

# Munson Healthcare Ambulatory

## 12 Lead EKG

### Competency Assessment

Form # 11536

(Instructions for each section on back.)

- Ongoing *Click to Enter Year*
- Initial *Click to Enter Start Date*

Employee Name: <i>(Print full name with credentials)</i>		Employee Number:	Classification:	Department/Facility:		
A. Competency Statement		B. Competency Assessment			C. Date and Validator Signature <i>(Full legible name with credentials)</i>	D. If not met, what was missed?
1.	Demonstrates the order activation/placement of an EKG in PowerChart according to the "Completing an EKG/ECG Job Aid."	<input type="checkbox"/> RD/DO <input type="checkbox"/> EDW <input type="checkbox"/> <input type="checkbox"/>				
2.	Demonstrates obtaining a 12 Lead EKG according to the "Completing an EKG/ECG Job Aid."	<input type="checkbox"/> RD/DO <input type="checkbox"/> <input type="checkbox"/>				
3.	Demonstrates sending an EKG via Muse according to the "Completing an EKG/ECG Job Aid."	<input type="checkbox"/> RD/DO <input type="checkbox"/> EDW <input type="checkbox"/> <input type="checkbox"/>				
4.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

**Verification Methods:**

CS Case Study	E Exemplar	PR (Qualified) Peer Review	SA Self-Assessment
DR Discussion/Reflection	ME/S Mock Event/Survey	QI Quality Improvement	TE Test/Exam
EDW Evidence of Daily Work	P Presentation	RD/DO Return Demo/Direct Observation	

**E. Employee Acknowledgment Signature:** \_\_\_\_\_ **F. Employee Completion Signature:** \_\_\_\_\_

**“Not Met” Action Plan:**

Action Plan/Steps with Signature (Supervisor/CNS/RNC)	Date to be Completed	Employee Initials	Met	Not Met	Date and Validator Signature <i>(Full legible name with credentials)</i>

**Instructions:**

- A. A clear, concise, descriptive statement, starting with a measurable action verb, which provides clarity for the overall competency expectation.
- B. For each competency statement, there may be more than one verification method (VM) identified selected to best reflect the competency being assessed. The VM abbreviation is used to document in the met or not met column when more than one VM is required.
- C. The competency assessment validator provides a full signature and credentials along with the date the competency was assessed.
- D. If a competency listed is not met, the validator identifies steps missed.
  - Note:** The employee meets with his/her manager or designee to complete the “Not Met” Action Plan with the 1) action plan, 2) Signature of Supervisor/RNC/CNS, 3) Date to be completed by, and 4) the employee’s initials. An opportunity to document “Met” or “Not Met” based on the action steps is provided.
- E. When the Competency Assessment Form and Instruction Sheet are provided to the employee, the employee signs their name in the “Employee Acknowledgment Signature” on the front page of this form.
- F. Upon completion, when all competencies are “Met”, the employee signature is required on the bottom of the front page of this form.
- G. Please retain in department for 7 years and assure availability if requested.