

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT HUACHUCA, ARIZONA 85613-7040

MEDDAC MEMORANDUM
No. 350-4

1 March 2008

Training
COMPETENCY ASSESSMENT FOLDER PROGRAM

	PARA	PAGE
HISTORY -----	1	1
PURPOSE -----	2	1
SCOPE -----	3	1
REFERENCES -----	4	1
GENERAL -----	5	1
RESPONSIBILITIES -----	6	5
APPENDIX A - Cover Sheets for CAF -----		A-1
APPENDIX B - Verification of Licensure with Primary Source -----		B-1

1. HISTORY. This issue publishes a revision of this publication.

2. PURPOSE. To provide guidelines for the development and implementation of a Competency Assessment Folder (CAF) Program at USA MEDDAC-AZ. This program is renamed from the previous memorandum based on changes to the guiding Army Regulation.

3. SCOPE. This policy applies to all military and civilian employees, volunteers, and contract personnel assigned, attached or employed at USA MEDDAC-AZ.

4. REFERENCES.

4.1 2004 Standards for Ambulatory Care, Joint Commission on Accreditation of Healthcare Organization Standards.

4.2 AR 40-48, Non-physician Health Care Providers

4.3 AR 40-68, Clinical Quality Management.

4.4 MEDCOM amendment to Appendix C of AR 40-68.

4.5 <https://ke.army.mil/competency/>

5. GENERAL.

5.1 Definitions are as follows:

*This memo supersedes MEDDAC Memo 350-4, dated 27 Jan 05

5.1.2 Competency – possessing the skill and knowledge necessary to perform one's job. Competency communicates the standards for acceptable levels of practice. Assuring competency is an ongoing process throughout the employment of the individual.

5.1.3 Competency Assessment – A process for the initial and periodic evaluation and documentation of an individual's knowledge, skills, and critical thinking capabilities that enable them to perform a specific job/task.

5.1.4 Competency Assessment Folder – A six sided folder used to file documentation of competency assessments.

5.1.5 Training Documentation Folder – A six sided folder used to file documentation of combined competency and personnel folders for students (e.g. lab technicians).

5.1.6 Initial Competency Assessment – Initial competencies reflect the knowledge, skills, and behaviors required in the first ninety days in a particular job class. They are based upon core, frequently used, and high-risk job functions and accountabilities. As the staff member accomplishes tasks for the first time, his/her supervisor or preceptor assesses and documents competence.

5.1.7 Annual Competency Assessment – Annual competencies reflect the periodic assessment of employees in a job class after the initial competencies have been met. Continuing ability to meet competency requirements is reassessed annually and more frequently when:

5.1.7.1 Competencies are added to the staff member's duties,

5.1.7.2 Competencies change,

5.1.7.3 The competency is considered high-risk, or

5.1.7.4 The competency is performed so infrequently that assessments are needed to ensure the staff member's ongoing competency. Ongoing competency assessments also include age-specific criteria when applicable, and will be documented.

5.1.8 Orientation – The purpose of orientation is to familiarize staff members with the organization, their jobs, and to their

work environment. Orientation emphasizes safe, effective job performance. It consists of three required components: organizational (facility-wide), departmental (work area), and skills (specific job elements). Orientation to all components should be completed within 45 days unless military commitments prevent completion. In these instances, the employee will complete the orientation as soon as possible and an annotation to this effect will be made in the individual's CAF.

5.1.9. Annual Training – Annual training provides necessary information on MTF policies and procedures. Staff must attend annual training. This training can be accomplished through traditional lecture, individual instruction, electronic learning, written, or other adult learning methods.

5.2 Maintenance of Folders

5.2.1 All individuals working or volunteering at this MTF must attend mandated training and ensure their competency folder is updated.

5.2.2 Staff members must update all licenses, registrations, or certifications required by their jobs and provide this information to their supervisors.

5.2.3 Staff members must maintain all basic qualifications required by the job and assist supervisors to identify ongoing training and education opportunities, to enhance/update/improve competencies, or to prepare for new competency requirements.

5.2.4 Documents will be maintained in the CAF for minimum of three (3) years. Documents older than three years that are not needed in the CAF may be purged.

5.2.5 CAF will be maintained in an unsecure location (unlocked file drawer, etc.) for accessibility by the individual, their supervisor, and CAF manager.

5.2.6 Any item considered to be sensitive or confidential (for example, adverse action, counseling statements, etc.) will not be filed in the CAF.

