide the supervisor an historical perspective of the new employee's previous training record.

f. New employees who have completed certification programs, such as suture certification, at other locations and who wish to continue performing those skills, will provide their supervisors with all documentation of training. This information will then be routed to the respective department chief or deputy commander for review and consideration. The employees will be informed if the certification is accepted for transfer, if they must demonstrate their skills, or if they must attend a specific certification course.

g. An action plan will be identified for those low volume procedures or skills, such as administering rabies vaccine, that the employee did not complete during initial orientation due to lack of opportunity. The supervisor will design a plan of action to rectify this situation and then annotate after the skill has been verified.

h. All CAFs will be maintained by the supervisor and will be available to both the supervisor and the employee for updating and maintenance. It is a joint responsibility of the supervisor and the employee to ensure that the employee's CAF is up to date and ready for inspection at any time.

i. Supervisors are authorized and encouraged to conduct formal and informal needs assessments and reverification of skills at any time, as well as during employees' annual performance appraisals. The Ongoing Competency Assessment Checklist will be initiated during this time and new skills and learning needs identified that reflect the changing nature of the job.

4-2. Monitors and Indicators

a. At any time, the immediate supervisor has the right to prohibit unsupervised performance of a skill or task pending full review. If retraining is deemed necessary, the supervisor will make arrangements to initiate a reorientation or skills training program. All initiatives and results will be thoroughly documented and the employee will operate under supervision until the supervisor validates competency.

b. An employee whose competency is not validated during initial orientation, retraining and/or reorientation process and is unable to fulfill the duties of his or her position description may be subject to administrative action.

Appendix A

References

Section I Required publications	Providers	(Cited in table B-1, appendix B.)
MEDDAC Policy Statement No. 15 Confidentiality of Patient Information. (Cited in para 3-4.)	AR 40-68 Quality Assurance Administration	MEDDAC Form 775-R Certification of Performance Evaluation and Competency Review. (Cited in para 2-11 and table B-1, appendix B.)
MEDDAC Policy Statement No. 17 Staff Rights. (Cited in para 3-10.)	JCAHO Manual	
MEDDAC Policy Statement No. 19 Command Ethics. (Cited in para 3-10.)		
Section II Related Publications		Section III Prescribed Forms
AR 40-48 Nonphysician Health Care		MEDDAC Form 679-R Competency Assessment - Continuing Education/In-service Record. (Cited in para 3-7 and table 3-1.)
		MEDDAC Form 719-R Signature Verification Sheet. (Cited in para 3-3 and table 3-1.)
		MEDDAC Form 774-R Statement of Understanding.
Section IV Referenced Forms		
		MEDDAC FL 200-R Patient Confidentiality Acknowledgment Statement

Appendix B

Organization and Composition of the Competency Assessment File

B-1. Organization of the competency assessment file

The 6-part competency assessment folder, or Competency Assessment File (CAF), is available through the supply system. The folders will be structured as shown below in table B-1, below, to include those that were constructed before the date of this regulation.

Table B-1 Organization of the competency assessment file folder			
Section	Location	Section title and contents	Instructions
I	Inside front cover, left side	Personnel Data: 1. Signed statement of understanding on: a. The MEDDAC's mission, vision, values and strategic goals. b. Patient and staff rights. 2. Certifications, licensures. 3. Signature verification. 4. Patient confidentiality acknowledgment.	1. Use MEDDAC Form 774-R, MEDDAC Form 719-R, and MEDDAC Form Letter 200-R. 2. License verification statement – initialed in Credentials.
II	Inside front cover, right side	Duty Position Description: 1. Job description. 2. Performance expectation. 3. Diplomas and degrees, if applicable.	None
III	Left side, after first divider	Newcomers Orientation: 1. Documentation of Newcomers Orientation. 2. CBAT annual certification. 3. All other required annual training.	Newcomers Orientation signed agenda and Statement of Orientation. Older documentation of newcomers or facilities orientation is acceptable provided it is complete.
IV	Right side, after first divider	Initial Unit and Initial Competency Assessments: 1. Initial unit competency assessment. 2. Unit-specific orientation. 3. Completed certification of performance evaluation and competency review. 4. Age-specific competency assessment.	Use MEDDAC performance evaluation and MEDDAC Form 775-R.
V	Left side, after second divider	Ongoing Competency Assessment: Ongoing assessment.	Use MEDDAC Form 679-R or comparable documented certificates of training.
VI	Right side, back cover	Continuing Education: 1. Continuing education, as applicable. 2. Awards.	Use MEDDAC Form 679-R or comparable documented certificates of training.

B-2. Competency Assessment File Section Divider Sheets

The divider sheets for the Competency Assessment File folder should be printed from the following pages of this appendix.

Competency Assessment File

Section I

- ◆ Statement of Understanding
(MEDDAC Form 774-R)
- ◆ Licensure Document
(Initialed and signed, and in the Credentials Office)
- ◆ Life Support Verification/Certification
(Copies of certification cards)
- ◆ Patient Confidentiality Statement
(MEDDAC Form Letter 200-R)
- ◆ Competency Assessment/Signature Verification Sheet
(MEDDAC Form 719-R)

Competency Assessment File

Section II

◆ Duty/Position Description

Competency Assessment File

Section III

- ◆ Newcomers Orientation Signed Agenda
- ◆ Statement of Orientation
- ◆ CBAT Annual Certification
- ◆ Certification of all Other Required Annual Training

Competency Assessment File

Section IV

- ◆ Competency-based Orientation
(For non-provider staff only.)
- ◆ Initial Unit-specific Orientation
- ◆ Certification of Performance Evaluation and Competency Review
(MEDDAC Form 775-R.)
- ◆ Age-specific Competency Assessment

Competency Assessment File

Section V

- ◆ Ongoing Competency Assessment

Competency Assessment File

Section VI

- ◆ In-service
- ◆ Continuing Education
(MEDDAC Form 679-R or comparable documentation.)

Appendix C
Initial Orientation of Unit Specific Skills and Procedures – All Staff

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U.S. Army Medical Department Activity, Fort George G. Meade

For All Staff

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
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INITIAL ORIENTATION OF UNIT SPECIFIC SKILLS AND PROCEDURES

Source of Performance Standard: Leadership

1. Teamwork
Critical Thinking: Communicates appropriate information to members of the multidisciplinary health care team in a courteous, professional and approachable manner. Maintains professional composure at all times, ensures thorough patient care is delivered, and manages conflicts appropriately and in a timely manner.

A. Demonstrates the ability to communicate and use effective interpersonal skills with patients and colleagues					
B. Ensures a customer satisfaction-oriented environment for patients and other customers					
C. Fosters a positive work environment and encourages teamwork among staff					
D. Verbalizes the clinic's mission, philosophy and scope of service					
E. Demonstrates appropriate time management skills					
F. Verbalizes knowledge and understanding of patient rights and responsibilities					
G. Verbalizes knowledge and understanding of staff rights and responsibilities					
H. Verbalizes knowledge and understanding of scope of practice for nursing assistants, 91Ws, LPNs and RNs					
I. Ensures a safe environment for patients and staff, identifying health and safety risks, and takes appropriate and immediate steps to alleviate the risk					
J. Demonstrates knowledge of the current status of MEDDAC, department and clinic-level performance improvement programs and initiatives					
K. Appropriately uses medical and administrative supplies with the goal of minimizing waste and encouraging fiscal responsibility					
L. Assists in the orientation of new personnel					
M. Shares expertise to help train other team members					
N. Verbalizes the process for reporting staff and patient injuries					
O. Verbalize knowledge and understanding of HIPAA standards.					

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‡ V=Verbal D=Demonstrated L=Lecture or video PE=Practical exercise

I understand that of all the topics listed in this document, I will be allowed to perform only those listed for my skill level and scope of practice, after I have successfully demonstrated competency in those tasks.

Signature:

Date:

Supervisor's signature:

Date:

Clinical skills reference: *The Lippincott manual of Nursing Practice*, Lippincott-Raven Publishers, Sixth Edition, 1996

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U.S. Army Medical Department Activity, Fort George G. Meade

For All Staff

Nursing Services

NA=Not applicable (based on scope of practice)

V=Verbal D=Demonstrated L=Lecture or video PE=Practical exercise
 L=Experience ND=Never done NF=Never practice NA=Not applicable

Name:

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U.S. Army Medical Department Activity, Fort George G. Meade

For All Staff

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
Source of Performance Standard: Management of Information					
Decision makers and other appropriate staff are educated and trained in the principles of information management.					
Critical Thinking: Able to identify and use all information systems available to the clinic. Routinely accesses electronic information systems as one of the formal means of communication. Disseminates information to the clinic and staff in a timely manner, as appropriate.					
1. Location of policies, regulations and similar publications in electronic and paper copy. (HAZCOM, MSDS, Safety, SOPs, Environment of Care, etc.)					
2. Methods for dissemination of information					
a. Chain of command					
b. Mail groups					
c. Outlook mail					Does not include patient information in e-mail.
d. Staff meetings					
e. Staff Communication Book					
3. Methods of information retrieval					
a. Facility homepage					
b. Facility intranet					
c. Clinic SOPs					
d. Internet					Employee must sign statement regarding restricted internet sites.
4. CHCS					
a. Completes KG-ADS					
b. Completes EOD reports					
c. Reconciles appointments for EOD and monthly reports					
d. Books appointments					
e. Enters laboratory orders and radiology requests as needed					
f. Reviews and obtains clinical results					
g. Reviews and obtains medical profiles					
5. Outcomes Management Database (ICBD)					

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

For All Staff

Nursing Services

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
Source of Performance Standard: Surveillance, Prevention and Control of Infection guidelines of the MEDDAC's Infection Control Policy and Procedure Guide.					
Demonstrates ability to identify and reduce the risks of acquiring and transmitting infections between patients, employees and visitors, and follows all guidelines of the MEDDAC's Infection Control Policy and Procedure Guide.					
1. Refers to and implements the Infection Control Policy				Location:	
a. Communicable diseases - MEDDAC Reg 40-18				Location:	
b. Bloodborne pathogen exposures - MEDDAC Reg 40-19				Location:	
c. Tuberculosis exposure control - MEDDAC Reg 40-21				Location:	
2. Correctly explains Standard Precautions					
3. Identifies procedures for segregating and isolating patients with suspected airborne, contact and droplet infections					
4. Uses proper technique for					
a. Handling linen					
b. Disposing of sharps					
c. Disposal of infectious and regulated medical waste					
d. Storing clean and sterile supplies					
e. Collecting and transporting lab specimens					
5. States indications for and demonstrates proper use of personal protective equipment (gloves, gowns, masks and eye protection)					
6. Uses proper technique for managing blood spills					
7. Demonstrates proper hand washing technique (before and after treatments, between patients and when needed)					
8. Demonstrates proper cleaning and decontamination of medical equipment using appropriate cleaning agents					
9. Describes procedures for managing a needlestick or bloodborne pathogen exposure in accordance with MEDDAC Reg 40-19					
a. Wash injury and notify supervisor immediately					
b. Supervisor goes with employee to the After Hours Clinic (or equivalent at outlying clinics)					
c. Supervisor goes with employee to Occupational Health for reporting and follow up					

ND—Nonsignificant; * p < .05.

