

Competency Verification Record

UVA Health Bladder Scan

Employee Name: _____ Employee ID #: _____ Date: _____

Successful completion is documented on the Annual Competency Record (ACR) or Department Specific Competency Form using the following competency statement(s):

Competency Statement(s): Demonstrates correct use of Bladder Scanner

Evaluator(s): Competency Verification Record will be signed by an RN/LPN whose competency has been validated.

Method of validation (circle one):

DO	Direct Observation – Return demonstration or evidence of daily work.
T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.
S	Simulation
C	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.
D	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.
R	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.
QI	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.
N/A	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.

Note: This Competency Verification Record is **not** a required part of the permanent personnel record. This form is to be used as a guide for competency check off only; **the Annual Competency Record is used to document competency.** . (If competency validation occurs away from the unit, this form can be completed by the validator; the signed form can then be presented to the unit NEC or manager as evidence of competency. The Annual Competency Record is then signed indicating that the competency was validated).

Skill Level: RN, LPN, MA, PCT, PCA

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
Use of Bladder Scanner <ul style="list-style-type: none"> • Identifies scanner readiness (check battery functioning before performing the procedure) • Gather equipment • Identify patient using two patient identifiers • Verify LIP order, for a postvoiding scan, ask the patient to void prior to performing bladder scan • 	DO/D/S	
Perform bladder scan <ul style="list-style-type: none"> • Performs hand hygiene • Position patient in supine position with head resting on a pillow(to prevent tightening of abdominal muscles, which can affect scan) • Provides privacy • Don appropriate PPE • Expose the patient's suprapubic area • Turn on bladder scanner • Identify appropriate male or female setting (for females with total 	DO/S	

