



**COMPETENCY EVALUATION FOR PHYSICIAN ASSOCIATED HEALTH PROFESSIONALS
(PAHP)**

Job Description Title: Licensed Vocational Nurse

PAHP Staff Member Name: _____

The addressed employee is competent to perform the following duties and responsibilities:

**If the LVN will not be performing one of the essential functions, please mark N/A. If he or she will be performing additional responsibilities, please write in the blank spaces below. Please attach an additional sheet, if necessary.

Essential Function	Yes	No	N/A
Performs duties under the direction of the supervising physician.			
Demonstrates the ability to transfer scientific knowledge from social, biological, and physical sciences in applying the nursing process.			
Demonstrates knowledge and competency in performing baseline nursing skills. Maintains clinical competencies according to required standards.			
Identifies information necessary to plan and administer care.			
Identifies and determines priority of patient's needs/problems, anticipates emergencies, complications of pathology, and assists others in implementing complex care.			
Administers medications and treatments according to policy and procedure, accepted standards of care, and guidelines.			
Communicates effectively with the clinical team, patients, families, and physicians. Documents patient status, patient needs/problems, nursing intervention/patient response, safety interventions, and education/teaching.			
Assists in the development of a plan of care that includes discharge planning, realistic and measurable goals, and appropriate nursing interventions to produce desired outcomes with the patient.			
Maintains a safe working environment by adhering to JCAHO and other regulatory requirements. Reports untoward incidents per policy.			
Maintains a committed and cooperative attitude with staff, promoting teamwork and harmony within the clinical team.			
Additional Responsibility:			
Additional Responsibility:			
Additional Responsibility:			

Verification of Competency Evaluation (to be completed by Supervising Physician):

Physician Supervisor Signature

Date

Physician Associated Health Professional Signature

Date