5.3 Training Requirements

5.3.1 All individuals working or volunteering will be required to complete AMEDD Personnel Education and Quality Systems (APEQS) training, newcomer's orientation, hospitality training and designated annual training. Basic Life Support (BLS) is required for all personnel classified as medical personnel. Anesthesiologists and certified registered nurse anesthetists (CRNAs) assigned to the anesthesia department/service and registered nurses who administer conscious sedation will possess and maintain Advanced Cardiac Life Support (ACLS) certification. ACLS or other advanced life support training is not a substitute for current BLS certification. Heartsaver or BLS for all personnel classified as administrative personnel is highly encouraged, but is not required.

5.3.2 Licensed Independent Practitioners (LIPs) and volunteers will have abbreviated folders.

5.3.3 Be oriented to section specific individual and patient care safety requirements before being allowed to assume their assigned duties.

5.3.4 Complete the health facilities orientation within 45 days of assignment or volunteering at RWBAHC. Completed training will be annotated in APEQS.

5.3.5 Complete APEQS computer-based training within 30 days of assignment at RWBAHC, and annually thereafter.

5.3.6 Attend hospitality training. Completed training will be annotated in APEQS. Individuals presenting a certificate for hospitality/customer relations training will be exempt from RWBAHC hospitality training.

5.3.7 Clinical personnel should have a current BLS card before they start work. Attendance is not required at the BLS course if the individual has a current BLS card from another MTF/organization (Copy of current BLS card required).

5.3.8 Complete all Health Insurance Privacy and Accountability Act (HIPAA) training requirements.

5.3.9 Ongoing in-services, training, or other education is offered in response to learning needs identified through performance improvement findings (data analysis), staff surveys, performance evaluations, or other needs assessments and to reinforce the need and methods to report unanticipated adverse events.

5.4 Procedures.

5.4.1 During newcomer's orientation, the CAF will be explained to all new personnel by the human resources division.

5.4.2 During department/unit/section orientation, the CAF will be created by the supervisor or preceptor for the newly assigned staff members, volunteers and contractors.

5.4.3 The orientation period is determined by each section with consideration given to the orienting individual's learning needs and experience. This period will generally not exceed forty-five (45) days.

5.4.4 The creation of a CAF will be completed with the time frame established by the section, generally not to exceed 60 days. Due to the frequency and nature of extended military deployments,

supervisors must document in the CAF folder the from and to dates of any extended absence (>30 days). CAF folders will be updated within 4 weeks upon the return of the deployed individual to their duty section (work area). Any training or certifications missed during the deployment will be completed and documented during this 4 week period.

5.4.5 The CAF program documentation will be maintained in a CAF file as part of the individual's training record. CAF files are maintained by each section supervisor/NCOIC. If an individual changes sections, the CAF file will be given to the new supervisor. DO NOT destroy any of the prior documentation contained in the folder, as this information is needed for audit/inspection purposes.

5.4.6 The OIC/NCOIC or the immediate supervisor will reevaluate an individual's competency annually and will document this in the individual's CAF file (provider information is in the credentials file). Competency checklists will be completed according to instructions on each form.

5.4.7 For sections that have age specific requirements, the age-specific checklist will also be reviewed and recertified annually. Age specific competencies may be included within the competency tools.

5.5 CAF File Content: Cover sheets for each section of the six-part folder are at Appendix A. Contents of the CAF file will contain at a minimum the following items:

5.5.1 SECTION I: (All staff)

5.5.1.1 Job Description

5.5.2 SECTION II: (Non-privileged staff only)

5.5.2.1 License, certification or registration verification (no original or copy of an individual's license will be maintained in the file. See verification of licensure with the primary source Appendix B

5.5.2.2 Mandatory Certifications (BLS, ACLS, etc)

5.5.2.3 Specialty Certifications (CEN, OCN, Chemotherapy, etc)

5.5.3 SECTION III: (All staff)

5.5.3.1 Evidence of health center (newcomer's) orientation

5.5.3.2 Evidence of division/department/unit level orientation

5.5.3.3 Evidence of initial and annual training requirements as guided by MEDCOM, GRPMC, TJC, OSHA, facility, unit and other local; guidelines (APEQS, Waive/Point of Care testing, etc)

5.5.4 SECTION IV: (Non-privileged staff only)

5.5.4.1 Evidence of initial competency assessment

5.5.4.2 Evidence of annual competency assessment

5.5.4.3 Evidence of age-specific competency assessment. Medical personnel with specific unit tasks for the age group served. Age specific competencies may be included in the competency checklist. LIPs information is in the Credentials file. Administrative personnel with clinical patient contact (e.g. ward clerks) are required to show documentation of age specific training appropriate to their position (this will be located on the APEQS printout).