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

For All Staff

Nursing Services

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
Source of Performance Standard: Care of Patients, Continuum of Care, and Assessment of Patients					
Demonstrates clinical competency related to specific skills and procedures in accordance with appropriate standards for care and within a defined scope of practice.					
1. Patient Arrival					
A. Greets patient with professionalism and courtesy					
B. Checks ID card and verifies eligibility for care in DEERS					
C. Ensures patients under age 18 are accompanied by a parent, or a guardian with a power of attorney; exceptions to this include--					
(1) Patient is an emancipated minor with documentation					
(2) Patient is married					
(3) Patient is active duty military					
(4) Patient is the parent of a child					
(5) Patient is seeking treatment or advice about drug abuse, alcoholism, venereal disease, PID, pregnancy, contraception or alleged sexual assault					
(6) Attending physician judges that the life or health of the minor would be adversely affected by delaying treatment to obtain the consent of another individual					
D. Stamps chart with date and appropriate appointment stamp					
E. Annotates the name of the health care provider to be seen, age, sex, time of appointment and time in on the Standard Form 600					
F. Informs patient to sit and transfers record to screening box					
G. Annotates patient as present, no show, cancellation or walk-in in CHCS					
H. Uses alternate communication methods for patients with sensory impairment or language barriers					
(1) Uses written word, parents or medical staff who can sign for hearing impaired patients					
(2) Uses bilingual medical staff or AT&T Translator Services					
I. Identifies patients requiring immediate medical attention and informs the nursing staff and/or health care provider for assistance, per SOP					
J. Refers patient complaints and concerns to the head nurse, NCOIC and/or Patient Representative, as needed					

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

Nursing Services

Source of Performance Standard: Care of Patients, Continuum of Care, and Assessment of Patients						For All Staff
Critical behavior (Source of performance standard)		Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
Demonstrates clinical competency related to specific skills and procedures in accordance with appropriate standards for care and within a defined scope of practice.						
2. Telephone Courtesy						
A. Correctly and politely answers the telephone and transfers calls appropriately						
B. Correctly generates CHCS telephone consult						
(1) Verifies name, unit, SSN, phone number, DEERS eligibility and Tricare enrollment status						
(2) Obtains pertinent patient information and chief complaint; documents in CHCS						
C. Uses operator relay for hearing impaired callers						
3. Child, Spouse and Vulnerable Adult Abuse and Neglect						
A. Able to identify high risk families or situations						
B. Verbalizes the signs and symptoms of the following for children:						
(1) Physical abuse						
(2) Sexual abuse						
(3) Physical neglect						
(4) Medical neglect						
(5) Emotional maltreatment						
C. Verbalizes the signs and symptoms of the following for spouses or vulnerable adults:						
(1) Physical abuse						
(2) Sexual abuse						
(3) Physical neglect						
(4) Medical neglect						
(5) Emotional maltreatment						
D. Notifies the health care provider, nursing leadership or charge nurse if family is high risk, or if signs and symptoms of abuse and/or neglect are present						

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

For All Staff

Nursing Services

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
E. Verbalizes understanding of the reporting process					
(1) During duty hours: Health care provider or charge nurse contacts the Social Work Section (SWS) or the Family Advocacy Program representative					
(2) After duty hours: SWS on-call personnel are contacted					
(3) Notifies the military police in situations where immediate assistance is required for protection of the patient					
F. Health care provider must fill out appropriate MEDCOM forms: Abuse/Neglect Risk Assessment form, Family Advocacy Case Management form, and Physical Examination Diagram					
G. Follows specific instructions in applicable MEDDAC regulations for all sexual abuse and assault cases					
H. Provides emotional support, a safe environment and privacy to the patient and family					

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Name: _____

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Appendix D
Initial Orientation of Unit Specific Skills and Procedures – Age-specific Competencies for Patient Care

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Section I -- Identification Block for Appendix D

(All individuals initialing this appendix are required to print their names and write their initials in this block.)

Section II -- Initial Competency Verification of Appendix D

The employee has demonstrated knowledge and skills in the following area-specific patient care competencies as applicable and is able to perform age-appropriate care for the designated patient population

Signature of OIC or NCOIC:

I concur that I am able to perform the age-appropriate care noted below.

Employee's signature:

Section III -- Annual Competency Review and Verification of Appendix D

U.S. Army Medical Department Activity, Fort George G. Meade

Age-specific Competencies for Patient Care

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
INITIAL ORIENTATION OF SPECIFIC SKILLS AND PROCEDURES FOR PATIENT CARE					
Source of Performance Standard: Care of Patients, Continuum of Care, and Assessment of Patients					
Demonstrates clinical competency related to specific skills and procedures in accordance with appropriate standards for care and within the defined scope of practice and manufacturers' guidelines					
1. Patient Screening					
A. Obtains vital signs (pulse, blood pressure, temperature, respiration, oxygen saturation, and peak flow) and recognizes normal and abnormal values for:			D		
(1) Newborns (less than 30 days old)					
(2) Infants (1 month to 18 months)					
(3) Toddlers (18 months to 3 years)					
(4) Preschoolers (3-6 years)					
(5) School age (6-10 years)					
(6) Adolescents (10-17 years)					
(7) Adults 18-64 years)					
(8) Geriatric (65 and over)					
(9) Illness					
B. Obtains head circumference for patients <24 months and verbalizes an understanding of abnormal results and trends.			D		
C. Obtains height or length and weight (in kilograms) using appropriate scales, based on age and standing ability of the patient.			D		
D. Inquires about presence of pain and uses age-appropriate pain scales, such as the Wong and Baker FACES Scale or the 1-10 Pain Scale and documents.					
E. Ensures growth chart is in the medical record, when applicable.					
F. Plots height or length and weight on a growth chart, when applicable, and head circumference for patients <24 months.			D		
G. Ensures immunization record is in chart.					
H. Documents food and drug allergies, prescription medications, over-the-counter medications and dietary supplements on chart with reason for visit.					

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Clinical skills reference: *The Lippincott manual of Nursing Practice*, Lippincott-Raven Publishers, Sixth Edition, 1996

I understand that of all the topics listed in this document, I will be allowed to perform only those listed for my skill level and scope of practice, after I have successfully demonstrated competency in those tasks.

Signature:

Date:

Supervisor's signature:

Date:

U.S. Army Medical Department Activity, Fort George G. Meade

Age-specific Competencies for Patient Care

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
I. Inquires about various safety practices and documents them.					
(1) Bike helmet use.					
(2) Seat belt and car seat use.					
(3) Home safety practices, such as electrical outlet covers, security of medications and cleaning supplies, loose rugs, assistive devices in bathrooms, and poison control (and Mr. Yuck Stickers).					
(4) Use of canes, wheelchairs, walkers and other devices.					
J. Inquires about the presence of Advance Directives; informs providers for interested patients.					
K. Reports abnormal findings to RN or provider.					
L. Transfers chart to provider.					
M. Ensures DD Form 2766 is in chart.					
2. Patient Care - Nursing Assistants					
Critical Thinking: Recognizes unique needs of pediatric patients and performs procedures accordingly. Gathers age- and diagnosis-appropriate supplies and equipment. Explains all procedures in an age-appropriate manner according to the level of understanding of the patient and the parent or guardian. Approaches the child in a non-threatening manner and comforts the child.					
A. Obtains bagged clean catch urine on patients <24 months.			D		
B. Dipsticks urine per approved point-of-care testing.			D		
C. Obtains stool sample			D		
D. Correctly completes required forms and labels all specimens			D		
E. Follows infection control policy for transport of specimens			D		
F. Performs EKGs			D		
G. Prepares patient and sets up equipment for procedures, such as lumbar puncture, l&d, skin biopsy or tag removal, wart removal, toenail removal, tick removal, dressing changes, and gynecology exams.			D		
(1) Infants (0-18 months)					
(2) Toddlers (18 months to 3 years)					
Critical Thinking for Infants: Explains all procedures to parents and provides reassurance. Never leaves the infant unattended and keeps side-rails up on the scale. Keeps the infants warm to minimize heat loss. Uses immobilization devices appropriately for the size of the infant. Encourages the parent to hold infant in arms, if not contraindicated and if the parent consents.					
Critical Thinking for Toddlers: Encourages parent to provide child with a security item, such as a blanket or toy, and to stay with the child. Gives the child 1-step directions at the child's eye level and maintains eye contact with the child throughout the procedure. Speaks in a slow and calm manner and praises the child at the completion of the procedure.					

