

**SHORE HEALTH SYSTEM**  
**DEPARTMENT OF NURSING**

Page 1 of 6

**POLICY**

**SUBJECT:**

**DEPARTMENT OF NURSING**  
**COMPETENCY ASSESSMENT**

**DATE ESTABLISHED:** 6/04

**REVIEWED/REVISED:** 12/12

**CROSS REFERENCES:** Shore Health System (SHS) Administrative Policy  
- HR-14, Competence Assessment  
Nursing Policy, Licensure Verification  
Nursing Policy, Orientation Process for the Department  
of Nursing  
Nursing Policy, RN Self Assessment and Peer-Evaluation  
Shore Health System (SHS) Administrative Policy  
- TX-10, CPR

---

**PURPOSE:** To assure that all patient care providers are competent to perform responsibilities in their specific areas of clinical practice.

**SCOPE:** RN, LPN, Nursing Technician, Unit Secretary, Monitor Technician

**DEFINITIONS:**

Competency: The demonstrated knowledge, key elements, skills and attitudes required to perform the duties of an assigned role.

Competency Assessment: Competency Assessment is a fluid, ongoing process. It is dynamic and responsive to the changing environment using a systematic evaluation of an individual's capacity to perform defined expectations.

Competency Assessment Checklist: A form that details the step by step process necessary to successfully perform the behavior/skill. (Attachment D)

Competency Learning Contract: A form that details the specific competency that requires remediation. The contract includes: objectives; strategies; time frame; evidence completion; and evaluation. (Attachment C)

Competency Selection Worksheet: A form that details the needs of the organization/unit that will be focused on in the upcoming fiscal year. (Attachment B)

Competency Summary Sheet: A form that delineates successful completion of a particular competency/ skill and the mode in which it was accomplished. (Attachment A)

Evaluator: A person designated by position and/or clinical experience who has received education in the competency validation process.

**NURSING POLICY:**  
**DEPARTMENT OF NURSING COMPETENCY ASSESSMENT**

Page 2 of 6

Exemplar: An illustration written by the nurse that exemplifies their clinical practice related to the selected skill(s)/behavior(s).

Initial Competency: Focus is on the knowledge, skills and abilities required to perform during the provisional period of hire.

Ongoing Competency: A dynamic process that is selected by nursing leadership based on the changing needs required to meet the goals of the organization.

Population Related Competency: (formerly known as unit-based). Dependent on the patient groups served by that particular unit/area/division, i.e. pediatrics, geriatrics, pregnant women, patients with cultural or language differences, patients with sensory impairments, specific pain management needs, palliative care, bariatrics and surgical care.

**POLICY:****1.0 Upon Hire**

- 1.1 Initial competency assessment begins when the Human Resources Department establishes the educational background, licensure/certification, and previous experience/references of the job candidate.
  - 1.1.1 Some nursing units may require RNs to possess specialized certifications or credentials (i.e. ACLS, PALS, NRP, BLS, etc.) as a condition of employment.

**2.0 Initial Competency**

- 2.1 Successful completion of new employee orientation (NEO).
- 2.2 Successful completion of all components of Department of Nursing Orientation and unit-based orientation.
- 2.3 Prior to the end of the orientation period, competency for independent nursing practice will be assessed by documented completion of 85 percent of the general and unit-specific Orientation Skills Checklists. A joint decision will be made between the unit Nurse Manager / Immediate Supervisor, Clinical Specialist / Educator (as appropriate), Preceptor and employee that the employee is ready for release from orientation.
  - 2.3.1 Staff shall not perform any skill independently until competence is evaluated and documented.

**NURSING POLICY:**  
**DEPARTMENT OF NURSING COMPETENCY ASSESSMENT**

### **3.0 Ongoing Competency**

3.1 Competencies for the Department of Nursing will be selected on a fiscal year basis by the Nurse Executive Committee.

3.1.1 These competency categories may include, but are not limited to:

3.1.1.1 Clinical

3.1.1.2 Equipment

3.1.1.3 Interpersonal

3.1.2 The selected competencies will be communicated to the Education Council by the Director of Professional Nursing Practice/Magnet.

3.2 Population Related competencies will be reviewed and selected by the Unit-Based Shared Leadership/Nurse Manager/Immediate Supervisor/Clinical Specialist/Educator on a fiscal year basis. These competencies will be listed on the Competency Selection Worksheet (Attachment B).

