

Name: _____ Dept Name: _____ Completion Date: ___/___/___

POPULATION SPECIFIC ANNUAL COMPETENCY VALIDATION

Population Specific Competency Statement: Demonstrates the knowledge and skills necessary to provide service appropriate for the age, disease process, cultural and spiritual needs of the patient population served.

Performance Behaviors for Staff Who Routinely Provide Direct Patient Care:	Method(s) of Evaluation	Validation Date	Signature of Assessor
Describes the department's scope of service in terms of types of patients served			
Demonstrates ability to assess and interpret age specific data (Ex. nutritional needs, signs and symptoms of abuse/neglect)			
Manages patient's disease processes in relation to the developmental needs of patients: a) initial competency based orientation checklists b) ongoing competency – skills labs, documentation of high risk/low volume procedures, and other activities as described in the department's competency plan			
Incorporates cultural/spiritual concerns of the patient into the plan of care: a) asks patient/family about their cultural/spiritual needs b) seeks out internal/external resources for help in understanding cultural/spiritual needs of patients (Ex. chaplain, social worker, end of life specialist, etc.)			
Utilizes appropriate level of language by using clear, simple terms and explanations.			
Involves family/significant others in the plan of care			

Method of evaluation: Demonstration / Observation / Explanation / Document Review (**DR**) / Written Assessment (**WR**)

The assessor of competency must indicate the method(s) of evaluation, the validation date and sign off on each behavior in the appropriate box.

Upon completion, file this form in the employee's competency folder.

Assessor(s) signature: 1) _____ 2) _____ 3) _____