

Medical/Surgical Nursing Core Competency Individual Assessment

Name: _____ Orientation Start Date: _____ Completion Date: _____

Instructions: Pre-Assessment-the nurse will rate each knowledge, skill, or ability (KSA) from 1 (novice) to 5 (expert) in each box. Following orientation or training, the nurse and preceptor will collaboratively provide a post-assessment. **Bold/asterisked (*) KSAs must be rated "competent" for independent practice. See the legend.**

Competency (Knowledge, Skills, Abilities)	Assessment		Method	Comments	Ref: Mosby's Skill Title
	Pre-	Post-			
Assessment and Care of the Patient with Cardiovascular & Blood Disorders	CRITICAL THINKING: Develops a comprehensive nursing plan of care that improves cardiac function.				
Able to perform basic CV assessments, including heart sounds and bruit auscultation, palpation of arterial pulses.					-Assessment: Cardiovascular -Assessment: Focused -Blood Products Administration -Electrocardiogram: 12-lead -Transfusion Reaction For all sections: -Nursing Documentation
Performs basic ECG and 12-lead placement procedures and able to identify life threatening arrhythmias.					
Able to assess and manage the care of patients with CV disease. Assessment to include: aortic, pulmonic, apex, mitral/tricuspid valve auscultation, blood pressure, JVD, peripheral pulse, respiratory pattern and s/s of infection.					
*Able to assess and manage the care of patients status post CV surgery.					
Able to assess and manage the care of patients with alterations in cardiovascular function e.g. angina, hypertension, peripheral vascular disease, congestive heart failure, etc.					
Able to perform blood administration procedures including preparation of typing sample and SF518s. Able to recognize transfusion reaction signs and symptoms.					
Documents plan of care per facility policy.					
Assessment and Care of the Patient with Respiratory Disorders	CRITICAL THINKING: Develops a comprehensive nursing plan of care that improves respiratory function.				
Able to perform basic pulmonary assessment including auscultation, inspection, percussion and palpation of the chest wall.					-Assessment: Focused -Assessment: Respirations -Assessment: Thorax and Lungs

Assessment

- 1 = Novice (no experience)
- 2 = Advanced Beginner (marginally acceptable performance)
- 3 = Competent
- 4 = Proficient
- 5 = Expert (precepts, teaches)

Evaluation Method

- D = Demonstration/Observation
- I = Interactive Class
- T = Test
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Pre-Assessment Page Total: _____

Post-Assessment Page Total: _____

Note : Pre-Assessment is the nurse's self-assessment in the knowledge, skill, or attitude; post-assessment is a collaborative result of the nurse's status post orientation/assessment.

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Competency (Knowledge, Skills, Abilities)	Assessment		Method	Comments	Ref: Mosby's Skill Title
	Pre-	Post-			
*Able to assess, and manage the care of patients status post pulmonary surgery.					-Chest Physiotherapy: All -Chest Tube: Closed Drainage Systems -Incentive Spirometry -Nasal Cannula or Oxygen Mask Application Oxygen Therapy and Oxygen Delivery -Suctioning: Oropharyngeal/Nasotracheal/ Nasopharyngeal -Tracheostomy Care
Able to assess and manage the care of patients with diagnosed pulmonary disease.					
Able to identify abnormal breath sounds (wheezing, crackles, rhonchi, dullness), impaired respiratory pattern, retractions, and nail discoloration.					
Able to perform: <ul style="list-style-type: none"> ○ Pulmonary toilet (ICS, chest PT, flutter valve, postural drainage) on select patients ○ Oxygen delivery via nasal cannula, face mask, non-rebreather mask, and bag-valve mask ○ Nebulizer therapy ○ Chest tube set-up, assessment, management and trouble shooting ○ Tracheotomy suctioning, maintenance and care 					
Documents plan of care per facility policy.					
Assessment and Care of the Patient with Gastro-Intestinal Disorder	CRITICAL THINKING: Develops a comprehensive nursing plan of care that improves GI function.				
Able to perform basic GI assessment including auscultation, percussion and palpation of the abdomen.					-Assessment: Abdomen, Genitalia, and Rectum -Assessment: Focused -Assessment: Nutrition Screening -Enteral Nutrition via Nasoenteric, Gastrostomy, or Jejunostomy Tube -Feeding Tube:
Able to assess and manage the care of patients with GI disease.					
*Able to assess and manage the care of patients status post GI surgery.					

