LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT

DOCUMENTATION OF RESPONSE TO LEARNING NEEDS:
DEPARTMENT INSERVICE AND UNIT-BASED COMPETENCY ASSESSMENT EDUCATION RECORD

Purpose:

To facilitate advanced planning of in-service and unit-based competency assessment education programs in an organized manner and maintain education records in a systematic manner. Also, provide a mechanism that assists in tracking the hospital’s assessment of staff development needs on a hospital-wide, departmental, and individual level.

Policy:

1. A Department Education Record (SN 1100) is to be initiated prior to the implementation of an inservice or unit-based competency assessment by the Program Coordinator.

2. The following information shall be recorded on the form as appropriate:
   
   a. Program Title
   b. Department
   c. Program Coordinator
   d. Speaker
   e. Date(s) and time(s) program is to be conducted
   f. Target audience
   g. Total attendance
   h. Need for program
   i. Teaching method used
   j. Verification method used
   k. Age specific concern
   l. Content Outline
   m. Age groups
   n. Resources used

3. Filing of in-service and unit-based competency assessment education records:
   
   a. Patient Care Services - after the record is completed, mail it to Hospital Education for documentation on the computerized education record. The record will be returned to the department where it is to be kept on file for a period of not less than five years.

   b. Other departments - after the record is completed, it is to be maintained in the department for a period of not less than five years.
4. Any verification documents (ex: written exams, checklists, case studies, etc.) shall be maintained in the individual employee files.

________________________
Administrator

4/21/04
Date

Approved by Clinical Board: 2/21/01, 4/20/04
Written: 2/97
Reviewed: 1/98, 1/01, 3/04
Revised: 1/01, 3/04
LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER - Shreveport, La.

DEPARTMENT EDUCATION RECORD

Program Title ____________________________________________ Department: ____________________________

Program Coordinator ____________________________ Speaker ____________________________

Date(s) and Time(s) of presentation _______________________________________________________________________

Target Audience: ____________________________ Total Attendance ____________________________

Need For Program Identified By:

☐ Information from Performance Improvement activities
☐ Introduction of new technology
☐ Results from safety office
☐ Results from infection control studies
☐ Needs assessment survey
☐ Performance appraisal

☐ Individual staff member request
☐ New or revised care delivery system
☐ Patient safety issue
☐ Requests by management
☐ Competency requirement
☐ Other (specify) ____________________________

Inservice Education

Teaching Method Used:

☐ Lecture
☐ Film/videotape
☐ Article
☐ Simulation equipment
☐ Printed Materials
☐ Bulletin board
☐ Other ____________________________

or Unit-based Competency Education

*Verification Method Used:

☐ Case Study
☐ Participation return demonstration
☐ Observation by qualified observer
☐ Test
☐ Other ____________________________

*Documentation of verification method must be in employee file. Examples: test, checklist, case studies.

Addressed age specific concerns by:

☐ Emphasizing growth and development issues.
☐ Stressing differences in procedures for different age groups.
☐ Other: ____________________________

Content Outline (brief): ____________________________________________

________________________________________________________________________

________________________________________________________________________

Age groups addressed:

☐ Neonate Birth-1 mo.
☐ Infant 1 mo-1 yr.
☐ Toddler 1-4 yr.
☐ Preschool 4-6 yr.
☐ School age 5-13 yr.
☐ Adolescent 13-18 yr.
☐ Adult 18-65 yr.
☐ Geriatric > 65 yr.

Resources used to plan inservice: ____________________________________________

________________________________________________________________________

________________________________________________________________________

Departments other than Patient Care Services:

After completing this form keep a copy in your departmental files.

Patient Care Services:

Return completed original document to Hospital Education for documentation and filing on the computer education record. This education record will be returned to the department for filing.

• Employee shall complete verification method with no deficiencies. If items are missed, the supervisor or designee will review missed items with employee to ensure employee understands all information. Supervisor or designee will document review of missed components with employee on verification tool.