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

Age-specific Competencies for Patient Care

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
(3) Preschoolers (3-6 years)					
					Critical Thinking for Preschoolers: Involves the child and parent in all decisions and encourages the child to participate in procedures as much as possible, such as allowing the child to handle equipment to reduce fear and satisfy curiosity. Provides a safe environment, explains all steps using simple words the child can understand, and uses distraction techniques, such as songs or asking questions about favorite activities or pets. Provides for minimal exposure due to particular modesty of this age group. Praises the child at the completion of the procedure.
(4) School age (7-10 years)					Critical Thinking for Schoolagers: Involves the child and parent in all decisions and encourages the child to participate in procedures as much as possible. Explains procedures honestly (such as, "This will hurt.") and uses visual aids (such as diagrams and dolls) to explain procedures specifically and concretely. Provides a safe environment and maintains modesty. If appropriate, allows the child to choose whether the parent remains present. Praises the child at the completion of the procedure.
(5) Adolescents (11-17 years)					Critical Thinking for Adolescents: Involves the adolescent and parent in all decisions and encourages the adolescent to participate in procedures as much as possible. Supplements explanations with rationale. Provides a safe environment and maintains modesty. If Appropriate, allows the adolescent to choose whether the parent remains present. Encourages the adolescent to ask questions and express concerns and fears regarding the illness. Talks directly to the adolescent and allows the adolescent to answer questions even if a parent is present. Does not treat the adolescent like a child.
(6) Adults (18-64 years)					Critical Thinking for Adults: Addresses the patient by name (and grade if military), per the patient's preference. Explains procedures in clear and simple terms using correct terminology. Maintains safety and provides reassurance.
(7) Geriatrics (65 years and over)					Critical Thinking for Older Adults: Shows respect for the patient and family and address the patient by name (and former grade if retired military), per the patient's preference, avoiding such terms as "honey," "sweetie" and "cutie." Involves the patient and family in all decisions and encourages the patient to participate in procedures as much as possible. Recognizes that older patients may demonstrate a delayed response to questions and allow them time to phrase their answers. Adjusts explanations to accommodate short-term memory loss. Explains procedures in clear and simple terms using correct terminology. Allows the patient to describe his or her mobility capabilities and limitations in regard to positioning. Maintains safety and provides reassurance. Minimizes exposure to ensure modesty and avoids unnecessary heat loss.
H. Serves as chaperone for health care providers					
I. Initiates Code Blue and performs infant, child or adult BLS based on the size and age of the patient. Identifies appropriate response to a code, locates emergency equipment, and verbalizes emergency transport protocol documentation, vs, stabilization, etc.			D		BLS date:
J. Obtains a 12-lead EKG					
K. Recognizes signs of dehydration					
L. Demonstrates appropriate assessment of visual acuity					

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U.S. Army Medical Department Activity, Fort George G. Meade

Age-specific Competencies for Patient Care

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
3. Patient Care - 91Ws (May perform the following, in addition to the above procedures for nursing assistants.)					
A. Performs venipuncture					
(1) Obtains blood specimens	D				
(2) Establishes intravenous lines	D				
B. Obtains wound culture			D		
C. Obtains throat culture and performs Rapid Strep test per POCT			D		
D. Obtains blood glucose finger stick per POCT			D		
E. Performs ear irrigations and flushing of ear canals			D		
F. Performs eye irrigations			D		
G. Performs wound care per health care provider's orders; applies, reinforces and removes wound dressings using aseptic and sterile techniques			D		
H. Peak flow meter use			D		
I. Oxygen delivery systems			D		
(1) Nasal cannula			D		Oxygen application must be verified by licensed staff
(2) Face mask			D		
(3) Vent-mask			D		
(4) Non-rebreather mask			D		
(5)					
J. Applies and monitors therapies					
(1) Heat packs					
(2) Ice packs and cold packs					

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

Age-specific Competencies for Patient Care

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
K. Applies supportive devices to knees, elbows and wrists					
Critical Thinking: Monitors circulation frequently for signs of compromise, or tissue damage or irritation, for younger and/or older patients who may be unable to recognize pain (i.e., altered pain perceptions), or for those unable to verbalize pain or discomfort.					
(1) Ace wraps					
(2) Finger and thumb splints					
(3) Slings					Requires certification
L. Removes sutures					
M. Urinary catheterization					
N. Performs infant, child and adult BLS based on the size and age of the patient					
O.					
4. Patient Care - LPNs (May perform the following, to include above procedures for nursing assistants and 91Ws.)					
Critical Thinking: Recognizes unique needs of pediatric patients and performs procedures accordingly. Gathers age- and diagnosis-appropriate supplies and equipment. Explains all procedures in an age-appropriate manner according to the level of understanding of the child and the parent or guardian. Approaches the child in a non-threatening manner and comforts the child at completion.					
A. Urinary catheterization -- performs in and out catheterizations				D	
B. Oral suctioning				D	
C. Blood specimens				D	
D. Assists with PALS and ACLS				D	
E. Administers medications					
Critical Thinking: Administers the right medication in the right dose via the right patient at the right time. Understands the purpose of the medication and its intended effect. Recognizes the signs and symptoms of anaphylaxis and overdose and acts appropriately. Recognizes and responds to unique medication needs of pediatric patients. Responds appropriately by administering the correct dose for age and weight and by monitoring medication effects. Verifies allergies before administration of medications, and documents medications given and the patient's response.					
(1) Intramuscular				D	
(2) Subcutaneous				D	
(3) Oral				D	
(4) Rectal				D	
(5) Topical				D	
(6) Via gastrostomy tube				D	
(7) Administers IV fluids				D	

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

Age-specific Competencies for Patient Care

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
(9) Administers IV fluids with additive medications			D		
(10) Administers IVPB medications			D		
(11) Administers nebulized medications			D		
(11) Administers nebulized medications			D		
(12) identifies, reports and documents adverse drug reactions			D		
F. Assists RN with NG tube placement and management			D		
G. Assists RN with patient transfer to a higher level of care	D				
5. Patient Care - RNs (May perform the following, to include above procedures for nursing assistants, 91Ws and LPNs.)					
A. Inserts and checks patency of NG tube and connects to gravity or suction; secures NG tube to patient			D		
B. Cares for patient with central venous access devices					
(1) Port-a-cath					
(2) PICC					
(3) Groshong, Hickman and Broviac					
C. Coordinates patient transfer to a higher level of care			D		
(1) To another military or civilian facility			D		
(2) Emergency			D		
D. Administers medications			D		
(1) IV push medications			D		
(2)					
E. Performs tracheal suctioning			D		
F. Uses nursing process as appropriate					
(1) Assessment					
(2) Planning					
(3) Implementation					
(4) Evaluation					

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

Age-specific Competencies for Patient Care

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
Source of Performance Standard: Education Patients and Families					
Involves the patient and family in the patient education process and encourages their participation in the care and decision-making process.					
1. Assesses patient education needs based on physical, cultural, religious, educational, sensory deprivation, language, and age-specific criteria					
2. Assesses the patient's and family's motivation and readiness to learn and adapts teaching based on current needs					
3. Documents education and teaching per the clinic SOP and the MTF's policy					
4. Is familiar with the various educational materials, such as materials in other languages, materials in braille, and picture books, and distributes handouts appropriately					
5. Informs the RN or care coordinator of patients and families with additional educational needs to include community resources					
6. Recognizes common age-related signs of abuse					
7. Provides age-appropriate education					
8. Identifies normal growth and development					
9. Encourages age-appropriate activities					
10. Identified cultural and spiritual factors which may influence care					
11. Identifies community resources available for patients					
12. Implements appropriate measures to promote safety					
Source of Performance Standard: Environment of Care					
To provide a safe, functional and effective environment for patients, staff members and other individuals in the ambulatory care organization.					
Critical Thinking: Ensures appropriate supplies are on hand and non-standard items are ordered in sufficient amount of time. Maintains a safe environment appropriate for the age-specific population. To maintain a safe environment for children, ensures all supplies are secured.					
A. Restocks exam and treatment rooms with age-specific supplies					
B. Identifies unserviceable equipment and reports it to the supervisor					
C. Properly disposes of outdated material					
D. Demonstrates the proper procedure for rotating supplies through CMS					

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade**Age-specific Competencies for Patient Care**

2. Equipment		Critical Thinking: Describes the capabilities, limitations and special applications of each item of equipment. Demonstrates basic operating and safety procedures for equipment items. Reports routine problems with equipment. Identifies emergency procedures in the event of equipment failure. Describes the process for reporting user errors and patient incidents. Performs actions in accordance with the clinic SOP and MEDDAC Regulation 750-1.	
A. EKG machine		D	
B. Defibrillator and carsh cart; performs daily checks		D	
C. Nebulizer		D	
D. Alaris infusion pump		D	
E. Vital signs monitors		D	
F. Scales (adult and pediatric)		D	
G. Pulse oximeters		D	
H. Suction apparatus		D	
I. Otoscope and ophthalmoscope		D	
J. Exam tables		D	
K. Oxygen		D	
L. Vision testing and acuity system		D	
M. Ear thermometers		D	
N. Overhead procedure lamp		D	
O. Fingerstick blood glucose monitor for patient teaching		D	
P. Stretchers		D	
Q. Wheelchairs		D	
R. Audioscope		D	
S. Bovey machine		D	
T. Doppler		D	
U. AED		D	

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U.S. Army Medical Department Activity, Fort George G. Meade

Age-specific Competencies for Patient Care

Initial and Annual Unit-specific Competency Verification Record

(Each unit or work area will use this page of appendix D, MEDDAC Reg 600-8-2, to document its age-specific competencies.)

