OKLAHOMA DEPARTMENT OF CORRECTIONS Basic Nursing Initial/Annual MHU Competency Verification

Name of Employee: ______ Facility: D MBCC D JHCC

Name of Mentor: ______

| Task | References/Learning Activities | Date Evaluated | Evaluator's Initials | Competency Method |
|---|---|-------------------|-------------------------|---|
| A. Assessment of Patients: In collaboration with the patient, the Nurse will systematically assess the patient. | | | | |
| 1. Performs MHU assessment which includes mental health status while applying appropriate standards of care, practice guidelines and policies and procedures: | Review: • OP-140127 • OP-140129 • OP-140130 • OP-140140 • OP-140141 • OP-140201 • OP-140653 • OP-140701 | | | Observed Demonstrated Verbalized N/A |
| a. Psychological assessment | RN Only | | | Observed Demonstrated Verbalized N/A |
| b. AIMS assessment - assists psychiatrist or Mental Health Nurse Practitioner | Review: • DOC-140201C | | | Observed Demonstrated Verbalized N/A |
| c. Global Assessment of Functioning (GAF) | RN Only | | | Observed Demonstrated Verbalized N/A |
| B. Care of Patients: In collaboratio process in a developmentally and c | | ll demonstrate | e the ability to | apply the nursing |
| 1. Make daily rounds and include appropriate documentation. | | | | Observed Demonstrated Verbalized N/A |
| 2. Collaborates with multidisciplinary mental health team to develop multidisciplinary treatment plan, prioritize care needs, evaluate effectiveness of care, and make required alterations in plan. | RN Only | | | Observed Demonstrated Verbalized N/A |
| 3. Attends daily team meetings. a. Responsible for report of patient assessment b. Collect and gather data on patient | | | | Observed Demonstrated Verbalized N/A |

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| B. Care of Patients: In collaboration with the patient, the nurse will demonstrate the ability to apply the nursing process in a developmentally and culturally appropriate manner. | | | | |
| 4. Initiates use of therapeutic restraints or seclusion per medical provider orders. Includes documentation and assessments per policy. | Review: • OP-140141 • DOC 140141A • DOC 140141B • DOC 140141C • DOC 140141D • DOC 140141E • DOC 140141 Attachment A | | | Observed Demonstrated Verbalized N/A |
| 5. Identification of suicide/self-harm risks and initiate suicide precautions/prevention per policy. | Review: • OP-140129 | | | Observed Demonstrated Verbalized N/A |
| 6. Monitor suicide watch with required documentation. | Review: • DOC140129 Attachment A • DOC 140129A | | | Observed Demonstrated Verbalized N/A |
| 7. Is aware and understands programs, housing, and other special considerations at mental health units. a. Treatment programs b. Psychiatric emergencies c. Housing areas and secure lockdown. d. Placement in segregation cells. | Review: • OP-140201 • OP-140652 • OP-040204 | | | Observed Demonstrated Verbalized N/A |
| C. Medication Administration | | | | |
| 1. Safely administers psychotropic medications according to policies and procedures, standards, and patient care guidelines. Has knowledge of and understands medication side effects and contraindications. | RN /LPN - Identify and assess for side effects of medications. | | | Observed Demonstrated Verbalized N/A |
| 2. Follow and understand forced medication procedure per policy. | Review: • OP-050108 • OP-140652 • DOC 140652A • DOC 140652B • DOC 140652C • DOC 140652E • DOC 140652E • DOC 140652F | | | Observed Demonstrated Verbalized N/A |

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| D. Leadership: The nurse assumes responsibility for a leadership role in providing care. | | | | |
| 3. Functions within scope of practice and competencies. Seeks guidance and assistance when required. | | | | Observed Demonstrated Verbalized N/A |
| 4. Uses chain of command to address issues. | | | | Observed Demonstrated Verbalized N/A |

Signature of Initial Evaluator

Date Initial Competency Completed

Signature of Employee

| Annual Verification/Review Date | RN Signature | Employee Signature |
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