## KPNW PPMP OBGYN Competency Assessment



	•		
Employee Name (print): EVA	Path		
Signature of Employee:	200	<del>}</del>	
Signature of Employee.			
Date of Assessment: 5/3/2	<u>U</u>	Assessment Facil	ity: SMC WMC BEIN
_! !Employee MUST also complete Ki	nowledae Test: w	ww.medtrainina.	ora → login=email@kn.ora
password=changeme	<u></u>		organian Charles
Instructions to Observer:			
· · · · · · · · · · · · · · · · · · ·	ens or samples with l	nown results for the	employee to demonstrate the procedure.
<ol><li>Directly observe the employee per</li></ol>			
3. Test the employee's problem-solvi			nployee resolving a problem.
4. If the procedure is followed correct			nd perform necessary action during
			taken in comments section.
5. Record your name and the date of	·	-	
6. Ask the employee to sign and date			•
			email to terri.l.steinbauer@kp.org or
interoffice mail → Attn: Terri Steir	ıbauer, AWL Admin (	Airport Way Laborato	ry)
Microscopy Procedure (cross out if NC	T Performed):	FERNING	T&Y
Assessment of Specimen Handling -proper specimen collection -specimen and SLIDE are labeled appropriately -specimen properly prepared for testing	Satisfacto	ry □Unsatisfactory	☐ Satisfactory ☐ Unsatisfactory
-proper specimen collection -specimen and SLIDE are labeled appropriately	□ Satisfacto	ory □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 -microscope properly adjusted and clean		ory □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			
-proper specimen collection -specimen and SLIDE are labeled appropriately -specimen properly prepared for testing (centrifuged/in saline etc.)  Assessment of Test performance -microscope properly adjusted and clean	☐ Satisfacto	ry □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 -microscope properly adjusted and clean -known result obtained  Assessment of Quality Control/Maint -verify proper storage of reagents and supplies -reagents in date/labeled appropriately	□ Satisfacto	ry □Unsatisfactory	☐ 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 -microscope properly adjusted and clean -known result obtained  Assessment of Quality Control/Maint -verify proper storage of reagents and supplies -reagents in date/labeled appropriately -microscope maintenance complete  Assessment of Result entry into KPHC -Correct patient selected	□ Satisfacto	ory □Unsatisfactory,	☐ Satisfactory ☐ Unsatisfactory ☐ 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 -microscope properly adjusted and clean -known result obtained  Assessment of Quality Control/Maint -verify proper storage of reagents and supplies -reagents in date/labeled appropriately -microscope maintenance complete  Assessment of Result entry into KPHC -Correct patient selected -Result Section filled out completely  Assessment of Problem Solving skills	□ Satisfacto	ory □Unsatisfactory ory □Unsatisfactory	☐ Satisfactory ☐ Unsatisfactory ☐ Satisfactory ☐ Unsatisfactory ☐ Satisfactory ☐ Unsatisfactory



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

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

Provider Name: Ela Pati
Provider Signature:
Location: EIN / SMC
Hire Date: 9/2017
$\square$ 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.
o pH, Body Fluid or pH, Vaginal, POCT
<ul> <li>Trichomonas and Yeast, Wet Mount, POCT</li> </ul>
o Fern Test, POCT
<ul> <li>Log in to the MedTraining site at <u>www.medtraining.org</u> and use you KP email as login and "changeme" as your password and complete the training assigned to you. This should be completed prior to testing.</li> </ul>
☐ I certify that I WILL NOT perform ANY PPMP/POCT
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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 or interoffice mail to Terri Steinbauer, Admin, **AWL Laboratory** 

Version Date: 1/5/2021