Employee's name:

Date:

Unit or work area:

Patient population:

Number Check all that apply.	Competency	Infant <1 year			Toddler 1-3 yrs			Preschool 3-5 yrs			Schoolage 5-12 yrs			Teenage 12-20 yrs			Adult 20-65 yrs			Elderly >65 yrs		
		Validator	Date	Method	Validator	Date	Method	Validator	Date	Method	Validator	Date	Method	Validator	Date	Method	Validator	Date	Method	Validator	Date	Method
<input type="checkbox"/> 1																						
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METHOD

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LEVEL

B=Beginner C=Competent E=Expert

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Name: _____

Appendix E

Orientation of Specific Skills for Management and Leadership

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U.S. Army Medical Department Activity, Fort George G. Meade

Management and Leadership Competencies

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
ORIENTATION OF SPECIFIC SKILLS FOR MANAGEMENT AND LEADERSHIP					
Source of Performance Standard: Leadership, Management of Resources, Performance Improvement, and Care of Patients					
Demonstrates administrative competency related to specific skills and procedures in accordance with appropriate administrative and leadership standards					
1. Organization					
A. Verbalizes the roll of the Executive Committee and the MEDDAC's mission within the Northeast Regional Medical Command					
B. Verbalizes an understanding of the rolls of the MTFs command group					
(1) Commander					
(2) Deputy Commander for Clinical Services (or equivalent)					
(3) Deputy Commander for Nursing (or equivalent)					
(4) Deputy Commander for Administration (or equivalent)					
(5) Senior Medical NCO (or equivalent)					
(6) Company Commander or Detachment Commander					
(7) First Sergeant or Detachment Sergeant					
2. Performance Improvement					
Critical Thinking: Communicates information to staff and seeks opportunities to make the vision a reality.					
A. Verbalizes the ability to identify, interpret and implement DoD, DA, MEDCOM, MEDDAC, and JCAHO program requirements.					
B. Demonstrates the ability to take action to resolve or improve, and to make recommendations to the command group pertaining to PI initiatives.					
3. Management and Supervision					
A. Verbalizes standards of practice, JCAHO guidelines, Army regulations, regulatory guidelines, and MEDDAC regulations and policies.					
B. Demonstrates ability to develop, define and prioritize the area's goals and objectives to support the MEDDAC's Values, Goals, and Mission statements.					

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I understand that of all the topics listed in this document, I will be allowed to perform only those listed for my skill level and scope of practice, after I have successfully demonstrated competency in those tasks.

Signature:

Date:

Clinical skills reference: *The Lippincott manual of Nursing Practice*, Lippincott-Raven Publishers, Sixth Edition, 1996

Supervisor's signature:

Date:

U.S. Army Medical Department Activity, Fort George G. Meade

Management and Leadership Competencies

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
C. Verbalizes the appropriate roles, responsibilities, scope of practice, delegation of authority and accountability of personnel in area(s) assigned.					
D. Demonstrates or verbalizes the ability to develop policies, procedures and standards for efficient unit functioning.					
E. Verbalizes the process for procurement of resources for delivery of safe and effective care.					
F. Demonstrates or verbalizes the ability to manage conflict; assesses the situation and intervenes or mediates as appropriate.					
G. Demonstrates the ability to obtain, process and disseminate information to appropriate personnel within a timely manner.					
H. Demonstrates the ability to use the problem-solving process to formulate solutions.					
I. Verbalizes an understanding of UCAPERS data input and reconciling the final report.					
J. Demonstrates or verbalizes the ability to prioritize tasks and manage time, personnel and resources to meet the assigned area's goals.					
K. Fosters interdisciplinary collaborative relationships amongst other services to ensure the provision of quality patient care.					
4. Personnel Functions					
Critical Thinking: Communicates appropriate information to the staff in a courteous, professional and approachable manner. Maintains professional composure at all times. Manages conflict appropriately and in a timely manner.					
A. Demonstrates knowledge of TDA requirements, authorizations, assigned and available personnel.					
B. Demonstrates the ability to devise fair and equitable staffing schedules with appropriate skill mix and numbers to safely meet the mission.					
C. Can develop a contingency plan to manage staffing shortfalls or increases in workload.					
D. Demonstrates knowledge of military and civilian personnel actions.					
E. Verbalizes the rating chain.					
F. Verbalizes the requirements for and completes military and civilian evaluations (annual, PCS, change of rater, Base/Senior System), and the awards system.					
G. Verbalizes the requirements for and adheres to performance counseling.					
H. Verbalizes the policy for leaves and passes and the proper routing thereof.					
I. Verbalizes process resources for managing performance issues and disciplinary actions. Verbalizes the roles of the following in resolving issues:					
(1) Chain of command					
(2) Company commander and/or 1SG (or equivalents)					
(3) Civilian Personnel Liaison (or equivalent)					
(4) Union local					

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U.S. Army Medical Department Activity, Fort George G. Meade

Management and Leadership Competencies

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
J. Verbalizes and understanding of and adheres to guidelines concerning civilian employees as they pertain to the following:					
(1) Inclement weather and critical personnel policies					
(2) Hiring actions					
(3) Federal Employees Compensation Act (FECA)					
5. Resource Management	Critical Thinking: Appropriately uses medical and administrative supplies with the goal of minimizing waste and reinforcing fiscal responsibility.				
A. Demonstrates fiscal responsibility with the appropriate requisition for equipment and supplies (Government credit card usage, IMPACT Government services, and approving official authorizations).					
B. Verbalizes the budget process for personnel, TDY, contracts and supplies.					
C. Verbalizes the procedure for documentation of staffing data to justify and allocate resources, such as business case analysis and justification criteria.					
D. Verbalizes use of the TDA/manning document, ASAM, etc.					
E. Verbalizes CEEP and MEDCASE procedures.					
F. Verbalizes the use of contracts and contract personnel within the unit.					
G. Verbalizes the training assets available, such as CEUs, CMEs, SWANK, self-learning modules, and mandatory training.					
H. Verbalizes the resources for career counseling officers, enlisted and civilians.					
I. Verbalizes the requirements for CDF/PAF competency assessment of staff.					

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Appendix F
Initial Orientation of Specific Skills for Nursing Leadership

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U.S. Army Medical Department Activity, Fort George G. Meade

Nursing Leadership

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
INITIAL ORIENTATION OF SPECIFIC SKILLS FOR NURSING LEADERSHIP					
Source of Performance Standard: Leadership, Management of Resources, Performance Improvement, and Care of Patients					
Demonstrates administrative competency related to specific skills and procedures in accordance with appropriate administrative and leadership standards					
1. Organization					
A. Verbalizes the MEDDAC's mission, vision and goals.					
B. Verbalizes an understanding of the rolls of the MTFs command group					
(1) Commander					
(2) Deputy Commander for Clinical Services (or equivalent)					
(3) Deputy Commander for Nursing (or equivalent)					
(4) Deputy Commander for Administration (or equivalent)					
(5) Senior Medical NCO (or equivalent)					
C. Uses effective interpersonal skills.					
(1) Professional, courteous communication					
(2) Uses appropriate chain of command					
(3) Supports organization and unit teamwork activities					
2. Performance Improvement (PI)					
Critical Thinking: Works with clinical/leadership to promote thorough and safe patient care and uses available information to improve and enhance care delivery. Assists with developing policies, procedures and standards of care for all patients. Fosters interdisciplinary collaborative relationship amongst other services to ensure provision of quality care.					
A. Verbalizes an understanding of the PI process - FOCUS-PDCA.					
B. Demonstrates the ability to interpret and implement DoD, DA, MEDCOM, MEDDAC, and JCAHO program requirements.					
C. Identifies PI issues and takes action to resolve or improve issues.					
D. Demonstrates the ability to make recommendations to the command group pertaining to PI improvement initiatives.					
3. Department Level Competencies					
A. Demonstrates the ability to identify the staff's learning needs.					
(1) Conducts formal needs assessment					
(2) Uses needs assessment data to plan educational offerings					

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Clinical skills reference:

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U.S. Army Medical Department Activity, Fort George G. Meade

Nursing Leadership

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
B. Describes educational programs available.					
(1) MTF training					
(2) Competency training					
(a) Skills labs and equipment orientation					
(b) Age-specific training					
(3) Continuing education classes					
(4) Unit level in-service education					
(5) Self-learning packets					
(6) Health Net video and online continuing education program					
(7) Automation and computer training					
(8) U.S. Army Reserve and special staff training					
C. Verbalizes knowledge of the ANC-CHEP process.					
(1) Organizes and submits packet for approval					
(a) Writes objectives					
(b) Designs an outline					
(c) Selects the best teaching method for the target audience					
(d) Designs and evaluation tool					
(e) Selects a training site					
(2) Submits a class roster after training is completed					
(3) Ensures training certificates are distributed					
(4) Maintains and prepares quarterly reports of ANC-CHEP activities					
D. Maintains files of pre-approved training for contact hours.					
E. Involves the MTF staff in the education process.					
(1) Incorporates learners and presenters as active participants in all aspects of the education process					
(2) Incorporates feedback to learners and presenters throughout the educational process in the education plan					
F. Supports opportunities to advance staff members' professional development, such as through TDY, courses, and advanced civilian schooling.					
G. Demonstrates or verbalizes methods to assess initial and ongoing competence of staff, to include those who are newly assigned, attached or employed.					

