

Float Area: n/a

Method of Validation Key:	Validation of Competency		
	Validation Method (Use evaluation Key on Left)	Validator's Initials	Date
O = Observation (in clinical setting) RD = Return Demonstration/simulated T = Written Test V = Verbal Test			
<b>A. EQUIPMENT</b>			
<b>LEVEL 3: UNIT SPECIFIC COMPETENCIES</b>			
Oxygen Delivery Systems – annual mandatories	V, RD	Respiratory	Fall 2007
Restraints – annual mandatories	T, RD	Group	Fall 2007
<b>B. DOCUMENTATION/COMMUNICATION (/REGULATORY)</b>			
<b>LEVEL 1: ROLE COMPETENCIES</b>			
UCHC Fraud Awareness – Corporate Compliance in Healthstream	T	n/a	Spring 2007
Master Safety 2007 - Healthstream	T	n/a	Fall 2007
<b>LEVEL 3: UNIT SPECIFIC COMPETENCIES</b>			
Safety, unit-specific – poster board, Healthstream	V	CS	Feb / Mar 2008
<b>C. PROVISION OF CARE</b>			
<b>NURSING PRACTICE MANUAL</b>			
Chain of Command - unit posting, staff meetings	V	LS	Summer 2007
Report / Handoff - unit posting, staff meetings	V	LS	ongoing
Transfusion Review - Healthstream	T	n/a	Jan 2008

Initials	Name / Signature	Initials	Name / Signature
CS	Carol Schramm		
LS	Laura Sinisgalli		