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Competency (Knowledge, Skills, Abilities)	Assessment		Method	Comments	Ref: Mosby's Skill Title
	Pre-	Post-			
Able to perform: <ul style="list-style-type: none"> ○ NGT insertion, assessment, maintenance and trouble shooting ○ Stoma assessment and care, application of various ostomy appliances ○ C-Difficile precautions and management ○ Parenteral feeding tube assessment, maintenance, and trouble shooting 					Irrigation/Verification of Placement -Isolation Precautions -Nasogastric Tube for Gastric Decompression
Documents plan of care per facility policy.					
Assessment and Care of the Patient with Musculoskeletal Disorders	CRITICAL THINKING: Develops a comprehensive nursing plan of care that improves musculoskeletal function.				
Able to perform basic musculoskeletal assessment including inspection, palpation, gait assessment, and neurovascular status.					-Assessment: Musculoskeletal and Neurologic
Manages the patient with traumatic amputation or musculoskeletal injury, e.g. hip fractures.					
Manages the patient with external fixation. Provides cast and pin care per policy.					
Documents plan of care per facility policy.					
Assessment and Care of the Patient with Neurologic Disorders	CRITICAL THINKING: Develops a comprehensive nursing plan of care that improves/maintains neurologic function.				
Able to perform basic neurologic assessment including assessment of mental status, motor ability, perception, balance, coordination, reflexes, and the Glasgow Coma Scale.					-Assessment: Focused -Seizure Precautions
Manages the patient with traumatic brain injury.					
Able to assess for stroke using NIH Stroke Scale or FAST exam.					
*Able to assess, and manage the care of patients status post neurosurgery.					

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Able to assess and manage the care of patients experiencing alterations in the neurologic system.					
Documents plan of care per facility policy.					
Assessment and Care of the Patient with Integumentary Disorders	CRITICAL THINKING: Develops a comprehensive nursing plan of care that improves/maintains skin function.				
Able to perform basic integumentary assessment including inspection and palpation. Performs Braden Scale skin assessment.					-Assessment: Focused -Assessment: Wound -Burn Wound Care
Able to identify pressure ulcers stages 1-4, unstageable, and Deep Tissue Injury. Provides basic wound and pressure ulcer prevention through identification and implementation of interventions and therapies.					-Dry and Moist-to-Dry Dressing -Hydrocolloid, Foam, and Absorption Dressings -Pressure Ulcer: Treatment/ Risk Assessment and Intervention
Provides basic wound and pressure ulcer treatment including special dressings such as alginates, barriers, and protective creams.					-Wound Cleansing and Irrigation -Wound Debridement -Wound Drain Removal
Documents plan of care per facility policy.					-Wound Drainage Evacuation -Wound Irrigation
Assessment and Care of the Patient with Genito-Urinary Disorders	CRITICAL THINKING: Develops a comprehensive nursing plan of care that improves genito-urinary function.				
Able to perform basic genito-urinary assessment including inspection and palpation.					-Assessment: Focused -Bladder Scan
*Able to assess and manage the care of patients status post genitor-urinary surgery.					-Urinary Catheters: All
Performs urinary catheter insertion, maintenance, and troubleshooting.					
Provides care and maintenance of suprapubic catheters and nephrostomy tubes.					
Performs continuous bladder irrigation.					
Documents plan of care per facility policy.					

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Assessment and Care of the Patient with Metabolic or Endocrine Disorders	CRITICAL THINKING: Develops a comprehensive nursing plan of care that improves metabolic and endocrine function.				
Assessment and understanding of lab values including complete blood count studies, chemistries, coagulation studies, and endocrine and metabolic studies.					-Blood Glucose Monitoring
Identify patients with Metabolic Syndrome (HTN, high cholesterol, insulin resistance, glucose intolerance, pro-thrombotic/ pro-inflammatory state and abdominal obesity). Monitor vital signs, labs and provide patient education while collaborating with medical team to address nutrition and medication management.					
Assess and manage the care of patients experiencing endocrine disorders, e.g. hypo/hyperthyroidism, adrenal and pituitary gland disorders.					
Assessment of liver (palpation, percussion, lab studies).					
Provide education for the diabetic patient to include signs and symptoms of hypoglycemia and hyperglycemia, treatment during illness, glycemic control through diet and exercise, and safe insulin administration.					
Documents plan of care per facility policy.					
Safe Medication Administration	CRITICAL THINKING: Safely and effectively administers medications and evaluates their effectiveness.				
Confirms the right patient is receiving medication.					-Medication Administration: All
Ensures the right drug is being administered.					
Provides the right dose of medication.					