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U.S. Army Medical Department Activity, Fort George G. Meade

Nursing Leadership

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
H. Verbalizes the requirements and process for programs.					
(1) Military courses for officers, such as the advance course, CAS3 and CGSC.					
(2) AOC/SI courses					
(3) Nurse Professional Sustainment Program					
(4) Civilian Tuition Assistance					
(5) AMEDD Enlisted Commissioning Program (that is, Green to Gold)					
(6) Warrant Officer Program (OCS)					
(7) Military Assistant Procurement Program					
(8) LTHT, Anesthesia, and Baylor programs					
I. Describes the MTF's orientation and required annual training.					
(1) Newcomer's Orientation					
(2) Clinical Track training					
(3) Computer-based Annual Training					
(4) Mandatory training requirements					
J. Describes the purpose and role of special training programs.					
(1) Preceptorship and the Clinical Orientation Program					
(2) ROTC Summer Camp Program					
K. Describes the requirements for resuscitative medicine programs.					
(1) Basic Cardiac Life Support (BCLS)					
(2) Advanced Cardiac Life Support (ACLS)					
L. Describes the requirements and criteria for management of the 91W Program.					
(1) Emergency Medical Technician-Basic (EMT-B)					
(2) Pre-Hospital Trauma Life Support (PHTLS)					
(3) Basic Trauma Life Support (BTLS)					
(4) Trauma aims					
(5) Semi-Annual Combat Medic Skills Validation Test (SACMS-VT)					
(6) Emergency Medical Technician Refresher Program					

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U.S. Army Medical Department Activity, Fort George G. Meade

Nursing Leadership

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
M. Explains the method used for monitoring and tracking activities in the database.					
(1) BCLS					
(2) Mandatory training, such as Computer-based Annual Training					
(3) Clinical Track Training					
(4) Self-learning packets					
(5) In-processing					
(6) Out-processing					
N. Promotes life-long learning as an integral part of professional practice.					
O. Verbalizes and understanding of policies and procedures pertinent to MTF-related education and training, and MEDDAC regulations.					
P. Serves as a role model for continuing personal growth and development of the staff.					
Q. Uses consultation skills in area of expertise to enhance staff learning.					
R. Integrates research into educational activities.					
4. Resource Management					
Critical Thinking: Appropriately uses medical and administrative supplies with the goal of minimizing waste and reinforcing fiscal responsibility.					
A. Demonstrates fiscal responsibility with the appropriate requisition of educational equipment and supplies.					
B. Demonstrates the ability to account for equipment.					
Source of Performance Standard: Environment of Care					
To provide a safe, functional and effective environment for patients, staff, and other individuals in the ambulatory care organization					
5. Equipment					
Critical Thinking: Describes the capabilities, limitations and special applications of each item of equipment.					
Demonstrates basic operating procedures for equipment items. Reports routine problems with equipment.					
Performs actions in accordance with clinic SOP and MEDDAC Regulation 750-1.					
A. Video teleconferencing (VTC).					
B. Video tape recorder.					
C. VCR.					
D. Overhead projector.					
E. Computer-assisted presentation equipment.					

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U.S. Army Medical Department Activity, Fort George G. Meade**Nursing Leadership**

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
F. Computer software presentation tools.					
(1) Powerpoint					
(2) Excel					
(3) Word					
(4) Access					
(5) Outlook					
(6) Other (specify):					
G. Facsimile machine.					
H. Copier					
I. Telephone and answering service					

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Appendix G

Competencies and Performance Criteria in Occupational and Environment Health Nursing

The MEDDAC utilizes the American Association of Occupational Health Nurses (AAOHN) Competency Levels in Occupational and Environmental Health Nursing. AAOHN Journal, July 2003, Vol. 51, No. 7, pages 290-302, states, "The AAOHN has delineated nine categories of competency in Occupational and Environmental Health Nursing. Within each category, three levels of achievement or competence are identified, with the competent levels considered the core for practice in the specialty. The code of ethics, standards of practice, core curriculum and competencies provide the basis for scope of practice, knowledge, skill and the legal and ethical framework in occupational and environmental health nursing." Following are the definitions and examples of each of the three levels of competency, listed from least to greatest:

a. *Competent.*

(1) *Definition.* A nurse whose confidence has increased and whose perception of the role is one of mastery and an ability to cope with specific situations. There is less of a need to rely on the judgments of peers and other professionals. Work habits tend to stress consistency rather than routinely tailoring care to encompass individual differences.

(2) *Example.* The competent occupational and environmental health nurse is one who has sufficient experience to recognize a range of practice issues and who is able to function comfortably in such roles as clinician, occupational health services coordinator, and case manager. The nurse follows prescribed procedures of the organization and relies on assessment checklists and clinical protocols to provide treatment.

b. *Proficient.*

(1) *Definition.* A nurse who, based on past experiences, has an increased ability to perceive client situations as a whole, and focuses on the relevant aspects of the situation. The nurse is able to predict the events to expect in a particular situation and can recognize that protocols must sometimes be altered to meet the needs of the client.

(2) *Example.* The proficient occupational and environmental health nurse is able to quickly obtain information needed for accurate assessment and move quickly to the critical aspects of a problem. Structured goals are replaced by priority setting in response to the situation. A proficient nurse usually possesses sophisticated clinical or management skills in the occupational health setting.

c. *Expert.*

(1) *Definition.* A nurse who has extensive experience and a broad knowledge base and is able to grasp a situation quickly and initiate appropriate action. An expert nurse has a sense of salience grounded in practice guiding actions and priorities.

(2) *Examples.* Expert occupational and environmental health nurses are able to—

- (a) Provide leadership in developing occupational and environmental health policy within an organization.
- (b) Function in upper executive or management roles.
- (c) Serve as consultants to business and government.
- (d) Design and conduct significant research in the field.

U.S. Army Medical Department Activity, Fort George G. Meade

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
COMPETENCIES AND PERFORMANCE CRITERIA IN OCCUPATIONAL AND ENVIRONMENTAL HEALTH NURSING					
Category 1: Clinical and Primary Care					
1. Competent					
A. Uses and documents the nursing process in care management					
(1) Acquires general, occupational and environmental health histories					
(2) Identifies and assesses occupational and non-occupational injuries and illnesses.					
(3) Develops a plan of care					
(4) Implements direct care and treatment					
(5) Maintains current knowledge of treatment modalities.					
(6) Evaluates care effectiveness					
(7) Documents all aspects of assessment and care management					
(8) Communicates findings to the client and, as appropriate, other individuals					
(9) Educates clients with consideration for literacy and culture to enhance compliance with the treatment plan					
(10) Follows up with client to assure a compliance with the treatment plan and modified the plan as needed					
(11) Maintains a list of referral providers and monitors provider arrangements for quality, timely access, customer services and outcomes					
(12) Refers client to health care provider(s) as indicated					
(13) Provides consultation when appropriate					
B. Assesses, diagnoses and treats clients consistent with appropriate standards and laws					
(1) Functions within the scope of state nursing practice regulation					
(2) Functions within the scope and standards of occupational and environmental health nursing practice					
(3) Distinguishes between the scope of nursing practice and the scope of practice for both paraprofessionals and other professionals providing care and consultation at the site					
(4) Identifies components of other practices acts that impact nursing practice					
C. Counsels clients on reduction of risks associated with occupational and environmental health and safety hazards					
(1) Assesses the clients' knowledge in relation to work-related hazards and potential exposures in the client's home and community					

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Supervisor's signature:

Date:

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U.S. Army Medical Department Activity, Fort George G. Meade

Clinical and Primary Care -- Continued

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
(2) Advises the client in relation to exposures, risk reduction and measures available to protect client health and safety					
(3) Fosters client responsibility for use of preventive and protective measures within the context of the organization's duty to provide a safe and healthy work environment.					
D. Uses and maintains an accurate and complete record keeping system, while maintaining confidentiality					
(1) Uses a record keeping system that documents health information in the client health record					
(2) Uses privacy policies and procedures to maintain confidentiality					
(3) Maintains and abides by the legal parameters governing documentation and record keeping					
2. Proficient					
A. Develops and evaluates clinical protocols and practice guidelines					
(1) Identifies and evaluates current resources for development and modification of clinical guidelines and protocols.					
(2) Uses knowledge of disease management and advances in research and practice in developing protocols and guidelines					
(3) Collaborates with other occupational and environmental health professionals in the development of guidelines and protocols					
(4) Evaluates the effectiveness of protocols and guidelines					
3. Expert					
(1) Facilitates the clinical professional development of other occupational and environmental health care providers					
(a) Provides clinical teaching and preceptorship to students and other health care providers					
Category 2: Case Management					
1. Competent					
A. Identifies the need for case management intervention					
(1) Establishes criteria and uses case findings and screenings to identify clients who are appropriate candidates for case management					
(2) Identifies cases for early intervention					
(3) Identifies gaps existing in the service continuum					
B. Conducts a thorough and objective assessment of the client's current status and case management needs					
(1) Assesses and documents a broad spectrum of client needs, including physical and psychological, using data from clients and families, other health care providers, health records, environmental exposure data, etc.					

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U.S. Army Medical Department Activity, Fort George G. Meade

Case Management -- Continued

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
(2) Maintains awareness of cultural, economic and social issues that may impact health					
(3) Documents the client's health status and case management needs					
(4) Assesses informal and formal support systems					
(5) Assesses workplace, community, professional and vendor resources					
(6) Assesses the essential functions of the job to facilitate hiring, proper placement, fitness for duty, reasonable accommodation and return to work					
(7) Reassesses the health status of the worker periodically					
(8) Assesses benefit plans and their relationship to client needs that may impact recovery					
C. Uses and evaluates available health care resources to achieve an optimal health care outcome					
(1) Provides occupational and non-occupational case management consistent with statutes and company benefit programs					
(2) Facilitates participation of the client in designated plans for desired outcomes					
(3) Coordinates and monitors care and treatment from internal and external providers					
(4) Provides appropriate education for the worker, family, community and other resources providers					
(5) Coordinates administration of case management among benefit plans using legal, labor and regulatory guidelines					
(6) Implements effective return to work and modified duty programs					
(7) Facilitates rehabilitation, job accommodation or alternate work for occupational and non-occupational disabilities					
(8) Evaluates and monitors the plan of care to ensure its quality, efficiency, timeliness and effectiveness					
D. Collaborates with the client and others to use a multidisciplinary approach to achieve desired outcome(s)					
(1) Establishes communication plans involving internal and external parties appropriate to the case management plan					
(2) Develops a comprehensive case management plan including client goals, objectives and actions to achieve desired outcomes					
(3) Identifies community resources and coordinates referrals as appropriate					
(4) Engages in multidisciplinary consultation for complex cases					
(5) Uses primary, secondary and tertiary prevention strategies in planning to optimize each client's health status					
(6) Documents the plan and current status of the client in the health record					
(7) Communicates status and plan to others involved in the case					

