



Competency Form—Telehealth Cart User

Facility: _____

Name (trainee) _____ Date Initiated ___/___/_____ Credentials
and job title _____

*Required competencies must be met regardless of trainee experience.

*The trainer will sign each one off when he/she, as trainer and colleague,
feels safe in allowing the trainee to perform each item without direct supervision.

*Self Assessment:

- 1 – Identified Limitation (little or no experience);
- 2 – Capable (familiar but may need assistance);
- 3 – Independent - can perform these tasks safely; 4 – Proficient – extensive

Self assess	Required Competencies: Main categories followed by associated competencies and critical elements. (What the trainee needs to prove they can do.)	Verification method/comments D—Demonstrated via simulator or direct care T—Test M—Module, class, video V—Verbalized via case studies, scenarios, etc.	Date met	Trainee init.	Trainer init.	References (policies, procedures, texts, regulatory and specialty organizations' scope, standards)	Learning Guide (Trainers & trainees to review only those areas that are needed based on the trainee's experience and the unit's needs.)
The trainee will incorporate relevant assessment & intervention skills:							
	Takes quality digital photographs with digital and/or dental cameras - Subject clear - Scale provided (measurement) - Perspective - Focused (macro, auto focused) - Representative photo - Up close/farther out shots present - Images saved to case	D Or N/A				Equipment manuals, Agnes handy guides	Clear = clutter removed, subject clearly identified Perspective = image obtained with camera perpendicular to the subject Representative photo = lighting, color, picture looks like live image

	<p>Uses Otoscope to obtain quality images</p> <ul style="list-style-type: none"> - Focused image - Representative photo - Correct anatomy orientation - Images labeled - R & L image included - Images saved to case 	<p>D Or N/A</p>				<p>Equipment manuals, IMED handy guides</p>	<p>Focused = image free of debris, speculum attached properly with no black or halo showing, clear image Representative photo = lighting, color, picture looks like live image</p>
	<p>Completes and sends an ECG report</p> <ul style="list-style-type: none"> - Select patient - Attach leads per organization policy - Report saved to case 	<p>D Or N/A</p>				<p>Equipment manuals, IMED handy guides</p>	
	<p>Scans images</p> <ul style="list-style-type: none"> - Representative Scan (used appropriate setting for clarity) - Upright images (rotate before saved) - Images saved to case 	<p>D Or N/A</p>				<p>Equipment manuals, IMED handy guides</p>	
	<p>Uses stethoscope</p> <ul style="list-style-type: none"> - Sound recorded is clear/audible - Chest piece location is described (can used drop downs or type in) - Recordings saved to case 	<p>D Or N/A</p>				<p>Equipment manuals, IMED handy guides</p>	
	<p>Collects client vital signs</p> <ul style="list-style-type: none"> - Selects correct size BP cuff - Report saved to case 	<p>D Or N/A</p>				<p>Equipment manuals, IMED handy guides</p>	

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	Performs tympanogram - Choose correct sized cuff - Calibrate machine - Straightens ear canal per age	D				IMED manuals, handy guides and class handouts	Need to do on both ears and label Recheck any abnormal results
	Completes audiogram - Places headset correctly - Places patient facing away from cart with correct button	D				IMED manuals, handy guides and class handouts	Headset placement: right, adjust for heart / lung sound
	Completes pre and post Spirometry test - Sets up equipment - Calibration done - Coaches patient	D				IMED manuals, handy guides and class handouts	Use clinical judgment regarding patient tolerance Don't save to the case until post test complete Calibration should be done daily
	Manages cases on cart - Creates a case - Sends a case - Archives a case - Places a case on hold - Review a case	D				IMED manuals, handy guides and class handouts	tConsult Cart archive cases that have been completed

