

Staff Member: _____

Job Title: _____

Start Date of _____

Competency: _____

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
Knowledge				
<ul style="list-style-type: none"> Organizational policies on: <ul style="list-style-type: none"> Assessment process Frequency to assess Therapeutic interventions Non-therapeutic interventions Identifying drug seeking patients PRN orders Titration orders Pain Services (if applicable) Pain medication administration devices Reduction in opioid use 	D S T V			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
Background of Pain Management				
• Describes signs and symptoms of pain including non-verbal cues	D S T V			
• Identifies patient population at risk for pain and manifestations of pain (unit specific)	D S T V			
• Identifies the organization's approved pain scale(s) and indicates the appropriate use based on patient age, language preference, etc.	D S T V			
• Explains how cultural, institutional, religious, and societal influences affect assessment and management of pain	D S T V			
• Describes the process to assess pain in patients who don't list English as a preferred language and/or are deaf/mute	D S T V			
• Describe patient, provider, and system factors that can facilitate or interfere with effective pain assessment and management	D S T V			
• Explain how to assess and manage pain across settings and transitions of care Explain how to assess and manage pain across settings and transitions of care	D S T V			
• Describe the role, scope of practice, and contribution of the different members within a pain management care team	D S T V			
Pain Assessment				
• Follows hospital policy on hand hygiene prior to and after patient contact	D S T V			
• Assesses the patient's Pain History (Past and Present) <ul style="list-style-type: none"> ○ Location ○ Onset and pattern ○ Frequency ○ Description ○ Intensity (using organization's rating scale) ○ Aggravating and relieving factors 	D S T V			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<ul style="list-style-type: none"> ○ Current/previous treatment ○ Last dose of pain medication (scheduled/PRN) ○ Effectiveness of pain medication in terms of pain relief and duration ○ Effect of pain on physical and social functioning ○ Treatment compliance 				
• Acceptable level of pain				
• Assess the patient's education on pain management therapies available to them	D S T V			
• Identify patient family's role in pain management	D S T V			
• Identify environmental factors present that can interfere with effective pain management	D S T V			
• Identify non-verbal cues of pain and determine correlation with pain history assessment	D S T V			
• Identify patient preferences and values to determine pain management goals, interventions, and priorities	D S T V			
• Documents pain assessment including signs, symptoms, pain scale, influencing factors, and other identified observations	D S T V			
Intervention				
• Includes patients and their family members, as appropriate, in the education and shared decision-making process for interventions	D S T V			
• Modifies environment to support effective pain management (lighting, temperature, noise, positioning, hygiene, nutrition, hydration, elimination, etc.) as agreed upon by patient/family members	D S T V			
• Utilizes available non-pharmacological modalities to manage pain as agreed upon by patient/family members	D S T V			
• If pharmacological interventions have been previously effective and are supported by the patient/family members, administer	D S T V			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
agents appropriately, according to policy and as prescribed I, providing: <ul style="list-style-type: none"> Medication prescribed for specific level of pain matches patient's pain level description Exemptions for agent do not exist (vital signs, nutrition, pending procedures, etc.) 				
• Provides or reinforces education on non- pharmacological and pharmacological interventions available to the patient and family members as indicated.	D S T V			
• Document interventions including pharmacological and non-pharmacological measures.	D S T V			
• Documents patient and family member education	D S T V			
Evaluation				
• Defines the requirements for pain reassessment (need, timing, frequency, etc.)	D S T V			
• Reassess patient for pain management after pharmacological and non-pharmacological interventions in a timeframe as defined per organization policy	D S T V			
• Notifies provider if scheduled analgesics are not adequate in strength or duration for effective pain management	D S T V			
• Notifies provider if patient described pain level does not correspond with the pain level criteria of available pharmacological agents	D S T V			
• Describe other processes when pain interventions are not effective	D S T V			
• Document effectiveness of pain management as defined by organizational policy (during shift and post interventions)	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: