

# COMPETENCIES FOR COMPASS PHASE 1

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Purpose:** To determine the COMPASS Phase 1 competency level of each associate who reports to you.

**Instructions:** Office administrators (or their designees) should place a checkmark next to the corresponding action if the associate needs further practice. Write "NA" if not applicable. Sign at the bottom when competency validated or document the action plan for remedial training until competency is met. This form should **not** be sent to Seton. It is strictly a tool to help you evaluate the needs of your staff.

Windows Skills performance expectations for all positions	Needs further practice	Comments
Log into PowerChart		
Change User		
Exit Power Chart		
Open a patient's chart		
Open multiple patient charts		
Search for a patient		
Navigate to the Patient Information tab to view demographics, visit information, and provider relationships		
Find the patient's location (site/floor/room number)		
<b>Additional expectations for clinical positions</b>		
Locate a result in the Recent Results tab		
Change the clinical range		
Use the Navigator in Recent Results to move to a specific section of Results		
Distinguish between the Recent Results tab, the Lab tab, and the Rad tab		
Open a result to view details, comments, and history		
Identify results out of normal range (high, low, critical)		
View the reference range for a result		
View Orders		
View Clinical Notes		
View Forms (including Triage assessment if the patient came through the ED)		
Identify pending (In Progress) labs		
<b>Additional expectations for Super Users</b>		
Communication to manager and staff		
Stays current with COMPASS Updates		

**I verify this employee was observed demonstrating the above performance expectations.**

Employee Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Action plan for remedial training. (Include mentor and timeline for completion): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Action plan completed, competency validated for outstanding performance issues.**

Employee Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_