



**PHC Re-Deployment Plan      NURSING PRACTICE COMPETENCY ASSESSMENT**

Name: _____ Date: _____	
<b>My main place of employment is:</b>	
Site: _____ Department/Program: _____ Unit/Clinic: _____	<b>Nursing Designation:</b> <input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> LPN
<b>The most acute nursing competency I have achieved is:</b> (i.e. most acute training at any point in my nursing career)	
<input type="checkbox"/> <b>SPECIALTY TRAINING</b>  <b>Select all that apply:</b> <input type="checkbox"/> BCIT Critical Care <input type="checkbox"/> BCIT High Acuity <input type="checkbox"/> BCIT Emergency <input type="checkbox"/> BCIT Neonatal <input type="checkbox"/> BCIT Perinatal <input type="checkbox"/> BCIT Perioperative <input type="checkbox"/> BCIT Nephrology <input type="checkbox"/> Other: _____  <b>Years of experience:</b> <input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 6 months to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years	<input type="checkbox"/> <b>ACUTE CARE</b>  <b>Select all that apply:</b> <input type="checkbox"/> Medicine <input type="checkbox"/> Surgery <input type="checkbox"/> Mental Health <input type="checkbox"/> Urban Health <input type="checkbox"/> Palliative <input type="checkbox"/> Renal  <b>Years of experience:</b> <input type="checkbox"/> 0 to 6 months <input type="checkbox"/> 6 months to 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> More than 5 years

<b>NURSING PRACTICE COMPETENCY ASSESSMENT</b>		
<p>This self-assessment checklist is meant to assist you with exploring your current knowledge and skills and identify areas that require further knowledge and practice. To assess yourself, reflect on each criterion and check your assessment of where you are at:</p> <p style="text-align: center;"><b>Ask yourself “Can I do this? Do I do this? How well can I do this? ”</b></p> <p>It is expected that <b>all nurses are competent</b> to perform the following <b>BASIC skills</b>:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li>Risk Screening (violence, falls, etc.)</li> <li>CPR</li> <li>Personal Protective Equipment (PPE)</li> </ul> </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li>Vital Signs and Physical Assessment</li> <li>Pain Assessment</li> <li>Continence Management</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>Risk Screening (violence, falls, etc.)</li> <li>CPR</li> <li>Personal Protective Equipment (PPE)</li> </ul>	<ul style="list-style-type: none"> <li>Vital Signs and Physical Assessment</li> <li>Pain Assessment</li> <li>Continence Management</li> </ul>
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<p><b>Use the following criteria in determining your experience level:</b></p> <p><b>LEVEL 1:</b> Pre-Novice (Need learning and practice)</p> <p><b>LEVEL 2:</b> Novice (Knowledgeable, but need practice)</p> <p><b>LEVEL 3:</b> Competent (Knowledge and practice to successfully perform skill)</p> <p><b>LEVEL 4:</b> Expert (Knowledge and competence to perform skill and teach others)</p> <p><b>Please place a ✓ in the column that best describes your level of proficiency with each of the skills.</b></p>				
CLINICAL SKILLS /ASSESSMENTS	COMPETENCY LEVEL			
	1	2	3	4
• Focused Respiratory Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Substance Use/Addictions Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Nasogastric (NG) Tube Insertion and Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Urinary Catheter Insertion and Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• IV Therapy, Peripheral: Insertion, Care and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Oxygen Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tracheostomy Care and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tracheostomy Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Wound & Ostomy Care and Maintenance (not including NPWT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Telemetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ventilation and Airway Management Basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Septic Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cardiogenic Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hypovolemic Shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATION ADMINISTRATION	1	2	3	4
• Subcutaneous, Intra-muscular (IM), Rectal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Parenteral (IV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <del>AC</del> Central Lines (CVC/PICC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Patient Controlled Analgesia (PCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Epidural/Intrathecal Analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Blood/Blood Products Transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Enteral Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Total Parental Nutrition (TPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEVICES/SYSTEM ACCESS	1	2	3	4
• Alaris Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Kangaroo Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• CADD Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Chest Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Glucometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Omnicell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• CERNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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### SELF-IDENTIFIED LEARNING NEEDS AND TEAM NURSING

**We may need to re-deploy nurses to programs/units outside of the primary place of work to support patient care.** This may include non-specialty trained nurses being re-deployed to critical care units or the emergency department (ED), to help with basic nursing care. In these circumstances a team nursing model will be used. **This would mean two (or more) nurses collaborating to care for a single patient assignment.**

### GUIDE TO ADDITIONAL EDUCATION FOR REDEPLOYMENT

<http://phc-connect/programs/nursing/Pages/default.aspx>

- All Ambulatory nurses (RNs and LPNs) prepare for redeployment to Medicine or Surgery
- All Mental Health nurses (RNs and RPNs) prepare for redeployment to Medicine or Surgery
- \*Medicine or Surgery RNs with more than 2 years of experience prepare for redeployment to Critical Care or ED
- All OR RNs recently transitioned (less than 2 years) from ward, prepare for redeployment to Medicine or Surgery
- All New Graduate Nurses prepare for team nursing in your areas, refresh skills as needed

**At any time you may choose to review educational material to support your practice.**

\*Your manager will be identifying nurses for education and potential re-deployment.

### PLEASE RETURN COMPLETED FORM BEFORE MONDAY APRIL 6TH 2020

All in-patient units: Return to CNL

Ambulatory clinics: Return to PCM

**CNLs and PCMs: Please return completed forms by email to Angela Russolillo**

[arussolillo1@providencehealth.bc.ca](mailto:arussolillo1@providencehealth.bc.ca)

**DO NOT SEND VIA INTER-OFFICE MAIL.**