

# Competency Verification Record

## UVA Health

### Lower Extremity Toenail and Foot Care

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 lower extremity toenail and foot care**

**Evaluator(s):** Podiatrist or Certified Foot Care Nurse are qualified to sign the competency statement on ACR or New Hire

**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).

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
<ul style="list-style-type: none"> <li>• Verifies plan of care with LIP and obtains an order for toenail clipping</li> </ul>		
<ul style="list-style-type: none"> <li>• Performs hand hygiene</li> </ul>		
<ul style="list-style-type: none"> <li>• Dons personal protective equipment (mask, non-sterile gloves, eye protection).</li> </ul>		
<ul style="list-style-type: none"> <li>• Prepares supplies: surgical toenail nippers, Cuticle Pusher and Trimmer, Triangle Cuticle Cleaner, Nail File</li> </ul>		
<ul style="list-style-type: none"> <li>• Positions the patient to allow for the best access to feet</li> </ul>		
<ul style="list-style-type: none"> <li>• Performs low extremity assessment: Dermatology – checks skin integrity, wounds, maceration, edema, erythema, lesions, toenail thickness, signs of trauma</li> </ul>		
<p><b>Procedure for Toenail Trimming:</b></p> <ul style="list-style-type: none"> <li>• Supports the foot and stabilizes the toe to be treated</li> <li>• Uses the sanding side of the nail file to reduce bulk</li> <li>• Uses nail nippers on thinned nails               <ul style="list-style-type: none"> <li>• Removes 1mm with each nip</li> <li>• Uses the curette to assess the edges of the nail</li> </ul> </li> </ul>		

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<b>Demonstrated Skill</b> <b>Behaviors for Competency (Critical Behaviors in Bold)</b>	<b>Method of Validation</b>	<b>Evaluator's Initials</b>
<ul style="list-style-type: none"> <li>• Uses the curette to scrap and remove remnants or spicules.               <ul style="list-style-type: none"> <li>○ If unsuccessful with curette after two attempts, uses nippers</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Cleanses lower extremities with moist gauze, warm cloth, or cleansing wipes</li> </ul>		
<ul style="list-style-type: none"> <li>• Documents assessment and treatment in EMR</li> </ul>		

**Critical Elements:**

**References:**

Overstreet, J. (2022). *Rainier Medical Education Programs*. Retrieved from Rainierz Medical Education Program.

*Competency Verified by:*

\_\_\_\_\_ Date: \_\_\_\_\_  
 Evaluator's Name (printed)                      Evaluator's signature