<i>Self assess</i>	Required Competencies: Main categories followed by associated competencies and critical elements. (What the trainee needs to prove they can do.)	Verification method/comments D—Demonstrated via simulator or direct care T—Test M—Module, class, video V—Verbalized via case studies, scenarios, etc.	<i>Date met</i>	<i>Trainee init.</i>	<i>Trainer init.</i>	References (policies, procedures, texts, regulatory and specialty organizations' scope, standards and core curricula)	Learning Guide (Trainers & trainees to review only those areas that are needed based on the trainee's experience and the unit's needs.)
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	Created cases contain all pertinent elements: <ul style="list-style-type: none"> - Demographic information complete - Clear, concise statement of question or issue to be assessed - History of present illness/complaint - Pertinent past medical history - Pertinent medications and allergies - Pertinent data attached - Pertinent records of previous related encounters attached 	D				IMED manuals, handy guides and class handouts	Discuss provider needs and issues to consider before sending a case
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The trainee will incorporate facilitative communication skills:							
Provides pertinent information in cases	D		The trainee will incorporate critical thinking skills:				
Involves patient in data collection process	D		The trainee will incorporate effective management skills:				
Completes data collection using the equipment in a timely manner	D		The trainee will incorporate leadership:				
Initiates cases when needed	D		The trainee will incorporate teaching skills in all activities:				
Teaches patient b equipment/procedures	D or V		The trainee will incorporate knowledge integration skills:				
Proficiently navigates computer screens	D						

COMMENTS:

All trainers are to sign and initial below.			
Trainer Signature	Initials	Trainer Signature	Initials

Signatures at completion of training:

Trainee _____

Date _____

Primary Trainer _____

Date _____

Manager _____

Date _____

REFERENCES COLUMN: These are the foundational documents to use in the learning experience. They are the official measure by which the competencies are assessed.

TRAINEE INSTRUCTIONS:

Complete self assessment: All trainees are to use the scoring key below to rate your skill in each area to

identify the areas where you need additional experience, access to teaching resources, and/or practice. Discuss your results with your trainer to help establish a plan and goals for your training and to aid in choosing patient assignments. Scoring Key:

- 1 – Identified Limitation - little or no experience with skill
- 2 – Capable - familiar with skill/equipment but may need assistance
- 3 – Independent - can perform these tasks safely due to past training/experience
- 4 – Proficient - extensive experience in this area/skill

TRAINER INSTRUCTIONS:

A. Review self assessment with trainee to establish plan.

B. Required Competencies: These, along with any specialty area competency forms, are required for independent practice on this unit. The trainer will sign each one off when he/she, as trainer and colleague, feels safe in allowing the trainee to deliver this aspect of care without direct supervision.

C. Learning Guide & References: These are memory ticklers to use during your learning experience. The amount of time spent on each of them depends on the trainee's experience.

D. Verification Method & Comments. Document comments about what was done to meet the competency and the method by which it was verified which may be:

1. Demonstration – trainer watches trainee perform task/procedure in safe, capable manner. This may be in a simulated lab or computer setting or as part of direct care performance. The expectation for new graduates is that they demonstrate as many of the competencies as possible.

2. Verbalization - Trainee explains to the trainer the process and/or planning that evidences safe, reliable knowledge base. This may include case scenarios, discussion, and/or description of plan.

3. Test – The trainee needs to pass a test provided by the facility to measure competence for this skill. (Minimum passing grade indicated. Initial only after test passed.)

4. Module – This indicates that the trainee has completed a training tool (computerized or written module, class, video, etc.) provided by the facility to measure competence for this skill.

NOTE: some competencies may have the verification method specified per facility guidelines (e.g. "test only")

Record N/A and initials only for items that never apply to this trainee's role or performance.

E. Sign-off: Sign and date when competency is met. If unable to sign off an area due to patient population issues, trainee needing more time, etc., a plan is to be documented in the comments section at the end of the form. Alternative venues for meeting the requirement(s) as well as any additional time needed should be discussed with the trainee manager and/or trainee educator.

All trainers assisting in the training of a new staff member/intern must sign and initial in the signature chart at the end of this document.