5.5.4.4 Do NOT Remove prior editions/versions of assessment tools or checklist. Newer versions are placed on top.

5.5.4.5 Evidence of special competency tools. This may include restraints, sedation, telemetry, etc.

5.5.5 SECTION V: (All staff)

5.5.5.1 Evidence of continuing education relevant to one job duties.

5.5.5.2 Certificates of training, in-service logs, product representative training, etc

5.5.6 SECTION VI (Not applicable)

6. RESPONSIBILITIES.

6.1 Chief, Human Resources Division:

6.1.1 Serves as the facilitator for education and training for the CAF Program (may delegate this to members of the Human Resources Functional Management Team (HR FMT)).

6.1.2 Establishes the process and procedures to conduct a regularly scheduled program for CAF folder inspection (may delegate this to members of the HR FMT).

6.1.3 Conducts regularly scheduled CAF file inspections (may delegate this to members of the HR FMT).

6.1.4 Prepares inspection reports for the Commander and Executive Committee.

6.2 OIC, NCOIC and Supervisors in each department, unit or section will ensure that all assigned personnel, including military, civilian, volunteers, and contract personnel, have a current CAF with required documentation.

6.2.1 All personnel must demonstrate competency within their jobs and work within their scope of practice. Scope of practice information will be maintained in the credentials office for all credentialed licensed independent practitioners.

6.2.3 Personnel within their assigned areas are in compliance with the CAF program through review of the skills lists and review of the orientation documents. Review folder for all staff as appropriate.

6.2.4 Competencies address, where applicable, age-related and other physical, psychosocial and cultural needs and carrying out patient care activities to meet these needs.

6.2.5 With input from the staff and Mobilization, Education, Training, and Security (METS) project annual departmental in-services.

6.2.6 Update in-service rosters for their department.

6.2.7 Conduct audits of competency folders in cooperation with the chief, Human Resource and maintain documentation.

6.2.6 Confidentiality of CAF information is maintained at all times.

The proponent of this publication is the Human Resources Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to MCXJ-PD, USA MEDDAC, Fort Huachuca, Arizona 85613.

FOR THE COMMANDER:

OFFICIAL: GREGORY SWANSON
LTC, MS
Deputy Commander for Administration

ROBERT D. LAKE
Information Management Officer

DISTRIBUTION: E

APPENDIX A
COVER SHEETS FOR COMPETENCY ASSESSMENT FOLDER

SECTION I:
(All Staff)

Job Description

- Civilians – Position description pulled from FASCLASS.
- Military – Officers may use front page of their support form. NCOs and junior enlisted should have a written statement.
- Contractors – Statement of work.
- Volunteers – Written statement.

SECTION II:
(Non-privileged staff only)

1. License, certification, or registration verification.
 - Prime source verification of license, registration, certification, and/or degrees in memorandum format, as required by job description filed in Section I.
2. Mandatory certifications (BLS, ACLS, etc.)
3. Specialty certification (CEN, chemotherapy, sedation, etc.)

SECTION III:
(All staff)

1. Health center orientation.
 - Met by attendance at newcomer's orientation as recorded on APEQS printout.

2. Division/department level orientation.
 - Met by completing division/department checklist (standardized format with division/department specific needs) – RWBAHC 539.

3. Initial and annual mandatory training.
 - Met by showing current status on all required initial and annual training as recorded on APEQS printout.

SECTION IV:
(Non-privileged staff only)

1. Initial competency assessment tool (CAT).
 - Met by completing department/division specific CAT standardized MEDCOM forms at <https://ke.army.mil/competency>.
2. Annual competency validation statement.
 - Met by completing RWBAHC 509 on anniversary of CAT completion date and at least annually thereafter.
3. Special competency tools (restraints, sedation, telemetry, etc.).
 - Met by completing all department/division required special competencies.

SECTION V:
(All staff)

Evidence of other sources of continuing education. This can be CME/CNE certificates, other certificates of training, off-site conferences, in-service logs, product representative training, etc. relative to an individuals job duties.

1 March 2008

MEDDAC MEMO 350-4

SECTION VI:
(Not applicable)

APPENDIX B

Verification of Licensure, Certification, or Registration with Primary Source

(Office Symbol)

(Date)

MEMORANDUM FOR RECORD

SUBJECT: Prime Source Verification of Licensure

1. On (date), I contacted the (example: Arizona State Board of Nursing) and obtained online licensure verification on the following individual:

Employee Name

2. The following items were verified:

State:

Expiration Date:

Issued On:

License Status:

Insert any pertinent information on the state boards verification form

3. POC: Online verification: (website) or nursing state board's name and phone number.

SIGNATURE BLOCK OF
INDIVIDUAL PERFORMING VERIFICATION