

Annual Volunteer Performance Evaluation / Position Competency

Care Ambassador
A.C.E., Acute Rehab. M.N.O., S.C.U., Tele., C.C.U.

Volunteer Name: _____

Date(s) of Evaluation: _____

Department Supervisor/Manager: Annual position competency and performance evaluation is required for all volunteers. Please review and complete this document to indicate that the volunteer is competent in all assignment related functions listed below. Staff RNs may complete this form for volunteers who serve on nursing units. You may use the back of this form to write additional comments.

Method of Competency Assessment and Review Key:			
DO = Direct Observation	V = Verbalization	PT = Post test	SLP = Self-Learning Package
VT = Video and Test	RD = Return Demonstration	IS = In-service	CBT = Computer Based Training

General Performance Responsibilities for All Volunteers (assessed by Volunteer Services)

Function/Task	Training/Assessment Method	Met	Not Met
Signs in and out at Volunteer Services	DO	X	
Adheres to PHCS Volunteer uniforms policy	SLP/PT	X	
Practices infection control while providing service	SLP/PT	X	
Understands confidentiality of all patient information	SLP/PT	X	
Understands role during emergencies/codes	SLP/PT	X	

Major Behavioral Responsibilities for ALL Volunteers (assessed by Volunteer Services)

Behavior	Training/Assessment Method	Met	Not Met
Understands employee/volunteer relationships	SLP/PT	X	
Understands and practices Culture of Excellence Always	SLP	X	
Understands patient rights and PHCS values	SLP/PT	X	
Understands limitations of volunteer role (includes but not limited to: not feeding pts., not performing professional tasks, not lifting/transferring pts., not entering isolation rooms.)	SLP/PT	X	

Assignment Specific Responsibilities for This Position (assessed by department supervisor)

Function/Task	Training/Assessment Method	Met	Not Met
Assists with keeping nursing unit clean and tidy			
Orients patients and family members to room			
Appropriately identifies patients using 2 identifiers before providing services (food, water, transport for discharge, etc.)			
Assists patients with GetWell Network and TV operations			
Responds appropriately when a patient is found in distress (Code Blue/White, Rapid Response, Staff Assist buttons)			
Notifies staff of patient requests/needs			
Assists with fall reduction by ensuring beds are low and items are within patients reach. Understands use of personal/bed alarms.			
Utilizes wheelchair properly to discharge patients			
Makes closed/unoccupied beds or stretchers			
Provides comfort measures after checking with nursing staff (coffee, water, etc. for pts. without restrictions)			
Sets up trays at mealtimes (No feeding of pts.)			
Assists patients with ordering meals			
Assists with answering patient call bells (Understands iDome/West Call systems)			

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Answers telephones (Does not take report of any patient information or labs from any providers)			
Performs clerical duties (collating, filing, etc.)			
Stocks supplies with the exception of medication			
Sends (does not receive) approved items via p-tube			
Delivers/picks up supplies from other departments			
Delivers specimens to laboratory			

Comments: _____

I acknowledge that I have been trained on or received assessment of the responsibilities listed above. I agree that I will seek clarification on any matters which I do not fully understand during the course of my service. I will continue to maintain confidentiality of all patient information that I may come in contact with regardless of the source.

Volunteer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____