Name

Faculty Competency Checklist

Date Completed

|  |  |  |  |
| --- | --- | --- | --- |
| CNE/KCANE Orientation Manual |  |  | |
| **Documents to complete and return to:**  SJMC: Lisa Guthrie STMM: Erin Leever | |
| CH Confidentiality Agreement |  |
| Corporate Responsibility Receipt and Acknowledgement |  |
| Student Clinical Rotation Worksheet (computer access) |  |
| Faculty Contact Information Form |  |
|  |  |
| **Read Only Documents:\*** | |
| Safety Tips Guide |  |
| CH HIPPA/Confidentiality (Patient) Policy |  |
| Standards of Conduct |  |
| CH Student Access to PHI Policy |  |
| Corporate Responsibility Booklet |  |
| Observation Experience Communicator: Description |  |
| Diabetes Competency Fact Sheet |  |
| Blood Glucose Monitoring Tips |  |
| Practice Alerts |  |
| CH Restraint Policy |  |
| Pyxis Verification Statement |  |
| Journey to Zero |  |
| Intimate Partner Violence Quiz |  |
| CH Student Affiliations Policy |  |
|  |  |
|  | Date Achieved: | Assessed By: | Comments |
| **Skills: New Faculty must check off with Education Coordinator or any staff nurse. \*** | | | |
| PCA Pump |  |  |  |
| IV Pump |  |  |  |
| Blood Glucose Monitoring |  |  |  |
| Hill Rom Beds |  |  |  |
| Restraint Application |  |  |  |

\*As an employee of Carondelet Health, I am current with all required competencies.

Employee Signature

|  |  |
| --- | --- |
|  | Received |
| **Documents to bring to facility:** | |
| Faculty Competency Checklist (Due by 2nd week of  clinical rotation) |  |
| Pyxis Verification Statement |  |
| Blood Glucose Competency Checklist and Test (Make  copy for each student) |  |
| Computer Tips Sheet (if desired) |  |
| Observation Experience Communicator Form |  |