

Last Update: 16Apr03

SECTION 1
(6-part folder)

Organizational Orientation
&
Training

*Documentation of all required organization level training.
License verification form. Copies of registrations &
certificates, ACLS, BLS, etc. may be placed in this section.
Applies to ALL staff*

Organizational Orientation & Training

Name: _____

Birth Month _____

If Patient Care Giver - Age Category this employee deals with: Infant ___ Child ___ Adolescent ___ Adult ___
Geriatric ___

Subject	Year								
	200	200	200	200	200	200	200	200	200
Licensure/Certification &/or Registration									
License Expiration									
BCLS Expiration									
ACLS Expiration									
Other Certification (List)									
<u>Organizational Required Training</u>									
NEO*									
BMAR**									
Nursing Orientation									
HIPAA									
Anti-terrorism									

*The following topics are covered in NEO: Union/Management Partnership, Risk Management, Emergency Management Program, Physical Security, Infection Control, OPSEC-SAEDA, Army Substance Abuse Program, EO, Standards of Conduct, Life Safety/HAZCOM/Safety, Customer Relations, MPHP, EEO/EO, Utility Systems, Chaplain resources, Automation security, Medical Social Work and Family Advocacy, Nutrition Care resources, Red Cross, Patient Safety & HIPAA. Additional topics are covered in the NEO Resource Book

**The following topics are covered in BMAR: Life Safety/HAZCOM/Safety, Infection Control, EO, Physical Security, and Customer Relations.

The following topics are covered in the BMAR self-study: Army Substance Abuse Program, EMP & Code Triage, QI, Utility Systems, TB & Blood Borne Pathogens, EFMP, MPHP, OPSEC-DAEDA, EEO, Joint Ethics Regulation, Code of Conduct, Geneva-Hague Convention, Family Advocacy Program including prevention of abuse. Suicide Prevention Awareness, Essential Elements of Friendly Information (EEFI), Family Advocacy, EFMP & HIPAA.

SECTION 2

(6-part folder)

Demographic Information

Pre-Employment Competency

May use CV or Resume, etc

Do not use confidential/privacy information

EDUCATION AND WORK EXPERIENCE

NAME _____

WORK AREA _____

EDUCATION:

CIVILIAN

Name of School

State

Degree/Yr

Major

MILITARY

WORK EXPERIENCE:

CIVILIAN

MILITARY

SECTION 3

(6-part folder)

Job Description

*I have read and understand my job description.
(Only need to sign upon initial orientation or if JD
changes)*

EMPLOYEE SIGNATURE

DATE

*Job Description may be enclosed or located
where employee can access it. Memo signifying "Critical
Staff" included here if applicable.
For individually privileged staff
(See Credentials File)*

SECTION 4

(6-part folder)

Unit Level Orientation & Initial Assessment of Competency

Complete after orientation period is finished
Required for all personnel

Initial Unit Level Orientation

I have been provided Initial Orientation to this unit (name of unit, section, dept, clinic)_____. Topics included:

General Topics

- Leave/Sick/Overtime policies
- Unit Mission/Vision
- Location of Policies/Procedures
- Job Behavior
- Tobacco Policy
- Dress Code
- MAMC Intranet/Resources
- Telephone Policy
- Emergency Procedures
- Complaint Resolution (patient/employee)
- Customer Service
- Rating chain/Evaluations
- Unit QI Plan and my role/FOCUS-PDCA

Others (list)

Environment of Care Topics

- Life Safety (Fire)
- Safety
- Physical Security
- HAZCOM
- Utility Systems
- Emergency Management Plan
- Medical Equipment (list) These may be covered in the competency assessment

Date completed _____ Initials/Signature of Employee _____

Initials/Signature of Preceptor or Supervisor _____

(Place competency assessment form here)

SECTION 5

(6-part folder)

Ongoing Unit Level Training & Competency Assessment

On-going competency verification forms & self-tracking form for documentation of training may be placed here. May include unit inservices, skills labs, & verification of training on topics related to potential risks, i.e., restraints or falls.

