

**TUFTS MEDICINE CARE AT HOME
CLINICAL TEAM COMPETENCY
INSULIN SAFETY PEN NEEDLE**

EMPLOYEE _____

STAFF POSITION _____

Date _____

COMPETENCY STATEMENT: *Demonstrates accurate use of insulin safety pen needle.*

Disciplines Involved: Nursing

Performance Criteria	Date	*Method of Assessment (√ all that apply)										Skill met (M) or unmet (U)
		1	2	3	4	5	6	7	8	9	10	
Demonstrates accurate use of safety pen needle.				X			X					
Verbalizes when and why a safety pen needle is used.					X		X					
Demonstrates proficient infection control during procedure.					X		X					
Verbalizes how to obtain orders for safety pen needles.					X		X					
Verbalizes knowledge of how to acquire safety pen needle from agency.					X		X					

Summary Assessment Findings:

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

Specify plan to promote level of competency

***Method of Assessment Legend**

- | | |
|----------------------------------|-------------------------|
| 1) Review credentials/experience | 6) Post Test |
| 2) Review Cont. Ed./In-services | 7) Team Mts./Case |
| 3) Observation of Performance | 8) Yearly Performance |
| 4) Verbal Review | 9) Review of Self Study |
| 5) Record Review | 10) Other (specify) |

Competency reevaluation in: ____ 6mos. ____ 1 year ____ other

Employee's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____