



Augusta Health Registered Nurse Professional Development Program

Roadmap Supporting Documentation Template

****One Category per Sheet****

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation, & Improvements

Description/Details of Activity:

Volunteered to help educate and vaccination our community against the Covid 19 virus. Explained the risks, possible side effects and when to notify a physician. Educated and asked about if immunocompromised or any other underlying factors that could cause a reaction. Explain that they must wait for 15 minutes after a vaccine to monitor for reactions. If was first vaccine, explained the 2nd appointment would be made before they left.

Completed 1-1/2 hours of class to participate as a competency validator on skills day. Class involved education, videos, discussion and hands on to be fully trained in how to verify and certify staffing skills for mandatory Skills Day.

Skills day instructor – work with hospital nursing staff to certify skills with Accu-Check, code blue breathing/pad placement, restraints. Verify staff has completed necessary Health Streams prior to testing, of indicating they have not. These skills are annually recertified for all nursing staff.

Dates of Meetings/Involvement:

See "AH NPDP Supporting Documentation Log" for evidence of dates

3/10/21

3/17/21

3/18/21

9/8/21 - Competency Validation class

9/22/21 – 3 sessions (0630-1830)

Clinician Signature: Angie Rosskey Date: 9/22/21

Supporting Signature: Cheryl Ford Date: 9/22/21

(Must be someone in leadership role or in attendance at the activity/event to verify your involvement)



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Dates of Meetings/Involvement:

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3/10/21

3/17/21

3/18/21

Clinician Signature: *Wange R. Liskey* Date *9/6/21*

Supporting Signature: *[Signature]* Date *9/7/21*

(Must be someone in leadership role or in attendance at the activity/event to verify your involvement)



Augusta Health Registered Nurse Professional Development Program

Supporting Documentation Log

****One Category per Sheet****

- Transformational Leaders
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation, & Improvements

Date	Time (Total Hours)	Activity or Event Name	Name of student / new team member	Activity description / Topics discussed	Validation Signature* (see pg. 2)
3/10/21	0730-1230	Covid Vaccination clinic at fitness center		Education/vaccinate public with Covid Vaccine	See page 2
3/17/21	0730-1230	Covid Vaccination clinic at fitness center		Education/vaccinate public with Covid Vaccine	See page 2
3/18/21	0730-1230	Covid Vaccination clinic at fitness center		Education/vaccinate public with Covid Vaccine	See page 2
9/8/21	0800-0930	Competency Validator for Skills Day Instructor		Competency class to certify staff on glucometer, code blue pads/breathing, restraints	See page 2
9/22/21	0630-1830	Skills Day Instructor – 3 sessions		Certify staff on glucometer, code blue pads/breathing, restraints	See page 2

Clinician Name: Anne R. Liskey Date: 9/22/21

Clinician Signature: Anne R. Liskey Date: 9/22/21

VALIDATION SIGNATURE PAGE

**Validation signatures must be someone in leadership role or in attendance at the activity/event to verify your involvement in the stated hours on the Supporting Documentation Log*

Activity / Event Name: Covid Vaccination Clinic Date: 3/10/21

Validation Signature: see other signature sheet Date: _____

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Validation Signature: see other signature sheet Date: _____


Activity / Event Name: Covid Vaccination Clinic Date: 3/10/21

Validation Signature: see other signature sheet Date: _____

Activity / Event Name: Competency Validator Class Date: 9/8/21

Validation Signature:  Date: 9/22/21

Activity / Event Name: Skills Day Instructor Date: 9/22/21

Validation Signature:  Date: 9/22/21

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

Activity / Event Name: _____ Date: _____

Validation Signature: _____ Date: _____

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Validation Signature: _____ Date: _____

****Each activity from log on pg. 1 should have a corresponding signature for validation***


VALIDATION SIGNATURE PAGE

**Validation signatures must be someone in leadership role or in attendance at the activity/event to verify your involvement in the stated hours on the Supporting Documentation Log*

