



Annual Professional Practice Competency Assessment

Clinical Care Partner/Nursing Assistant

Validation Method: Evidence of Daily Work

Competency Focus: PPH Risk Assessment Tool and Quantification of Blood Loss

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Employee Name: _____ Employee Number: _____

Department Number: _____ Department: _____

Job Title: Registered Nurse Date(s) of event: _____

Assessing the actions, we demonstrate on a daily basis to do our job is a valid form of competency assessment. Keep in mind that the observer of the finished product or action can be the educator or any one of the following individuals:

Prerequisite(s): _____

Validation Criteria: _____ **Performed**

- **Applies prerequisite knowledge to correctly complete the Maternal Obstetrical Hemorrhage Risk Assessment Tool at the correct intervals and to accurately quantify blood loss. Screen shots from your selected patient should be attached to this sheet for the validator to sign off on competency.**

1. Confirms maternal risk score in the banner bar. Yes No

2. Assists nurse with completing all orders associated with the maternal risk category and notification of provider. Yes No

3. Accurately communicates total of blood loss quantified in ml's. Yes No

4. Return demonstration of quantification of blood loss. Yes No

Competency demonstrated **Not yet deemed competent, action plan required (indicated below)**

Action Plan:

Validator/Observer signature: _____ Date: ____

Employee signature: _____ Date: _____

Supervisor/Manager signature: _____ Date: _____