*Training certificates may be enclosed,
If not enclosed, supporting documentation must be available*

SECTION 6

(6-part folder)

Age Specific Competency Requirements For Direct Patient Care Givers

Document any age-related training here, i.e., elder or child abuse training. May use unit specific form to target those age categories that are seen on a particular ward or in a specific department.

Supervisor may advise all staff coming in contact with particular age categories, i.e., Peds Clinic, Family Practice, or Emergency Services, to complete age-specific training

MADIGAN ARMY MEDICAL CENTER

PATIENT CARE GIVERS

Initial Assessment for Age-Specific Competencies

Name _____ Dept/Svc/Unit _____

Job Category: RN Lab Tech EMT Social Worker
 LPN X-ray Tech Pharmacist Mental Health Tech
 NA Resp Tx Diet Tech Other: _____

Age Groups: Neonatal (Birth - 28 days) Adolescent (13 - 17 years)
(Check those Infant (1 - 18 months) Adult (18 - 64 years)
years that Child (18 months - 12 years) Geriatric (>65 years)
apply)

Specific performance requirements (see key below): Initials of Supervisor
Check those that apply:

	Edu	Dem	Ski	Doc	Oth
<input type="checkbox"/> Developmental Stage and Milestone _____	<input type="checkbox"/>				
<input type="checkbox"/> Communication _____	<input type="checkbox"/>				
<input type="checkbox"/> Respect _____	<input type="checkbox"/>				
<input type="checkbox"/> Customer Service _____	<input type="checkbox"/>				
<input type="checkbox"/> Safety/Environmental (Environment of Care) _____	<input type="checkbox"/>				
<input type="checkbox"/> Safety/Equipment (Equipment to size/age) _____	<input type="checkbox"/>				
<input type="checkbox"/> Learning (Teaching considerations) _____	<input type="checkbox"/>				
<input type="checkbox"/> Procedure to age and size _____	<input type="checkbox"/>				
<input type="checkbox"/> Dose/route (licensed personnel) _____	<input type="checkbox"/>				
<input type="checkbox"/> Other _____	<input type="checkbox"/>				

EDU = Education/Certifications
DEM = Demonstration in the workplace, work experience
SKI = Skills performance/dry lab testing
DOC = Documentation/chart review
OTH = Other: (Peer review, observation, discussion, etc)

Identify supervisor/employee plans/goals to enhance performance if indicated:

Employee Signature Supervisor Signature Date

MADIGAN ARMY MEDICAL CENTER

PATIENT CARE GIVERS

Annual Assessment for Age-Specific Competencies

Name _____ Dept/Svc/Unit _____

Job Category: RN Lab Tech EMT Social Worker
 LPN X-ray Tech Pharmacist Mental Health Tech
 NA Resp Tx Diet Tech Other: _____

Age Groups: Neonatal (Birth - 28 days) Adolescent (13 - 17 years)
(Check those Infant (1 - 18 months) Adult (18 - 64 years)
years that Child (18 months-12 years) Geriatric (>65 years)
apply)

Specific performance requirements (see key below): Initials of Supervisor

Check those that apply:

	Edu	Dem	Ski	Doc	Oth
<input type="checkbox"/> Developmental Stage and Milestone _____	<input type="checkbox"/>				
<input type="checkbox"/> Communication _____	<input type="checkbox"/>				
<input type="checkbox"/> Respect _____	<input type="checkbox"/>				
<input type="checkbox"/> Customer Service _____	<input type="checkbox"/>				
<input type="checkbox"/> Safety/Environmental (Environment of Care) _____	<input type="checkbox"/>				
<input type="checkbox"/> Safety/Equipment (Equipment to size/age) _____	<input type="checkbox"/>				
<input type="checkbox"/> Learning (Teaching considerations) _____	<input type="checkbox"/>				
<input type="checkbox"/> Procedure to age and size _____	<input type="checkbox"/>				
<input type="checkbox"/> Dose/route (licensed personnel) _____	<input type="checkbox"/>				
<input type="checkbox"/> Other _____	<input type="checkbox"/>				

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 Employee Signature Supervisor Signature Date

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