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Administers the medication at the right time.					
Utilizes the right route for medication administration.					
Ensures the medication is right for the diagnosis given.					
Based on policy, administers appropriate intravenous drip and push medications in medical/surgical areas.					
Checks patient allergies.					
Checks medication expiration date.					
Documents medication administration per facility policy.					
Pain Management	CRITICAL THINKING: Develops a comprehensive nursing plan of care for the patient in pain. Evaluates interventions and adjusts accordingly.				
Performs basic pain assessments including quality, characteristic, location, duration, and impact on function.					-Analgesia: Patient Controlled -Pain Relief
Assesses and effectively manages post-operative pain.					
Assesses and effectively manages acute and chronic pain. Able to identify appropriate interventions based on type of pain.					
Manages chronic and post-op patients with epidurals, PCAs, and nerve blocks.					
Reassesses pain level and outcomes of interventions at intervals defined by the facility.					
Documents pain management plan of care per facility policy.					
Palliation and End of Life Care	CRITICAL THINKING: Develops a comprehensive nursing plan of care for the dying patient				

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Provides culturally appropriate palliative and end of life care per accepted national standards.					-Grief Support for Patients and Family -Symptom Management at End of Life
Provides emotional, social and psychological support to patients and their families experiencing palliative and end of life care.					
Demonstrates knowledge of Advanced Directive documentation and requirements per facility policy.					
Documents plan of care per facility policy.					
Traumatic Brain Injury and Operational Stress Awareness	CRITICAL THINKING: Recognizes key symptomology of combat operational stress, PTSD, and traumatic brain injury. Identifies need for referral/evaluation of stress reduction, psycho-education, and behavioral health interventions for the prevention of and reduction of operational stress disorders for patient or family.				
Identifies signs and symptoms of Traumatic Brain Injury. Demonstrates awareness of early cognitive and behavioral changes.					-Post-Traumatic Stress Disorder
Identifies signs and symptoms of Post-Traumatic Stress Disorder. Demonstrates awareness of early cognitive and behavioral changes.					
Demonstrates awareness of Operational Stress Continuum model and identifies signs/symptoms of those at risk in the orange and red zones.					
Critically reviews patient or family past and planned deployment cycle and any change in alcohol use/misuse.					

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Recommended Result

Total post assessment scores on individual knowledge, skills, and abilities.

Result	Total Post-Assessment Points (340 points max of 68 items)	Outcome
<input type="checkbox"/>	68-203	Novice
<input type="checkbox"/>	204-237	Advanced beginner
<input type="checkbox"/>	238-271	Competent
<input type="checkbox"/>	272-305	Proficient
<input type="checkbox"/>	306-340	Expert

All Competency knowledge, skills, and abilities marked in **bold** with an asterisk (*) are critical for independent professional nursing practice; they must be rated “competent” or above for the nurse to be overall “competent”.

REFERENCE: Commands should utilize the standardized Nursing Procedure Manual: Mosby’s Nursing Skills. Available online through Command Intranet.

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Medical/Surgical Nursing Core Competency Summary Assessment

The nurse below has demonstrated professional nursing competencies in the comprehensive assessment, planning, implementation and evaluation of care to include:

- Develops a comprehensive nursing plan of care that improves cardiac function.
- Develops a comprehensive nursing plan of care that improves respiratory function.
- Develops a comprehensive nursing plan of care that improves GI function.
- Develops a comprehensive nursing plan of care that improves musculoskeletal function.
- Develops a comprehensive nursing plan of care that improves/maintains neurologic function.
- Develops a comprehensive nursing plan of care that improves/maintains skin function.
- Develops a comprehensive nursing plan of care that improves genito-urinary function.
- Develops a comprehensive nursing plan of care that improves metabolic and endocrine function.
- Safely and effectively administers medications and evaluates their effectiveness.
- Develops a comprehensive nursing plan of care for the patient in pain; evaluates interventions and adjusts accordingly.
- Develops a comprehensive nursing plan of care for the dying patient.
- Recognizes key symptomology of combat operational stress, PTSD, and traumatic brain injury. Identifies need for referral/evaluation of stress reduction, psycho-education, and behavioral health interventions for the prevention of and reduction of operational stress disorders for patient and family.

Treatment Facility: _____

Date Assessed: _____

Nurse Name: _____

Assessed Competency Result: _____

Preceptor's Printed Name: _____

Signature: _____