


Name of Policy: <u>Competency Assessment Program</u> Policy Number: 3364-130-13 Department: Nursing Service/Staff Development Approving Officer: Chief Nursing Officer Responsible Agent: Chief Nursing Officer Scope: The University of Toledo Medical Center (UTMC)	 Effective Date: 6.1.2022 Initial Effective Date: July, 1996				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy				
<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy				

(A) Policy Statement

Staff members will be competent in fulfilling responsibilities of their position.

(B) Purpose of Policy

To evaluate clinical competency and to provide objectivity for performance evaluation.

(C) Procedure

1. The staff member successfully completes orientation. Failure to complete orientation requirements may result in corrective action up to and including discharge.
2. The staff member attends regularly scheduled staff meetings and mandatory unit meetings.
3. The staff member participates in on-going educational activities and completes annual online education and unit-specific requirements on time.
5. The staff member will complete and maintain position-specific requirements designated to maintain clinical competency.
6. A needs assessment will be completed annually by the Staff Development department to assist in identifying areas of educational needs.

Approved by: <u>/s/</u> Kurt Kless, MSN, MBA, RN, NE-BC. Chief Nursing Officer <i>Review: Policy & Standard Committee, 11/10, 10/15, 10/18, 6/2022.</i> <i>Revision completed by: Nancy Gauger, MSN, RN.</i>	Review/Revision Date: 8/99 7/02 12/03 4/04 8/07 12/1/2010 10.1.2015 10/2018 6/2022 <hr/> Next Review Date: 6/2025
Policies Superseded by This Policy:	