

# KPNW PPMP OBGYN Competency Assessment



KAISER  
PERMANENTE

Employee Name (print): Jan Proctor  
 Signature of Employee: [Signature]  
 Date of Assessment: 10/29/24 Assessment Facility:  SMC  WMC

**!!Employee MUST also complete Knowledge Test: [www.medtraining.org](http://www.medtraining.org) → login=email@kp.org password=changeme**

**Instructions to Observer:**

- Select previously analyzed specimens or samples with known results for the employee to demonstrate the procedure.
- Directly observe the employee perform each step of the procedure.
- Test the employee's problem-solving skills with a question or observe the employee resolving a problem.
- If the procedure is followed correctly, mark as satisfactory.
  - If there are steps that are not followed, then mark unsatisfactory and perform necessary action during observation session to obtain a satisfactory rating. Describe actions taken in comments section.
- Record your name and the date of observation below on the 'Direct Observation/Assessment' line.
- Ask the employee to sign and date the form.
- Make a photocopy of this form for the department record, send one copy via email to [terri.l.steinbauer@kp.org](mailto:terri.l.steinbauer@kp.org) or interoffice mail → Attn: Terri Steinbauer, AWL Admin (Airport Way Laboratory)

Microscopy Procedure (cross out if NOT Performed):	FERNING	T&Y
<b>Assessment of Specimen Handling</b> -proper specimen collection -specimen and SLIDE are labeled appropriately -specimen properly prepared for testing (centrifuged/in saline etc.)	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>Assessment of Test performance</b> -microscope properly adjusted and clean -known result obtained	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>Assessment of Quality Control/Maintenance</b> -verify proper storage of reagents and supplies -reagents in date/labeled appropriately -microscope maintenance complete	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>Assessment of Result entry into KPHC</b> -Correct patient selected -Result Section filled out completely	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>Assessment of Problem Solving skills</b> -Troubleshooting issues with Microscope	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Direct Observation/Assessment by: Sara Baldauf-Wilcox CNM Date: 10/29/24

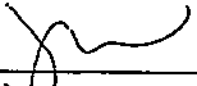
Comments: \_\_\_\_\_



### OB/GYN POCT/PPMP Attestation Form 2024

OB/GYN Point of Care Tests/Provider Performed Microscopy Procedures  
(POCT/PPMP)

Provider Name: Joy Pletcher

Provider Signature: 

Location: ENH

Hire Date: 12/2004

I certify that I WILL perform the following POCT/PPMP in my practice and I have read and understand the: Point of Care Testing, Quality Assurance Policy.

- pH, Body Fluid or pH, Vaginal, POCT
- Trichomonas and Yeast, Wet Mount, POCT
- Fern Test, POCT
- Log in to the MedTraining site at [www.medtraining.org](http://www.medtraining.org) and use your KP email as login and "changeme" as your password and complete the training assigned to you. This should be completed prior to testing.

I certify that I WILL NOT perform ANY PPMP/POCT

\*\*\*\*\*

*For each POCT the laboratory will provide training, work instructions, oversight of quality control documentation and ongoing technical support as needed and requested by the provider. Authority for approval and oversight of the POCT/PPMP program are granted to the Laboratory's Medical Director and administrative Director by the Northwest Permanente Medical Director and the Regional Operations Group (ROG). The Laboratory maintains oversight responsibilities and authority to intervene when there are non-compliances or quality-of-care concerns.*

Please scan and email to [terri.l.steinbauer@kp.org](mailto:terri.l.steinbauer@kp.org) or interoffice mail to Terri Steinbauer, Admin, AWL Laboratory