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U.S. Army Medical Department Activity, Fort George G. Meade

Case Management -- Continued

Critical behavior (Source of performance standard)		Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
E. Uses and maintains an accurate, complete record keeping system, while maintaining confidentiality						
(1) Maintains and safeguards client's case management records in keeping with established codes of ethics and legal or regulatory requirements to assure confidentiality of health information						
(2) Obtains written client permission to release health information for each specific health condition						
F. Identifies changes in case management practice to bring about appropriate care and cost-effective outcomes						
2. Proficient						
A. Develops case management programs						
(1) Conducts review of current research and other literature in case management						
(2) Uses appropriate research findings in the development of policies, procedures and guidelines						
(3) Defines jointly with management the goals and scope of the organization's case management program						
B. Manages the case management program						
(1) Reviews the case management process annually or more often, as needed related to all disability cases						
(2) Conducts comprehensive assessment of expenses and benefit utilization related to all disability cases						
(3) Assesses and modifies workplace policies and program protocols as needed						
(4) Determines and communicates role and responsibility of the client, supervisor/manager, case manager, health care providers, third party administrators/insurers, and others in the case management process						
(5) Analyzes and synthesizes quality monitoring and continuous improvement data to formulate modifications in the program						
(6) Analyzes trends and outcomes for success of case management programs						
(7) Develops policies and procedures for appeal of case management recommendations						
(8) Participates with internal and external groups and agencies to support or represent the case management program						
3. Expert						
A. Functions as a case management expert to internal and external audiences						
(1) Functions as a consultant						
(2) Develops and conducts educational programs to enhance the use of case management by health care providers, management and clients						

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U.S. Army Medical Department Activity, Fort George G. Meade

Case Management -- Continued

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
(3) Manages data and information systems for the purposes of research, trend analysis, program redesign and continuous quality improvement.					
(4) Participates in marketing and research related to case management services and the programs provided					
B. Designs integrated disability case management systems					
(1) Acts as a resource for the organization in the design, implementation and evaluation of the case management system					
(2) Develops disability case management systems that consider client satisfaction, business needs of the organization, client/employer and vendor desired outcome(s); and cost effectiveness measures					
(3) Conducts outcomes research aimed at identifying best practices					
(4) Synthesizes knowledge of developing business trends and models to maintain integrity of case management systems					
Category 3: Work Force, Workplace, and Environmental Issues					
1. Competent					
A. Coordinates client health screening and surveillance programs and services					
(1) Conducts health screening and surveillance activities including occupational and environmental health histories and health assessments					
(2) Identifies the scope and distribution of occupational and environmental disease, illness, exposure and injury occurrences using individual history health assessments					
(3) Participates with others to develop prevention and control strategies designed to maintain client and community health and safety					
(4) Maintains appropriate documentation of health information according to regulatory requirements and company policies and procedures					
(5) Serves as a member of committees					
B. Monitors the work environment to assure the health and safety of workers					
(1) Collaborates with other professionals to identify potential exposures to workers					
(2) Conducts and documents periodic worksite walk-throughs, focused inspections, records reviews, job hazard analyses, and incident investigations					
(3) Identifies exposure monitoring techniques					
(4) Reviews exposure monitoring data, and determines and documents appropriate action					
(5) Anticipates and assesses potential health hazards including review of resources such as material safety data sheets					
(6) Ensures availability and maintenance of appropriate control measures					

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U.S. Army Medical Department Activity, Fort George G. Meade

Work Force, Workplace, and Environmental Issues -- Continued

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
C. Fosters compliance with current laws and regulations governing work force and worksite safety, health and environmental issues					
(1) Identifies compliance issues consistent with local, state and federal laws, regulations and standards for environmental health and worker health and safety					
(2) Implements and evaluates mechanisms to address compliance requirements					
(3) Participates in providing worker and management training to reduce hazards and foster compliance					
D. Interacts with organizations in the community that provide health and safety resources					
(1) Identifies community resources available to assist with the organization's occupational and environmental health and safety programs and services					
(2) Develops relationships with community organizations to further occupational and environmental health and safety objectives					
(3) Participates in community and organizational functions relevant to occupational and environmental health and safety					
E. Identifies internal resources, assets and capabilities which might be used in the event of a local or regional emergency and/or disaster incident					
2. Proficient					
A. Analyzes the risks associated with worksite hazards					
(1) Reviews documentation concerning production and quality control problems, workers' compensation claims, OSHA record keeping logs, safety surveys, inspection reports, accident reports, exposure monitoring reports, and relevant data from job hazard analyses to determine sources of risk					
(2) Performs risk assessments					
(3) Conducts trend analyses					
(4) Determines aggregate health risk patterns by reviewing scientific data and other informational sources					
(5) Serves as risk communicator to corporations, labor and government					
B. Develops, manages and evaluates population risk reduction and health surveillance programs and services					
(1) Develops collaborative recommendations for prevention and control of occupational injuries and illnesses based on hazard identification and trend analysis					
(2) Develops site-specific control strategies based on hazard identification and trend analysis					
(3) Develops and evaluates strategies of hazard abatement					
(4) Designs methods to evaluate program and service effectiveness and implement quality improvement efforts					

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‡ V=Verbal D=Demonstrated L=Lecture or video PE=Practical exercise

Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

Work Force, Workplace, and Environmental Issues -- Continued

Critical behavior (Source of performance standard)		Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
3. Expert						
A. Serves as an occupational and environmental health and safety expert to corporations, government agencies, the community and other outside groups						
(1) Provides expert consultation on occupational and environmental health and safety issues						
(2) Offers expert testimony to governmental agencies and others on occupational and environmental health and safety issues						
(3) Advances the knowledge base in risk management and health surveillance by using root cause analysis, or other analytical approaches, and hierarchy of controls						
B. Influences policy relating to occupational and environmental health risk reduction surveillance						
(1) Provides leadership within the organization to develop and review occupational and environmental health policy						
(2) Serves on national committees, boards, or agencies that address occupational and environmental health issues, regulations and policy						
Category 4: Regulatory and Legislative						
1. Competent						
A. Demonstrates compliance with laws and regulations governing nursing practice						
B. Monitors legislative activities that may impact nursing practice, workers, worksite and environment. Identifies and communicates impact of legislation and regulations on occupational and environmental health and safety programs and services, as well as organizations.						
2. Proficient						
A. Engages actively in efforts to affect policy making and practices governing nursing practice, workers, worksite and environment						
(1) Serves as spokesperson to local community and governmental agencies						
(2) Acts to influence regulatory and legal processes through individual and collective action						
(3) Serves as mentor and resource to others concerning regulatory and legislative issues						
3. Expert						
Influences legislative and regulatory public policy related to nursing practice, workers, worksites and environment						
(1) Serves on national committees, boards or agencies addressing policy						
(2) Serves as an expert in providing written comment or testimony						

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

Critical behavior (Source of performance standard)		Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
Category 5: Management						
1. Competent						
A. Coordinates the provision of occupational health programs and services						
(1) Identifies the organization's structure, culture and climate						
(2) Organizes and implements occupational health programs and services						
(3) Uses professional and regulatory standards to promote efficient, effective and safe health care delivery as well as safe working conditions						
(4) Participates in the formulation of goals, plans and decisions related to programs and services						
(5) Contributes to the development of the budget for the program or service						
(6) Participates in the design and implementation of methods for quality improvement and quality assurance based on data collected						
(7) Identifies and uses community resources						
(8) Determines and acquires support services, equipment and supplies to facilitate occupational and environmental health nursing programs and services						
(9) Participates in decision making related to acquisition, allocation and utilization of occupational and environmental health resources						
(10) Maintains knowledge of current technology, laws, trends, risk assessment and cost benefit analysis						
(11) Maintains knowledge of occupational and environmental health structures and systems						
(12) Participates in strategic and long range planning						
B. Monitors the quality and effectiveness of vendor services						
(1) Uses objective and valid methods to evaluate vendor services						
(2) Recommends changes to improve quality of programs and services						
C. Collaborates with the multidisciplinary team to foster the provision of effective health, safety and environmental programs and services						
(1) Engages all appropriate staff, including management and other health care professionals in developing occupational health and environmental programs and services						
(2) Engages team members in problem-solving activities and in evaluating programs and services						
(3) Participates in health and safety committees, team meetings and other appropriate team activities						
(4) Recommends changes in programs and services to the multidisciplinary team						

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U.S. Army Medical Department Activity, Fort George G. Meade

Management -- Continued

Critical behavior (Source of performance standard)		Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
D. Uses an ethical decision-making framework in all activities						
(1) Advocates accessible, equitable and quality health care programs and services, including a safe and healthy work environment						
(2) Establishes mechanisms for identifying and resolving ethical dilemmas and participates in the decision-making process						
2. Proficient						
A. Designs and manages health, safety and environmental programs and services consistent with corporate culture, business objectives and the needs of worker and community populations						
(1) Develops position descriptions for occupational health services personnel						
(2) Determines staffing requirements of occupational health programs and services						
(3) Participates in hiring and orientation						
(4) Develops assessment tools for programs and services to identify areas of need, value and importance						
(5) Collects and analyzes data and identifies trends to establish priorities and manage programs and services						
(6) Collaborates with management to provide resources that support occupational and environmental health safety programs and services that meet the needs of the worker population and work environment						
(7) Identifies resources for programs and services						
(8) Develops goals and objectives consistent with the organizational mission, vision and culture						
(9) Uses knowledge of organization theory, business principles and dimensions of professional practice in management role						
(10) Manages human, operational and financial resources to effectively implement health, safety and environmental programs and services						
(11) Establishes standards of performance and conducts performance appraisals annually						
(12) Develops policies and procedures related to health and safety						
(13) Collaborates with internal and external multidisciplinary teams to facilitate change						
(14) Integrates research findings into planning for programs and services						
(15) Develops methods to control the cost of occupational and non-occupational injuries and illnesses while monitoring quality and effectiveness						
(16) Conducts and documents evaluation of programs and services, including measurement of outcomes, quality of interventions and cost benefit analysis						
(17) Determines appropriate information management systems and coordinates resources to facilitate use						