Activity / Event Name: Covid Vaccination Clinic Date: 3/10/21

Validation Signature:  Date: 9/7/21

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Validation Signature:  Date: 9/7/21

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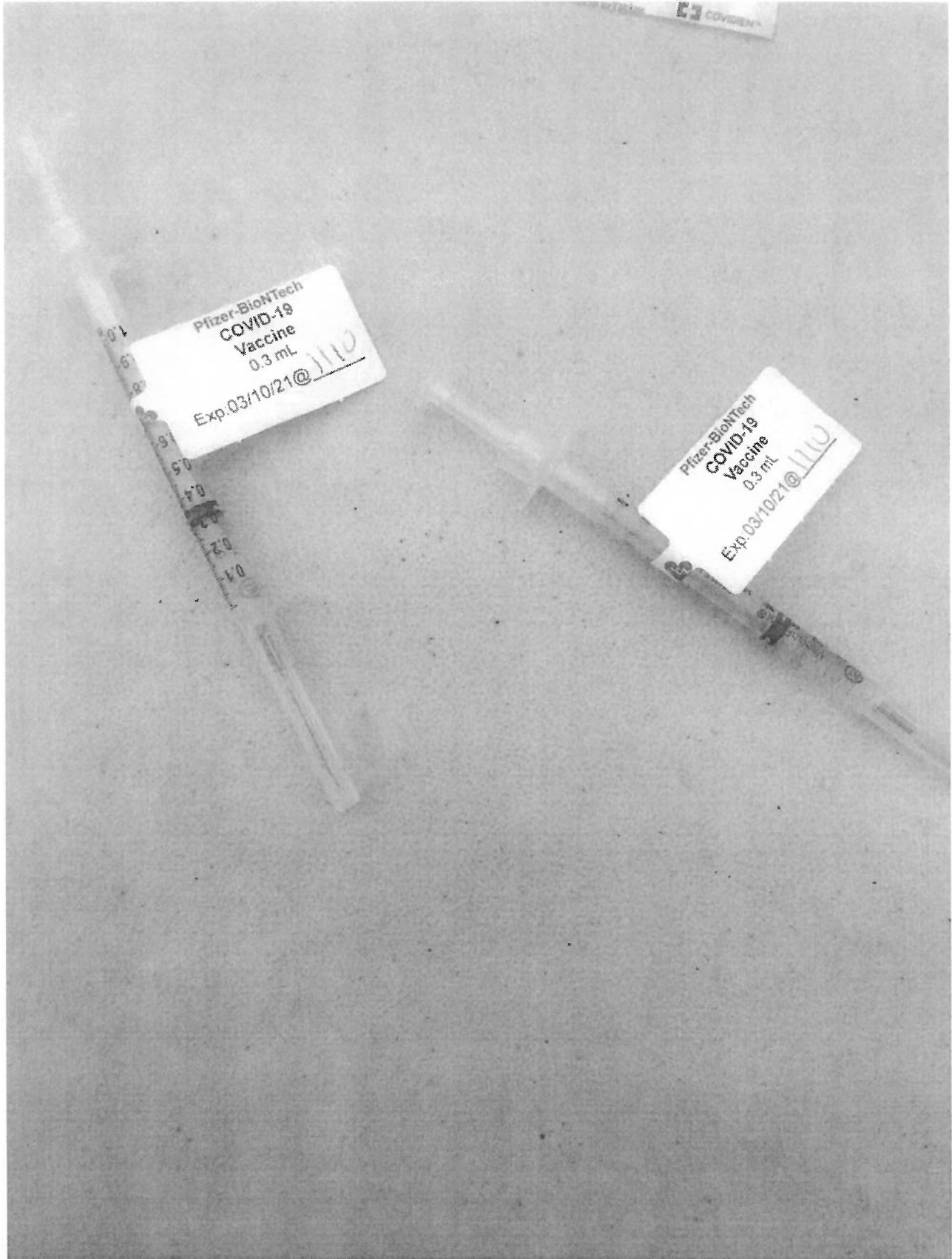
Activity / Event Name: _____ Date: _____

