

COMPETENCY CHECKLIST (SAMPLE)

Name: _____

Title: _____ Unit: _____

Skills Validation			
Method of Evaluation:	DO-Direct Observation	VR-Verbal Response	WE-Written Exam OT-Other
Emergency Code Standardization Process	Method of Evaluation	Initials	Comments
Patient Safety:			
Access to emergency code policy and procedure.	VR		
Definitions of each emergency code.	WE		
How to call each emergency code.	WE		
When is it appropriate to call each code.	VR		
Staff responsibilities after calling or hearing a code.	WE		

Name of Person Validating the Skills: _____

Signature of Skills Validator: _____ Date: _____

I received a copy of the Standardized Emergency Codes (Policy or Badge-Buddy).
I understand the Emergency Code procedures for the hospital and my role in patient safety.
I agree with this competency assessment.
I will contact my supervisor, manager or director if I require additional training in the future.

Employee Signature: _____ Date: _____