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

Management -- Continued

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
(18) Coordinates elements of strategic, long range planning within the organization					
B. Develops and manages a budget for programs and services					
(1) Develops, monitors and recommends a budget that provides for efficient and cost-effective programs and services, including human, operating and financial resources					
(2) Provides adequate resources for ongoing staff education and professional development					
C. Negotiates vendor and provider contracts and evaluates effectiveness of programs and services					
(1) Participates in decisions regarding acquisition, allocation and utilization of programs and services					
(2) Develops cost-effective contractual relationships with vendors and providers					
(3) Monitors and evaluates programs and services provided and outcomes achieved					
D. Designs quality improvement methods to measure health outcomes					
(1) Identifies appropriate standards, guidelines or protocols indicative of quality processes and outcomes					
(2) Conducts audits or reviews					
(3) Conducts or participates in benchmarking					
E. Communicates with management on health programs and services outcomes and cost-effectiveness					
(1) Documents and submits plans to meet developed goals and objectives, targeted outcomes, and other measures and metrics					
(2) Develops and submits periodic reports that document budget projections versus actual expenditures, quality activities and measures, staff development activities, outcomes such as participation in programs and services, staff participation in interdepartmental and interdisciplinary activities and trends related to injuries and illnesses					
F. Implements activities that improve the level of occupational and environmental health personnel					
(1) Provides an environment for occupational and environmental health staff to participate in decision-making related to practice resources					
(2) Determines and coordinates opportunities for inservice education, staff development and continuing professional education					
(3) Creates learning opportunities for students in the occupational and environmental health setting					

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

Management -- Continued

Critical behavior (Source of performance standard)		Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
3. Expert						
A. Functions as an expert and leader in a consultative or executive role, both internally and externally, to business, academia, government and the community						
(1) Advises clients on the recommended scope and focus of occupational and environmental health and safety programs and services						
(2) Presents options for the structure and delivery of occupational and environmental health and safety programs and systems						
(3) Directs strategic planning to develop comprehensive occupational and environmental health and safety programs and systems						
(4) Conducts research studies, synthesizes results and presents findings to enhance occupational and environmental health and safety programs and services						
(5) Plans and directs marketing and promotion of occupational and environmental health and safety programs and services and their value						
B. Establishes and communicates mission, vision, values and goals for occupational and environmental health programs and services						
(1) Determines the values						
(2) Establishes the vision, mission and goals						
(3) Integrates values, vision, mission and goals with the organization's mission, vision and goals						
Category 6: Health Promotion and Disease Prevention						
1. Competent						
A. Assesses the health needs of workers and worker populations						
(1) Performs needs assessment						
(2) Reviews the needs assessment results for program planning						
B. Plans, implements and evaluates health promotion and disease prevention strategies and programs						
(1) Defines goals and objectives using needs assessment data and the principles of the levels of prevention						
(2) Collaborates with other disciplines and community organizations to target and plan programs and services						
(3) Provides programs and services that increase awareness of health issues and choices						
(4) Implements prevention, follow up and referral programs and services as needed and evaluates their effectiveness						
(5) Assists workers, dependents and communities to modify health risk behaviors						
(6) Uses adult learning concepts in health education programs						

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

Health Promotion and Disease Prevention – Continued

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
C. Uses adult learning concepts in health education programs <ul style="list-style-type: none"> (1) Selects teaching methods and strategies with consideration of levels of prevention, readiness to change, cultural orientation and learning abilities (2) Provides health education using multiple teaching methods and strategies designed to enhance motivation and change behaviors (3) Includes techniques that promote personal and communitywide responsibility for health 					
2. Proficient					
A. Develops health promotion and disease prevention programs and services <ul style="list-style-type: none"> (1) Assesses the psychological and physical environment, the organization of work, and the community to determine impact on health risks (2) Analyzes benefit and other health data to assess and target health promotion program needs for the worker population and the community (3) Designs programs and services using health behavior change models (4) Conducts trend analysis targeting health promotion and disease prevention programs and services (5) Develops primary prevention interventions to reduce the risk of disease (6) Develops secondary prevention strategies to encourage early identification and diagnosis of disease conditions (7) Develops tertiary prevention programs and services designed to restore health productivity (8) Provides operational direction for health promotion programs and services for planning, staffing, organizing and directing consistent with organizational philosophy and culture (9) Develops budget for programs and services (10) Selects, manages and evaluates vendor contracts to ensure quality of health promotion programs and services (11) Plans and directs marketing of the health promotion program to increase employee participation (12) Critically evaluates and applies research findings in program design 					
B. Evaluates the health outcomes and return on investment of health promotion and disease prevention programs and services <ul style="list-style-type: none"> (1) Develops evaluation methodologies to detect changes in worker health behaviors and other health indicators following implementation of health promotion programs and services (2) Designs processes for evaluation of the cost-effectiveness and cost benefit analysis of specific health promotion activities and the comprehensive health promotion program 					

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U.S. Army Medical Department Activity, Fort George G. Meade

Health Promotion and Disease Prevention – Continued

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
C. Communicates with management on health promotion and disease prevention initiatives, outcomes and effectiveness					
(1) Provides periodic reports that document health outcomes and return on investment of health promotion and disease prevention programs and services					
(2) Provides annual reports which include program performance, goal achievement and future recommendations					
3. Expert					
A. Serves as an expert in health promotion and disease prevention to corporations, government agencies, the community and other outside groups					
(1) Develops organizational policies to facilitate and support healthy worker and community behaviors and environments					
(2) Provides consultation on health promotion					
(3) Advises clients on the recommended scope, content and resources of health promotion programs and services					
(4) Recommends options for the structure and delivery of health promotion programs and services, including benefit design					
(5) Develops comprehensive, cost-effective, long range plans for health promotion programs and services					
(6) Conducts research studies and disseminates results to enhance health promotion programs and services					
(9) Designs systems for integration of health promotion strategies					
Category 7: Occupational and Environmental Health and Safety Education and Training					
1. Competent					
A. Implements occupational and environmental health and safety education and training					
(1) Identifies education and training goals and objectives based on worker needs assessment, organization practices and regulatory requirements					
(2) Provides education and training programs and services incorporating knowledge of current laws and regulations governing worker, worksite and community health and safety					
(3) Uses adult learning concepts in education and training programs					
(4) Collaborates with other disciplines in regard to education and training programs					
(5) Evaluates effectiveness of education and training programs					
(6) Maintains education and training records according to regulatory and other requirements					

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Name: _____

U.S. Army Medical Department Activity, Fort George G. Meade

Occupational and Environmental Health and Safety Education and Training -- Continued

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
2. Proficient					
A. Develops and evaluates occupational and environmental health and safety education and training programs and services					
B. Communicates with management on occupational and environmental health and safety education and training initiatives, outcomes and effectiveness					
(1) Provides periodic reports that document health outcomes and return on investment of health and safety education and training programs and services					
(2) Provides annual reports which include program performance, goal achievement and future recommendations					
3. Expert					
A. Serves as an expert in occupational and environmental health and safety education and training to corporations, government agencies, the community and other outside groups					
(1) Develops organizational policy					
(2) Provides consultation					
(3) Recommends options for the structure and delivery of education and training programs and services					
(4) Develops comprehensive, cost-effective, long range plans for education and training					
(5) Conducts research studies and disseminates results to enhance education and training					
B. Educates occupational and environmental health and other professionals					
(1) Develops, implements and evaluates curricula appropriate to various levels of educational preparation					
(2) Synthesizes research findings in curriculum development					
(3) Contributes to the peer reviewed literature					
(4) Mentors and encourages others to contribute to the peer reviewed literature					
(2) Provides education and training programs and services incorporating knowledge of current laws and regulations governing worker, worksite and community health and safety					

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U.S. Army Medical Department Activity, Fort George G. Meade

Critical behavior (Source of performance standard)		Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
Category 8: Research						
1. Competent						
A. Identifies resources that describe relevant research findings and applies them to practice						
(1) Reviews periodicals and other publications featuring research related to the field of occupational and environmental health and safety						
(2) Conducts search of the literature and other resources to address specific occupational and environmental health and safety issues						
(3) Applies research supported interventions to practice in cooperation with the occupational and environmental health and safety team						
B. Assists in identifying researchable problems						
(1) Contributes to identification of problems observed in practice settings						
(2) Works with the community to identify environmental health research issues or questions based on community concerns and interests						
2. Proficient						
A. Enhances research skills using mentoring and preceptorship opportunities						
(1) Identifies experienced researchers in the practice or academic setting						
(2) Seeks assistance as necessary to identify researchable problems, conduct research investigation, and interpret and evaluate research findings						
B. Identifies need for and initiates or participates in research on practice issues or problems						
(1) Evaluates research studies to determine quality of study, reliability and validity of methodology, and relevance to occupational and environmental health						
(2) Identifies researchable problems with consideration of current research priorities and other needs						
(3) Evaluates feasibility of conducting research						
(4) Protects the rights of research study participants						
(5) Identifies potential sources of funding, if applicable						
(6) Prepares or assists in preparing proposal(s) for peer review and potential funding						
(7) Conducts or assists in conducting research						
(8) Analyzes and interprets data to form sound conclusions, seeking assistance as needed						
(9) Communicates research findings through reports, articles or presentations						
(10) Promotes application of findings to occupational and environmental health and safety practice						

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U.S. Army Medical Department Activity, Fort George G. Meade

