

# CLINICAL EHC AUTHORIZATIONS AND COMPETENCY REVIEW

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

To be completed by your supervisor or physician sponsor. <i>Please select the clinical research activities permitted for the above staff's role.</i>	Please indicate if the below activities will be performed by the research staff listed above.		
	YES	NO	NOT APPLICABLE FOR ROLE
<b>No Direct PT Contact Clinical Activities:</b>			
<b>Obtains Informed Consent (per hospital policy)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Provides questionnaires/research documents</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Data collection</b> in clinical setting. Data analysis and interpretation per scope of role. Collect parameters (non MD H&P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Documents data</b> relevant to research activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Screens/recruits</b> potential subjects including review of medical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Collect and record medication hx</b> compliance no dosages/no med teaching; review pill diary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Provides logistic support:</b> monitors billing and scheduling tests/procedures/follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Equipment and supply</b> set up and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Implementation of protocols:</b> prepares regulatory submissions; report AE/SAE/violation/deviation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Develop Case Report Forms (CRFs) and source documents</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Patient education</b> per protocol (non-medication) (conducts group support sessions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Staff education</b> -provides guidance/mentoring to less experienced staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transport medications</b> from pharmacy to pt (non-controlled, no medication teaching)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Assist with projects and program management:</b> writing grants/publications; attend meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Direct Pt Care below requires CPR (Training/Competency*)	YES	NO	NOT APPLICABLE FOR ROLE
*Obtain measurements for ht/wt, hip/waist circumference (TRAINING REQUIRED) (CPR REQUIRED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Obtain vital signs (temperature, pulse respirations, BP) (TRAINING REQUIRED) (CPR REQUIRED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Applies or places non-invasive/or minimally invasive devices (CPR REQUIRED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Performs non-invasive/minimally invasive testing (MD to analyze/diagnose) (fingersticks, buccal/nasal swabs) (CPR REQUIRED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Obtain ECG (TRAINING REQUIRED) (CPR REQUIRED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Assists MD/midlevel with procedures non-invasive or invasive outside of OR (CPR REQUIRED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escort or transport patients (CPR required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Phlebotomy (Fee for mandatory training/lab evaluation) (TRAINING REQUIRED) (CPR REQUIRED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collects specimen (full contact) (voided urine, sputum, pt self swabs, ) (direct pt contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transports specimen to lab (no direct pt contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processes and ships (no direct pt contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervises collection only (no direct pt contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Conducts non-invasive testing/measurements (with competency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor (MD or clinical) or Supervisor (print/sign/grade to select authorizations)

\_\_\_\_\_/\_\_\_\_\_ Date \_\_\_\_\_

# CLINICAL EHC AUTHORIZATIONS AND COMPETENCY REVIEW

<b>NURSING ONLY</b>	1	3	5	N/A
<b>RN/LPN LICENSURE REQUIRED</b>	<b>UNSATISFACTORY</b>	<b>SATISFACTORY</b>	<b>SUPERIOR</b>	<b>NOT APPLICABLE</b>
<b>Nursing:</b> Patient/Family/Staff study education including medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nursing</b> history and clinical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nursing</b> progress assessment/planning/and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study medication administration per scope of <b>nursing</b> role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral IV insertion in select settings ( <b>RN ONLY</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Line Blood Draws (with dept training/competency- <b>RN only</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nursing</b> Documentation (training required for EeMR - Emory Electronic Medical Record)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPOE- Computer Provider Order Entry or Verbal Orders of MD generated orders (with mandatory training) ( <b>RN only</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other research nursing activities (please list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other research nursing activities (please list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other research nursing activities (please list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Applicant** Signature\_\_\_\_\_ Date \_\_\_\_\_

**Sponsor** (MD or clinical) or **Designated Supervisor** (print/sign/grade)

\_\_\_\_\_/\_\_\_\_\_ Date\_\_\_\_\_