

**TUFTS MEDICINE CARE AT HOME  
CLINICAL TEAM COMPETENCY  
DIABETIC FOOT CARE PROGRAM**

EMPLOYEE \_\_\_\_\_

STAFF POSITION \_\_\_\_\_

Date \_\_\_\_\_

**COMPETENCY STATEMENT:**

**Disciplines Involved:** *All Clinical Staff*

Performance Criteria	Date	<b>*Method of Assessment</b> (√ all that apply)										Skill met (M) or unmet (U)
		1	2	3	4	5	6	7	8	9	10	
Demonstrates an understanding of the HHVNA diabetic foot care process including his/her role in completing this care process.							X					
Demonstrates the ability to perform monofilament testing to determine the presence/absence of protective sensation for the patient with diabetes.				X								

**Summary Assessment Findings:**

- ☐ Knowledge/skill level satisfactory  
☐ Knowledge/skill level needs improvement

Specify plan to promote level of competency  
 \_\_\_\_\_  
 \_\_\_\_\_

Competency reevaluation in: \_\_\_\_ 6mos. \_\_\_\_ 1year \_\_\_\_ other

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*Method of Assessment Legend**

- 1) Review credentials/experience  
 2) Review Cont. Ed./In-services  
 3) Observation of Performance  
 4) Verbal Review  
 5) Record Review

- 6) Post Test  
 7) Team Mts./Case  
 8) Yearly Performance  
 9) Review of Self Study  
 10) Other (specify)  
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