Research -- Continued

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
C. Collaborates with researchers, other occupational and environmental health nurses and members of the occupational and environmental health and safety team in participating in research					
(1) Identifies expertise and other resources needed to plan and conduct research and analyze findings					
(2) Serves as a peer reviewer for professional publications					
3. Expert					
A. Builds and validates the scientific knowledge base and conceptual models of occupational and environmental health and safety					
(1) Develops a program of research building on previous knowledge and findings					
(2) Uses, tests and expands specific theoretical models in research studies					
B. Performs independent research and disseminates results					
(1) Serves as principal investigator for the research conducted					
(2) Disseminates findings through presentations, published articles in professional journals, and other media					
C. Serves as a mentor for nurses and other occupational and environmental health and safety professionals in the research process					
(1) Acts as a resource for identifying researchable problems, conducting research investigations, and interpreting and evaluating research findings					
(2) Facilitates involvement of other occupational and environmental health and safety professionals in the research process					
(3) Seeks opportunities to share expertise and encourage the novice researcher					
D. Influences occupational and environmental health public policy and research-related decisions					
(1) Serves as a peer reviewer for research grants					
(2) Serves on national committees, boards or agencies addressing occupational and environmental health research policy					
Category 9: Professionalism					
1. Competent					
A. Develops and implements a lifelong learning plan including strategies for academic education, continuing professional education and certifications as appropriate					
(1) Develops and plan for maintaining and expanding knowledge in nursing and occupational and environmental health and safety					
(2) Participates in regular continuing education activities to meet knowledge and skill needs					
(3) Plans for and/or obtains academic qualifications and certifications commensurate with learning plan					

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U.S. Army Medical Department Activity, Fort George G. Meade

Professionalism -- Continued

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
(4) Reviews plan and adjusts as needed					
B. Maintains scientific, regulatory and business knowledge appropriate to the nursing profession and to the specialty					
(1) Uses standards and practice guidelines and other relevant professional and regulatory documents as a framework for practice					
(2) Uses resources to obtain updated information					
(3) Implements scientific and business findings in practice and decision-making					
(4) Monitors laws and regulations affecting practice					
(5) Maintains professional behavior guided by laws, regulations, practice standards and ethical codes					
C. Implements an ethical framework for practice					
(1) Recognizes ethical dilemmas in practice					
(2) Maintains confidentiality of health information and records in accordance with professional codes, laws, regulations and guidelines					
(3) Incorporates AAOHN Code of Ethics and other professional resources into practice					
(4) Seeks consultation as needed for ethical decision-making and develops resolution					
(5) Evaluates resolutions to ethical conflicts					
D. Evaluates own performance					
(1) Establishes annual goals and objectives for work performance					
(2) Uses performance appraisal and self-assessment techniques to measure goal accomplishment, areas of strength and need for improvement					
E. Supports a research-based discipline					
F. Supports professional society(ies)					
(1) Maintains current membership(s) in relevant professional organization(s)					
(2) Participates in association governance and other related volunteer activities					
2. Proficient					
A. Acts as a role model and mentor					
(1) Fosters excellence in practice					
(2) Acts as a preceptor					
(3) provides support and direction to colleagues					

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U.S. Army Medical Department Activity, Fort George G. Meade

Professionalism -- Continued

Critical behavior (Source of performance standard)	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
B. Assumes leadership roles in advancing the profession					
(1) Assumes a leadership role within the environment					
(2) Participates in leadership activities in professional organizations at all levels					
3. Expert					
A. Advances the profession					
(1) Collaborates with leaders from other nursing specialties to address national and international issues related to nursing and occupational and environmental health nursing					
(2) Collaborates with other disciplines to address global health and safety issues					
B. Guides the development of policy initiatives that impact occupational health and safety					
(1) Develops policy for occupational and environmental health and safety					
(2) Influences legislative and regulatory policy					

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Name: _____

Appendix H
Customer Service

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U.S. Army Medical Department Activity, Fort George G. Meade

Customer Service

INITIAL ORIENTATION OF UNIT SPECIFIC SKILLS AND PROCEDURES					
Source of Performance Standard: Leadership					
1. Customer Service <ul style="list-style-type: none"> 1. Critical Thinking: <i>Anticipates, assesses and responds effectively to the needs of diverse customers both internal and external, making excellent customer service the first priority.</i> 					
For All Staff	Self-assess †	Orientation (Preceptor's initials & date)	Eval method ‡	Competency validated by supervisor (Signature & date)	Comments
Critical behavior (Source of performance standard)					
A. Promotes courtesy to customers through the use of verbal amenities	X				
B. Promptly answers the telephone with identification of self and service	X				
C. Demonstrates active listening by acknowledging and clarifying verbal messages to ensure mutual understanding	X				
D. Seeks information to better understand customer needs and requests	X				
E. Proactively keeps customers informed by giving timely and appropriate feedback	X				
F. Assesses problem situations and initiates effective service interventions that result in customer satisfaction (for example, informing customers about delays)	X				
G. Diffuses sensitive or difficult customer situations and creates a climate for mutual problem solving	X				
H. Explores ways of accommodating different customer requests, cultural practices, and age progression in order to provide sensitive customer service	X				
I. Demonstrates through daily interactions that all individuals in the MTF are his or her customers	X				
J. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
K. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
L. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
M. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
N. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
O. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
P. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
Q. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
R. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
S. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
T. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
U. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
V. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
W. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
X. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
Y. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				
Z. Coordinates role with staff in other areas in order to effectively meet customer service needs	X				

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I understand that of all the topics listed in this document, I will be allowed to perform only those listed for my skill level and scope of practice, after I have successfully demonstrated competency in those tasks.

Signature:

Date:

(Source of performance standard)

H-2

Clinical skills reference: *The Lippincott manual of Nursing Practice*, Lippincott-Raven Publishers, Sixth Edition, 1996

Date:

Supervisor's signature:

-R Forms Section

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Competency Assessment -- Continuing Education/In-service Record

SIGNATURE VERIFICATION SHEET

Employee's name

STATEMENT OF UNDERSTANDING

(For use of this form, see MEDDAC Regulation 600-8-2)

1. I have read and understand the MEDDAC's Mission, Vision, Values, and Strategic Goals, as stated in the MEDDAC's Strategic Plan.
2. I understand the MEDDAC's Staff Rights and Responsibilities, as explained in MEDDAC Policy Statement No. 17 (Staff Rights) and Policy Statement No. 19 (Command Ethics).

Employee's signature

Date

MEDDAC (Ft Meade) Form 774-R, 1 Nov 03

CERTIFICATION OF PERFORMANCE EVALUATION AND COMPETENCY REVIEW*(For use of this form, see MEDDAC Regulation 600-8-2)*

1. Name (Last, First, MI)	2. Grade	3. Duty section
4. Duty title	5. Area of concentration	
6. MOS and Title or Civilian GS/WG Occupational Series and Occupational Title		
7. Evaluation report. I certify that I have a current evaluation report for the employee named above, as stated below: a. Type of evaluation report: <input type="checkbox"/> OER <input type="checkbox"/> NCOER <input type="checkbox"/> Civilian b. Rating period: FROM: _____ TO: _____		
8. Certification statement: I, who am the supervisor of the above-named employee, certify by signature in item 10b below, that I have reviewed this employee's rating chain and last evaluation report (see item 7), and that I have discussed both with the employee.		
9a. Employee's signature	9b. Date	
10a. Supervisor's typed or printed name	10b. Supervisor's signature	10c. Date

MEDDAC (Ft Meade) Form 775-R, 1 Nov 03

Glossary

Section I Abbreviations

CAF
competency assessment file

DCA
Deputy Commander for Administration

DCCS
Deputy Commander for Clinical Services

DCN
Deputy Commander for Nursing

HN
head nurse

IUOCA
initial unit orientation and assessment

MEDDAC
U.S. Army Medical Department Activity, Fort George G. Meade

NCOIC
noncommissioned officer in charge

Section II Terms

Age-specific competency
The knowledge, skills and behaviors required to care for a patient along the age continuum. This includes knowledge of age-specific physiological, psychosocial, safety, communication, and pain management that exist for each age group.

This MEDDAC recognizes eight general age groups: neonate, infant, toddler, preschool, adolescent, young adult, adult and geriatric.

Certification
A formal process by which clinical personnel are authorized to perform certain skills which are beyond the individual's formal training or represent high risk to life or limb. Certification requires a specified educational program, documentation of attendance, and competency verification.

Competency
The effective application of those technical skills and knowledge that the individual must possess in order to perform their duties. Competency communicates an acceptable level of practice and may be evaluated using a variety of methods.

Competency assessment
A process for the evaluation and documentation of an employee's knowledge, skills and ability to perform a specific job or task.

Competency folder
A 6-part folder created and maintained at the work site that contains documentation relating to an employee's general education and skills training, institutional and unit-specific orientation, and ongoing and specialized training relating to job duties.

Competency verification

The process by which a responsible individual measures the abilities of an individual for a specific competency statement. Verification can and should take many forms within the overall competency process. A single method of verification can never effectively capture the technical, critical thinking, and interpersonal skills required to successfully perform the job. Therefore a variety of methods should be used to assess competency. Competency verification methods include but are not limited to observation, post-tests, return demonstrations, case studies, exemplars, peer review, self-assessment, discussion groups, presentation, mock events, and performance improvement monitors and observation that the individual is able to perform a particular task.

Department

Within this regulation, a department is an element of the staff or special staff whose chief is directly subordinate to a deputy commander (or the equivalent of a deputy commander at an outlying clinic).

Employee

Within this regulation, the term employee includes all military personnel, Department of the Army civilians, contractor civilians, attached personnel, borrowed personnel, reservists, volunteers, and students under

the operational control of the MEDDAC.

Initial competencies

Competencies that focus on the knowledge, skills, and abilities required in the first six months to one year of employment. These competencies are often referred to as the “core com-

petencies” required to perform the job.

Ongoing competencies

Competencies that build on already established knowledge, skills, and abilities. These competencies reflect new, changing, high-risk, and problematic aspects of the job as it

evolves overtime.

Section

Within this regulation, a section is any element of the staff whose chief is subordinate to a department chief (as defined within this glossary).