

ECU BRODY SCHOOL OF MEDICINE- NURSING COMPETENCY NEEDS ASSESSMENT

INSTRUCTIONS: After completing and reviewing worksheets 1-5 with your supervisor, complete the following needs assessment to help us better identify the nursing education needs at the Brody School of Medicine.

Job Title (check one): ☐ RN ☐ LPN

Department:

Please list the learning objectives that you are going to work on over the next two years and the learning activity option you have chosen to accomplish these objectives.

1.

2.

Learning Activity Option:

***If you chose option #7 for your Learning Activity** - would you be interested in facilitating your nursing education presentation to the nursing staff here at ECU? ☐ **Yes** ☐ **No**

***If 'yes'** please list your **name**, **e-mail** and **phone** so we can contact you to schedule your presentation.

Name:

E-mail:

Phone:

Please check the dimension(s) you identified on your self assessment where you feel you are at a 'novice' or 'advanced beginner' competency level (1 or 2). Please list specific topics that you would like to see offered here at ECU to help you improve your competency in these areas.

☐ **PROFESSIONAL RESPONSIBILITY:** The licensed nurse is personally responsible and accountable for ensuring that her/his nursing practice and conduct meet the standards of the profession and comply with the Nursing Practice Act.

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☐ **KNOWLEDGE-BASED PRACTICE:** The licensed nurse is personally responsible and accountable for having the knowledge and skills necessary for safe, competent nursing practice.

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☐ **LEGAL/ETHICAL PRACTICE:** The licensed nurse complies with the Nursing Practice Act.

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☐ **COLLABORATIVE PRACTICE:** The licensed nurse maintains safe and effective nursing care, in collaboration with the client, significant others and other health care providers.

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Please rank the times when you would be willing and able to attend nursing education sessions offered at the Brody School of Medicine.

5 = Most likely to attend at this time, 1 = Will not attend at this time.

| | Most Likely | Likely | Somewhat Likely | Unlikely | Will Not Attend |
|--------------------------------|-------------|--------|-----------------|----------|-----------------|
| Early Morning 7:30 – 8:30am | 5 | 4 | 3 | 2 | 1 |
| Lunch 12:00 – 1:00pm | 5 | 4 | 3 | 2 | 1 |
| Afternoon 3:00 – 4:00pm | 5 | 4 | 3 | 2 | 1 |
| Evening 5:00 – 6:00pm | 5 | 4 | 3 | 2 | 1 |
| Saturday/Weekend | 5 | 4 | 3 | 2 | 1 |

Please return completed needs assessments to
the Staff Development Coordinator, Lakeside Annex #1
Questions, Comments: 744-1925 or webbcy@ecu.edu