

Addendum B: N & M Confirmation of Clinical Competence

**Hamad Medical Corporation
Nursing and Midwifery Confirmation of Clinical Competence Evidence**

Name: **Title:** **Corp. No:** **Specialty Area/unit:**

N & M Career framework Pathway: Clinical: Managerial/Leadership: Education: Research boxes which apply

Level of practice: Core: Specialist: Advanced boxes which apply

Initial Confirmation/Assessment : Periodic Reconfirmation boxes which apply (Periodic competency reassessment is done according to an agreed frequency for individual skills but can be done whenever new evidence emerges, a learning need is identified, or service requirement exists.)

Competency Category: Core Competencies - expected to be evidenced within 3 months of joining date						
Competence Statement: The nurse/midwife is able demonstrate core competencies, fundamental to professional practice.						
Practice required to evidence competence		Competency Confirmation				
		Frequency	Performance Met or Not met ***	Preceptor /Assessor signature	Corp No	Date
1	Comprehensive initial Patient Assessment	Once				
2	Safe medication administration practices, general	Once				
3	Pain assessment and pain management	Once				
4	Effective communication using ISBAR	Once				
5	Infection Prevention and Control	Once				
Comments by Staff being confirmed/ assessed: *** <i>Add brief comments and reflections about your performance</i> Space compressed – for illustration						
Comments by Confirmer/Assessor: *** <i>Explain the evidence about performance and any action plans to address areas for development</i> Space compressed – for illustration						

I confirm that the above-named nurse/midwife has demonstrated compassionate, confident and safe practice with the integration of knowledge, skills and behaviors which confirm achievement of the competence statement(s) in this document.

Preceptor Name: **Signed:** **Corp no** **Designation**

Hamad Medical Corporation
Nursing and Midwifery Confirmation of Clinical Competence Evidence

Name: **Title:** **Corp. No:** **Specialty Area/unit:**

N & M Career framework Pathway: Clinical: Managerial/Leadership: Education: Research boxes which apply

Level of practice: Core: Specialist: Advanced boxes which apply

Initial Confirmation/Assessment : Periodic Reconfirmation boxes which apply (Periodic competency reassessment is done according to an agreed frequency for individual skills but can be done whenever new evidence emerges, a learning need is identified, or service requirement exists.)

Competency Category: Specialist Competencies – expected to be evidenced within 12 months of joining date

NB: Some elements of complex practice (e.g. ECMO, therapeutic cooling, stoma site marking) will not apply to every nurse or midwife within the specialty. Where that is the case, that element of practice required to evidence competence **must be marked as N/A in this template.**

Competency Title:

Competency Statement:

Practice required to evidence competence	Competency Confirmation				
	Frequency	Performance Met or Not met ***	Preceptor /Assessor signature	Corp No	Date
1					
2					
3					
4					

Comments by Staff being confirmed/ assessed: ***Add brief comments and reflections about your performance

Space compressed – for illustration

Comments by Confirmer/Assessor: *** Explain the evidence about performance and any action plans to address areas for development

Space compressed – for illustration

I confirm that the above-named nurse/midwife has demonstrated compassionate, confident and safe practice with the integration of knowledge, skills and behaviors which confirm achievement of the competence statement(s) in this document.

Preceptor Name: **Signed:** **Corp no** **Designation**

* Periodic competency reassessment can be done whenever new evidence emerges, learning need identified, or service requirement exists

** Point of Care Testing POCT (Urine analysis, ABL 90, and Nova Glucometer) to be covered by laboratory competency assessment checklist

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Name: **Title:** **Corp. No:** **Specialty Area/unit:**

N & M Career framework Pathway: Clinical: Managerial/Leadership: Education: Research boxes which apply

Level of practice: Core: Specialist: Advanced boxes which apply

Initial Confirmation/Assessment : Periodic Reconfirmation boxes which apply (Periodic competency reassessment is done according to an agreed frequency for individual skills but can be done whenever new evidence emerges, a learning need is identified, or service requirement exists.)

Competency Category: Advanced Competency- expected to be evidenced within 12 months of joining date					
Competency Title:					
Competence Statement:					
Practice required to evidence competence	Competency Confirmation				
	Frequency	Performance Met or Not met ***	Preceptor /Assessor signature	Corp No	Date
1					
2					
3					
4					
Comments by Staff being confirmed/ assessed: *** <i>Add brief comments and reflections about your performance</i>					
Space compressed – for illustration					
Comments by Confirmer/Assessor: *** <i>Explain the evidence about performance and any action plans to address areas for development</i>					
Space compressed – for illustration					

I confirm that the above-named clinical nurse/midwife has demonstrated compassionate, confident and safe practice with the integration of knowledge, skills and behaviors which confirm achievement of the competence statement(s) in this document.

Preceptor Name: **Signed:** **Corp no** **Designation**