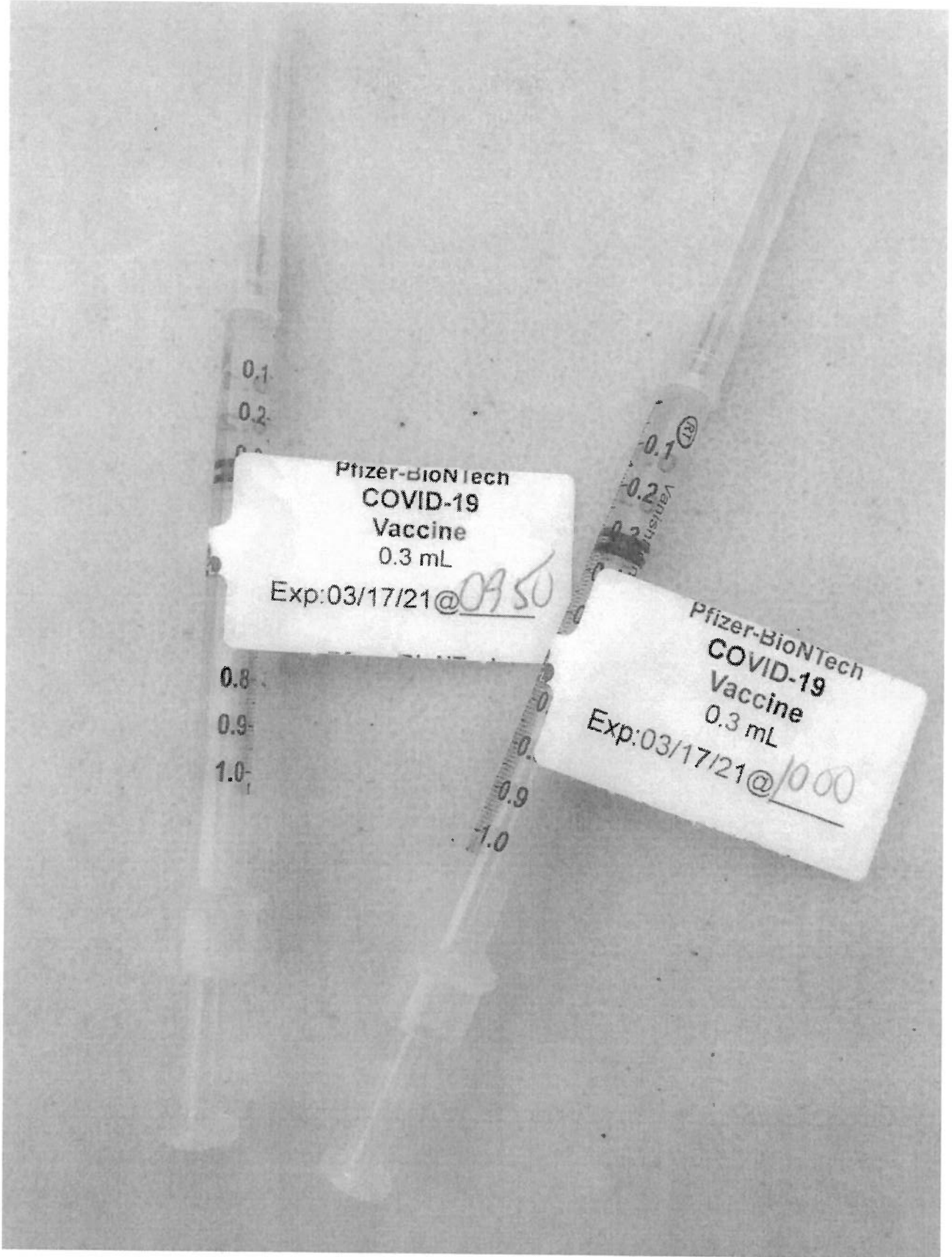
Validation Signature: _____ Date: _____

