

VA Caribbean Healthcare System

Entry Date: 2 / 16 / 18




Training Course Record

Course/Class Title: <u>PRESID SITE WALKTHROUGH</u> <u>PERIMETER FENCE</u>	Date From: <u>2/16/18</u> To: <u>2/16/18</u>
Sponsoring Service: <u>FMS</u>	Time From: <u>9:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM To: <input type="checkbox"/> AM <input type="checkbox"/> PM
Instructor(s) Name: _____	Class Hours (Length): _____ *EC/PS Hours (if any): _____

CE Type	Amount	Course/Class Content Categories:	
<input type="checkbox"/> None	_____	<input type="checkbox"/> Clinical Knowledge	<input type="checkbox"/> *Patient Safety Training
<input type="checkbox"/> Contact Hours	_____	<input type="checkbox"/> Customer Service and Satisfaction	<input type="checkbox"/> Performance Improvement
<input type="checkbox"/> CEH	_____	<input type="checkbox"/> *Environment of Care	<input type="checkbox"/> Performance Measurement
<input type="checkbox"/> CEU	_____	<input type="checkbox"/> External Review and Accreditation	<input type="checkbox"/> Planning & Org. Development /Share Decision Making
<input type="checkbox"/> CME	_____	<input type="checkbox"/> Information Management & Technology	<input type="checkbox"/> Team Work-Related/Empowerment Tng.
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Total Quality Improvement
		<input type="checkbox"/> Non-Clinical Knowledge	

<input type="checkbox"/> Journal Club	<input type="checkbox"/> Classroom/Workshop	<input type="checkbox"/> Correspondence	<input type="checkbox"/> Lecture
<input type="checkbox"/> Clinical Board	<input type="checkbox"/> Classroom/Workshop/Preceptorship	<input type="checkbox"/> Conference	<input type="checkbox"/> Meeting
<input type="checkbox"/> Discussion	<input type="checkbox"/> Demo/Lecture/Return Demonstration	<input type="checkbox"/> Reference Book	<input type="checkbox"/> Slides
<input type="checkbox"/> Handouts/Manual	<input type="checkbox"/> Computer Assisted Instruction	<input type="checkbox"/> RTN Program	<input type="checkbox"/> Videos
<input type="checkbox"/> Telemedicine	<input type="checkbox"/> Video Conference/Satellite TV	<input type="checkbox"/> Independent Study	<input type="checkbox"/> Seminar
<input type="checkbox"/> Other			

HPDM Elements & Core Competencies			
<input type="checkbox"/> Coaching/Mentoring	<input type="checkbox"/> Competency Development (If chosen, please select the competencies that apply.)	<input type="checkbox"/> Personal Mastery	<input type="checkbox"/> Flexibility Adaptability
<input type="checkbox"/> Continuous Learning		<input type="checkbox"/> Technical Skills	<input type="checkbox"/> Creative Thinking
<input type="checkbox"/> Continuous Assessment		<input type="checkbox"/> Interpersonal Effectiveness	<input type="checkbox"/> Systems Thinking
<input type="checkbox"/> Performance Management	<input type="checkbox"/> Performance Based Interviewing	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Organizational Stewardship

Last Name, First Name (Please Print)	Title	Service/Unit	Date of Birth (Month/Day)	Signature
<u>PUNCHIN MARIANO, JOSE</u>	<u>PM</u>	<u>FMS</u>	<u>/</u>	
<u>Olga Miranda</u>	<u>Design Build</u>	<u>OS-DB-JB</u>	<u>/</u>	
<u>MAURICIO PANDO</u>	<u>PM</u>	<u>SDPM/JFM JV</u>	<u>/</u>	
			<u>/</u>	
			<u>/</u>	