

Attach and send the form to HR with Performance Evaluation.

No Name Transplant Center				
Job/Population Specific Competency Skills Checklist (Clinical)				
Name/Title _____		Dept/Unit _____		
Employee ID Number _____		Division _____	Date: / / _____	
Ages:	Neonate (< 30 days) Infant (1 month to 1 year) Toddler (1-3 years)	Preschool (3-5 years) School age (6-12 years) Adolescent (13-18 years)	Adulthood (18–69 years) Later Adult (> 70 years)	
Validation Method:	A = Policy Review B = Direct Observation C = Video Review D = Verbalization	E = Written Exam F = Case Study Exam G = Documentation Review H = Self-Learning Module (SLM)	I = Simulated Demonstration J = Other (specify) K = N/A	
Performance Criteria	Validation Method (May use more than one method)	Evaluation		Comments
Assessment of Kidney Transplant Recipient		Meets Expectations	Needs Improvement	
<ul style="list-style-type: none"> Adheres to applicable federal, state, and local regulations for assessment criteria and frequency for healthcare consumers undergoing kidney replacement therapies (KRTs). Integrates knowledge from current, local, regional, national, and global environmental factors into the assessment process. <ul style="list-style-type: none"> State and local departments of health World Health Organization topics: who.int/health topics/ Healthy People: healthypeople.gov Centers for Disease Control and Prevention: cdc.gov/nchs/nhis/index.htm Other organizations that influence nephrology nursing transplant practice. Collects pertinent data related to health and quality of life including, but not limited to, demographics, environmental and occupational exposures, social determinants of health, health disparities, physical, functional, psychosocial, emotional, cognitive, sexual, sociocultural, age-related, environmental, spiritual/transpersonal, and lifestyle/economic assessments in a systematic, ongoing manner with compassion and respect for the wholeness, inherent dignity, worth, and unique attributes of the person with kidney disease. 	<p>B. Documents findings in nursing assessment form within 12 hours of admission.</p> <p>F. Prepares and revises a nursing care plan that reflects assessment findings.</p> <p>A. Follows No Name Transplant Center P&P on patient identification and completion of the surgical checklist.</p>			

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Section 4

Performance Criteria	Validation Method (May use more than one method)	Evaluation		Comments
Assessment of Kidney Transplant Recipient		Meets Expectations	Needs Improvement	
<ul style="list-style-type: none"> • Elicits the healthcare consumer, values, preferences, expressed and unexpressed needs, and knowledge of the healthcare situation. • Engages the healthcare consumer and other interprofessional team members in holistic, culturally sensitive data collection. • Identifies enhancements and barriers to effective communication based on personal, cognitive, psychosocial, literacy, financial, and cultural considerations. • Recognizes the impact of one's attitudes, values, and beliefs on the assessment process. • Assesses the impact of family dynamics on patients' health and wellness. • Uses evidence-based assessment techniques, instruments, tools, available data, information, and knowledge relevant to the situation to identify patterns and variances. • Applies the provisions of the ANA Code of Ethics, legal, and privacy guidelines and policies to the collection, maintenance, use, and dissemination of data and information. • Recognizes the healthcare consumer or designated person as the decision-maker on their own health. • Documents data accurately, and makes it accessible to the interprofessional team in a timely manner. • Uses appropriate evidenced-based assessment techniques, instruments, and tools. 				
Employee Signature: _____		Date: ____/____/____		
Validator Signature: _____		Date: ____/____/____		
Send to HR with Performance Evaluation				

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