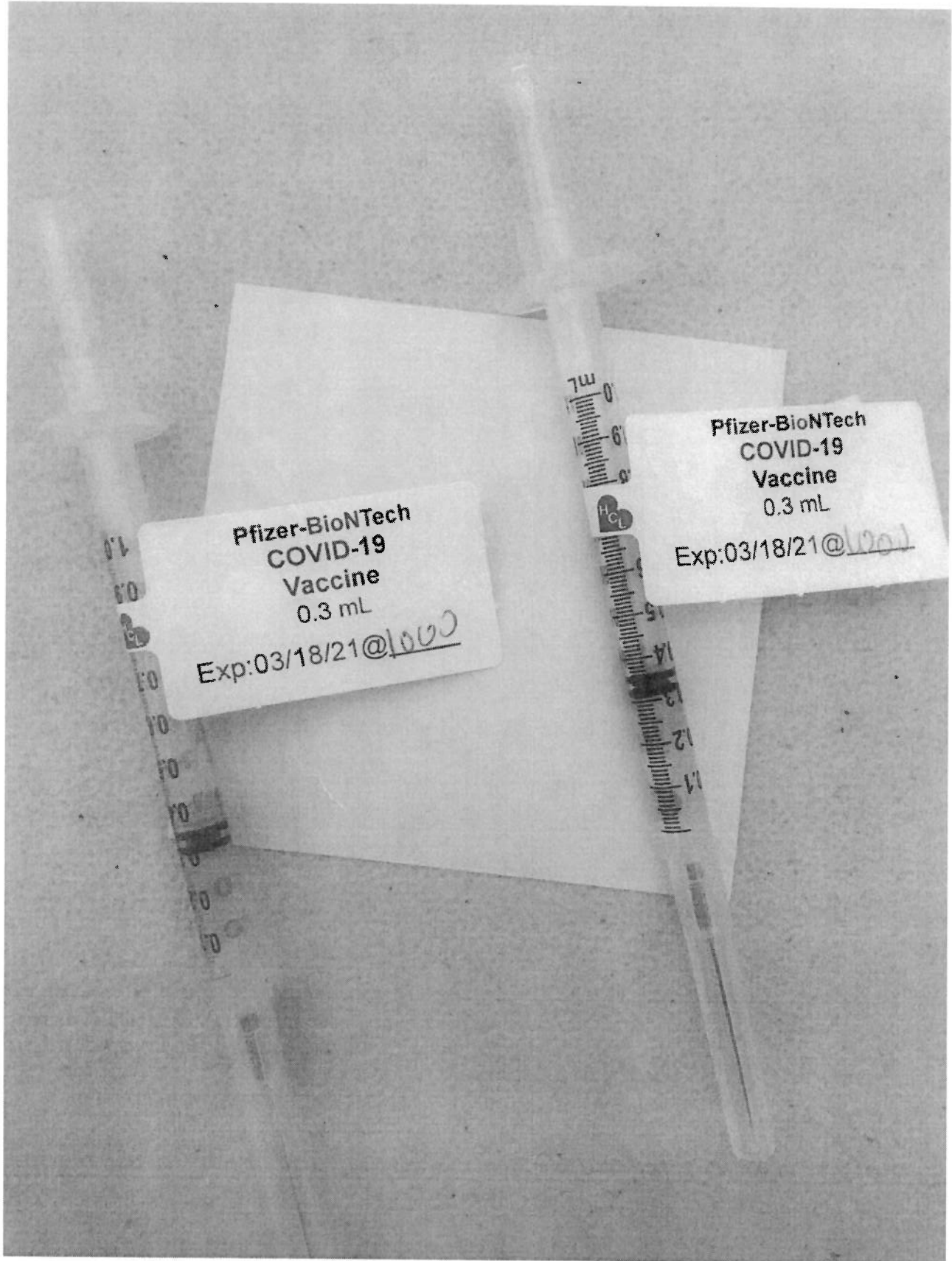
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