

Staff Member: _____
Start Date of Competency: _____

Job Title: _____
Unit: _____

This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains their skill.

*The **Staff Member** will discuss with their Preceptor on their previous experiences and skills in establishing a plan and goals for successfully demonstrating their ability to meet the performance elements of the competency.*

*The **Preceptor** will discuss with the Staff Member the best approach to ensure their success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when they validate that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision**. The Preceptor should indicate in the Notes column any areas that the Staff Members should focus on to gain greater proficiency as they continue to develop. If the **Preceptor** has any concerns regarding the Staff Member's ability to meet the performance elements and successfully complete this policy, they should document their concerns on the Notes column and contact their **Supervisor** for direction.*

Applicable References & Policies:	<ul style="list-style-type: none"> Organization Policy and Procedure
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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
Recognizing Changes in Patient Condition				
• Identify how to differentiate between patient baseline and change in condition	D S T V			
• Identify the different dimensions where an acute change in condition may occur and how they may manifest themselves. (Physical, Behavioral, Cognitive, Functional)	D S T V			
• Using an actual patient to provide context, identify possible acute changes in condition that may occur based on the patient age, medical/surgical history, comorbidities, etc.	D S T V			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
• Differentiate between acute changes in condition and emergent conditions requiring activation of emergency response.	D S T V			
• Identify process or actions to take when acute changes in condition are observed to gather information for the healthcare team	D S T V			
• Identify possible considerations that should be made for all patients who may experience acute changes in condition.	D S T V			
Reporting Changes in Patient Condition				
• Identify the chain of notification of acute changes in patient condition.	D S T V			
• Identify actions to take in preparation of notification of the healthcare team	D S T V			
• Conduct notification of the healthcare team ensuring that all data and observations are communicated effectively.	D S T V			
• Identify any follow up actions to take as ordered by the healthcare team	D S T V			
• Identify actions to take in monitoring patients with acute changes and when to elevate any concerns.	D S T V			

I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role that I am to contact my supervisor immediately.

Signature of Staff Member: _____ **Date:** _____

Signature of Preceptor: _____ **Date:** _____

Signature of Supervisor: _____

Date: _____

Notes: