KPNW PPMP OBGYN Competency Assessment



Employee Name (print): Kelly Ma	60 nigil	
Signature of Employee:	40 grupe	
1		
Date of Assessment: 4 3929	Assessment Facil	lity: □ SMC □ WMC
_!!Employee MUST also complete Knowle	edge Test: <u>www.medtraining</u>	.org → login=email@kp.org
password=changeme		
Instructions to Observer:		
	· · · · · · · · · · · · · · · · · · ·	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. 		
4. If the procedure is followed correctly, ma		inployee resolving a problem.
	· ·	nd perform necessary action during
	satisfactory rating. Describe actions	
5. Record your name and the date of obser6. Ask the employee to sign and date the formula is a sign and date.		ation/Assessment' line.
7. Make a photocopy of this form for the de		a email to terri.l.steinbauer@kp.org or
interoffice mail → Attn: Terri Steinbauer		
Microscopy Procedure (cross out if NOT Per	formed): FERNING	T&Y
Wild Oscopy Frocedure (cross out in Not Fer	——————————————————————————————————————	101
Assessment of Specimen Handling	☑ Satisfactory □Unsatisfactory	☐ Satisfactory ☐ Unsatisfactory
-proper specimen collection	,	,
-specimen and SLIDE are labeled appropriately -specimen properly prepared for testing		
(centrifuged/in saline etc.)		
Assessment of Test performance	✓ Satisfactory □Unsatisfactory	☑ Satisfactory ☐ Unsatisfactory
-microscope properly adjusted and clean -known result obtained		
		_
Assessment of Quality Control/Maintenan	ce ☐ Satisfactory □ Unsatisfactory	☑ Satisfactory ☐ Unsatisfactory
-verify proper storage of reagents and supplies -reagents in date/labeled appropriately		
-microscope maintenance complete		
		☐ Satisfactory ☐ Unsatisfactory
Assessment of Result entry into KPHC	☐ Satisfactory ☐ Unsatisfactory	☐ Satisfactory ☐ Unsatisfactory
-Correct patient selected -Result Section filled out completely		
-Nesdit Section filed out completely		
Assessment of Problem Solving skills	☑ Satisfactory □Unsatisfactory	☑ Satisfactory □Unsatisfactory
-Troubleshooting issues with Microscope		
Direct Observation/Assessment by: $\frac{\int_{\Delta_1}^{\Delta_2}}{\int_{\Delta_2}^{\Delta_2}}$	-a Babbauf-Wilcox C	Ny Date: 4/30/21/
Direct Observation, Assessment by		
Comments:		



OB/GYN POCT/PPMP Attestation Form 2024

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

Provider Name: Kelly McGonigle
Provider Signature:
Location: £IN
Hire Date: 9/11/23
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 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 <u>terri.l.steinbauer@kp.org</u> or interoffice mail to Terri Steinbauer, Admin, AWL Laboratory

Version Date: 1/5/2021