

**St. Vincent's Health System  
Nursing School Instructor Competency Assessment**

Instructor:	
School of Nursing:	
Date:	
Nursing Unit(s):	
Facility:	

Method of Validation Key

- ❖ O (Observation of actual Performance)
- ❖ D (Demonstration: simulation of a situation)
- ❖ C (Cognitive: post test)

Skill/Procedure or Equipment	Method of review A=Self Study B=Class C= One on One D=Other (specify)	Date of Review	Method of Validation	Date/initials of Validator	Skill not validated
Glucose Monitor					
IV Pump					
Syringe Pump					
Dynamap					
Pulse oximeter					
Patient Bed					
Call Light					
Bath in a Bag					
Med Pyxis					
Med Barcoding					
Supply Pyxis					
Documentation					
Falls Protocol					
Skin Rash Assessment					
Use/documentation of restraints					
Unit specific info:					
Plan of Care					

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Nursing Instructor Signature

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Validating Nurse Signature