KPNW PPMP OBGYN Competency Assessment



Employee Name (print): Sodian.	
Signature of Employee:	
	(1)
Date of Assessment: 5 10 20 Assessment Facility: SMC WMC E	
_ $!$ Employee MUST also complete Knowledge Test: <u>www.medtraining.org</u> \rightarrow <u>login=email@kp</u>	org
password=changeme	
Instructions to Observer:	
 Select previously analyzed specimens or samples with known results for the employee to demonstrate the Directly observe the employee perform each step of the procedure. 	e procedure.
3. Test the employee's problem-solving skills with a question or observe the employee resolving a problem.	
4. If the procedure is followed correctly, mark as satisfactory.	
a. If there are steps that are not followed, then mark unsatisfactory and perform necessary action	luring
observation session to obtain a satisfactory rating. Describe actions taken in comments section. 5. Record your name and the date of observation below on the 'Direct Observation/Assessment' line.	
6. Ask the employee to sign and date the form.	
7. Make a photocopy of this form for the department record, send one copy via email to 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&	
Assessment of Specimen Handling Satisfactory Dunsatisfactory Satisfactory Dunsatisfactory	ctory
-proper specimen collection	·
-specimen and SLIDE are labeled appropriately -specimen properly prepared for testing	
(centrifuged/in saline etc.)	
Assessment of Test performance Satisfactory Dunsatisfactory Satisfactory Dunsatisfactory	ctory
-microscope properly adjusted and clean -known result obtained	
-known result obtained	
Assessment of Quality Control/Maintenance Satisfactory Dunsatisfactory Satisfactory Dunsatisfactory	ctory
-verify proper storage of reagents and supplies	
-reagents in date/labeled appropriately -microscope maintenance complete	
Assessment of Result entry into KPHC Satisfactory Dunsatisfactory Satisfactory Dunsatisfactory	ctory
-Correct patient selected	
-Result Section filled out completely	1
Assessment of Problem Solving skills	cton
Assessment of Problem Solving skills Satisfactory Unsatisfactory U	ctory
	j
Direct Observation/Assessment by: Sara Baldaf-w. 100 Date: 5	21
Direct Observation/Assessment by: Sara Baldat-w. Compate: 5	10/24
ℓ	
Comments:	



OB/GYN POCT/PPMP Attestation Form 2024

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

Provider Name: Sarah Bodian
Provider Signature:
Location: EIN C
Hire Date: 11/18/18
I certify that I WILL perform the following POCT/PPMP in my practice and have read and understand the: Point of Care Testing, Quality Assurance Policy.
pH, Body Fluid or pH, Vaginal, POCTTrichomonas and Yeast, Wet Mount, POCT
o Fern Test, POCT
 Log in to the MedTraining site at <u>www.medtraining.org</u> 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

or each POCT the laboratory will provide training, work instructions, oversight of quality control documentation nd ongoing technical support as needed and requested by the provider. Authority for approval and oversight of

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 <u>terri.l.steinbauer@kp.org</u> or interoffice mail to Terri Steinbauer, Admin, AWL Laboratory