

**NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES
CRN POC COMPETENCY VALIDATION**

Name: _____ Manager or Designee: _____
 Work Area: _____ Primary Preceptor: _____
 Hire Date: _____ Competency Date: Met _____ Not Met: _____

Reason for validation: Orientation Re-validation PI Follow-up Other _____

Key: 1 = No knowledge/No experience 3 = Knowledge/Done with assistance **Circle method used for validation:** D = Demonstration DR = Documentation Review V = Verbalization
 2 = Knowledge/No experience 4 = Knowledge/Done independently T = Test/Quiz O = Other (specify)

Competency: Telephone Triage – Accurately assesses and triages patient and/or family concerns via telephone.

| Behavioral Indicators | Self Evaluation | | | | Assessment Method | Validator's Signature/Date | | Learning Resources | Comments |
|---|-----------------|---|---|---|-------------------|----------------------------|----------|---|----------|
| | 1 | 2 | 3 | 4 | | Met | Not Met* | | |
| 1. Identifies self to caller. | 1 | 2 | 3 | 4 | D | | | Unit Orientation NPCS SOP: Documentation, Patient Experience with Preceptor | |
| 2. Identifies caller and obtains contact information. | 1 | 2 | 3 | 4 | D | | | | |
| 3. Conducts interview and assessment. | 1 | 2 | 3 | 4 | D | | | | |
| 4. Accurately assesses the urgency of patient problem. | 1 | 2 | 3 | 4 | D | | | | |
| 5. Refers patient to private MD or emergency services as appropriate. | 1 | 2 | 3 | 4 | D, DR | | | | |
| 6. Intervenes as necessary and appropriate according to protocol/clinical guidelines. | 1 | 2 | 3 | 4 | D, DR | | | | |
| 7. Coordinates referrals and consults as determined by health care team. | 1 | 2 | 3 | 4 | D, DR | | | | |
| 8. Documents per NPCS guidelines. | 1 | 2 | 3 | 4 | DR | | | | |

*If competency is initialed as 'NOT MET', CNS/Educator or designee must be contacted for follow-up. See reverse side for action plan.

Action Plan for Competency Achievement

Targeted Areas for Improvement (Behavioral Indicators):

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Educational Activities/Resources Provided:

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“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:

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Re-evaluation date: _____

By: _____

- Competency Met
- Competency Not Met

Next Step: _____

*If competency is initialed as ‘NOT MET’, CNS/Educator or designee must be contacted for follow-up. See reverse side for action plan.