Competency Verification Record (CVR)
UVA Health Medical Center
Anticoagulation Management - RN (Primary Care)

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

Disclaimer: Competency Verification Records (CVR) are temporarily stored in the Department's competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator's signature.

Transfer of CVR to Permanent Record: With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. *(If the statement is not present, it can be written-in*.) The competency statement is then initialed and dated as complete.

Competency Statement:	Demonstrates safe management of anticoagulation therapy in the ambulatory adult population.
Validator(s):	RNs validated as competent in anticoagulation management.
Validator Documentation Instructions:	Validator documents method of validation (below) and initials each skill box once completed **and** places their full name, signature, and completion date at the end of the document.
Method of Validation:	

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.

Validation Instructions:	Completion of two shadowed anticoagulation (ACG) clinic visits, followed by direct supervision by a validated RN using this CVR.

Demonstrated Skill **Behaviors for Competency (Critical Behaviors in Bold)**	**Method of Validation**	**Evaluator's Initials**
• Verbalizes where to locate the clinical protocol order		
• Verbalizes clinical protocol inclusion and exclusion criteria		
• Verbalizes steps per clinical protocol to take when initiating therapy after receiving the anticoagulation referral		
• Confirms presence of Anticoagulation FYI Flag in the electronic health record (EHR) ○ Places FYI Flag in EHR if not present		

CVR Template: Created 11/10/2018; Revised; 11/21/2018; 12/29/2022; 6/8/2023; 3/19/2024

Name of CVR: RN Anticoagulation Management (Primary Care)
Date CVR Created: 12/14/23 Date CVR Revised: 3/19/2024
Subject Matter Expert(s): Monica Morgan, Pharm D; Erin Dupree, RN (Family Medicine)

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Demonstrated Skill **Behaviors for Competency (Critical Behaviors in Bold)**	**Method of Validation**	**Evaluator's Initials**
• Performs Point of Care PT/INR according to manufacturer guidelines and verifies results transfer to EHR		
• Records external lab results using "Results Console" within the EHR, if applicable		
• Reviews the patient's medical record and assesses patient for transient factors listed in protocol ○ Documents in "Patient Findings" Tab		
• Verbalizes when to escalate to LIP responsible for the patients care according to protocol		
• Documents the anticoagulation management visit using the anticoagulation navigator within the EHR		
• Determines anticoagulant dose adjustments following clinical protocol		
• Identifies if weekly dosing within the anticoagulation navigator exceeds set guardrails		
• Consults with provider per dosing tables as indicated in clinical protocol		
• Identifies subsequent INR visit schedule based on clinical protocol		
• Provides patient education to meet the needs of the patient or caregiver using teach-back method		
• Identifies when bridging anticoagulation therapy is required		

Competency Verified by:

_____ Date: _____

Validator's Name (printed) *Validator's signature*

References:

Warfarin Maintenance Dosing in Ambulatory Clinics Protocol Order v.1 (policytech.com)