3.2.1 These competency categories may include, but are not limited to:

3.2.1.1 Clinical

3.2.1.2 Equipment

3.2.1.3 Interpersonal

3.2.2 The selected competencies will be communicated to the Education Council by that unit/area/division's Clinical Specialist/Educator or designee for scheduling/planning of competency assessment and education.

3.3 All selected ongoing competencies must be 100 percent completed by the end of the designated year.

3.3.1 It is the **primary responsibility** of each employee to have all competencies completed within this time frame.

3.3.2 It is the joint responsibility of the Nurse Manager/Immediate Supervisor and unit-based Clinical Specialist/Educator to monitor the progress and completion of the selected competencies by the employee.

**NURSING POLICY:**  
**DEPARTMENT OF NURSING COMPETENCY ASSESSMENT****4.0 Competency Assessment Checklists**

- 4.1 The Competency Assessment Checklist (see Attachment D for sample) details the step by step process necessary to successfully perform the behavior/skill. The Competency Assessment Checklists are located on the Intranet under "Nursing." These forms are to be used by the evaluator to measure successful demonstration of the selected skill or behavior.
- 4.2 All Performance Criteria (100 percent) on the Competency Assessment Checklist must be completed in order to successfully demonstrate competency.
- 4.3 Successful completion of a competency will be documented on the Competency Summary Sheet (Attachment A).
- 4.4 If 100 percent of the competency steps are not demonstrated, an action plan will be developed by the Nurse Manager/Immediate Supervisor.

**5.0 Documentation of Competency Completion**

- 5.1 The Competency Summary Sheet (Attachment A) will be customized for each nursing unit/area/division to contain on-going competencies and population-related competencies.
- 5.2 The Competency Summary Sheet is the only required evidence of documentation of skill / behavior.
- 5.3 Competency Summary Sheets will be available prior to the start of the new fiscal year.
- 5.4 The Competency Summary Sheet will be maintained at the unit-level in the employee's education file.
- 5.5 Each individual staff member is responsible for assuring completion of their individual Competency Summary Sheet. This form must be submitted to the employee's Nurse Manager/ Immediate Supervisor 30 days prior to the employee's scheduled annual performance review.

**6.0 Demonstration of Competencies**

- 6.1 Each competency may have more than one designated method of demonstration. Staff may utilize any of these methods to demonstrate competency.
- 6.2 Possible methods to demonstrate competency.
  - 6.2.1 Demonstrating the skill in daily practice (preferred method).
  - 6.2.2 Simulation or Case Study.

**NURSING POLICY:**  
**DEPARTMENT OF NURSING COMPETENCY ASSESSMENT**

- 6.2.3 Written Test
- 6.2.4 Exemplar
- 6.2.5 Some competencies may be best evaluated in a group scenario/ classroom model. This option would be at the discretion of the Clinical Specialist / Educator.
- 6.3 The competency should be documented on the Competency Summary Sheet (Attachment A) in a timely manner after performance.
- 6.4 Staff members who fail to adequately complete any competency successfully are not to perform that skill until they have successfully passed retesting.
- 6.5 The employee, with the assistance of the competency evaluator, will complete a Competency Learning Contract (Attachment C) defining the timeframe and how they will remediate the skill. A copy of the contract will be forwarded to the employee's Nurse Manager / Immediate Supervisor.
- 6.6 Remediation and retesting will be provided by the Clinical Specialist/ Educator, Nurse Manager / Immediate Supervisor, Clinical Nurse Coordinator, or Education Council Member.
- 6.7 Staff members who are unable to successfully complete competency after remediation and retesting will be referred to the Nurse Manager / Immediate Supervisor for an action plan.
- 6.8 All employees will complete the annual HealthStream Mandatory Education session offered by Organizational and Workforce Development.

**References:**

1. Summers, B., & Woods, W. (2008) *Competency assessment: A practical guide to the joint commission standards*. (3rd ed.). Marblehead, MA: HCPro.
2. Wright, D., (2007). *The ultimate guide to competency assessment*. (3rd ed.). Minneapolis, MN: Creative Healthcare Management.

**NURSING POLICY:**  
**DEPARTMENT OF NURSING COMPETENCY ASSESSMENT**

Page 6 of 6

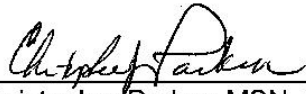
**Submitted by:** Shared Leadership Global Council 12/11/12.

**APPROVED BY:**



Deedra Abner, BSN, RN-BC  
Chair of Shared Leadership Global Council

1/15/13  
Date



Christopher Parker, MSN, RN, NEA-BC  
Senior Vice President, Patient Care Services /  
Chief Nursing Officer

1/28/2013  
Date