## KPNW PPMP OBGYN Competency Assessment



Employee Name (print): Simone	vanswam		
Signature of Employee:	<i>/ Q</i>		
Date of Assessment: 5/16/2024 Assessment Facility: ☑ SMC ☐ WMC			
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<ol> <li>Instructions to Observer:         <ol> <li>Select previously analyzed specimens or samples with known results for the employee to demonstrate the procedure.</li> <li>Directly observe the employee perform each step of the procedure.</li> <li>Test the employee's problem-solving skills with a question or observe the employee resolving a problem.</li> <li>If the procedure is followed correctly, mark as satisfactory.</li></ol></li></ol>			
Microscopy Procedure (cross out if NOT Peri	formed): FERNING	T&Y	
Assessment of Specimen Handling -proper specimen collection -specimen and SLIDE are labeled appropriately -specimen properly prepared for testing (centrifuged/in saline etc.)	☐ Satisfactory ☐ Unsatisfactory	☑ Satisfactory □Unsatisfactory	
Assessment of Test performance -microscope properly adjusted and clean -known result obtained	☑ Satisfactory □Unsatisfactory	☐ Satisfactory ☐ Unsatisfactory	
Assessment of Quality Control/Maintenand -verify proper storage of reagents and supplies -reagents in date/labeled appropriately -microscope maintenance complete	Ce□Satisfactory □Unsatisfactory	☐ Satisfactory ☐ Unsatisfactory	
Assessment of Result entry into KPHC -Correct patient selected -Result Section filled out completely		☐ 8atisfactory ☐ Unsatisfactory	
Assessment of Problem Solving skills -Troubleshooting issues with Microscope	☑∕Satisfactory □Unsatisfactory	☐ Satisfactory □ Unsatisfactory	
Direct Observation/Assessment by:	a baldouf - w. ) cux c.	NM Date: 5/16/24	
Comments:			



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

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

Provider Name: Simone van Swam
Provider Signature:
Location: EIN
Hire Date: 3/14/2022
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.
<ul> <li>pH, Body Fluid or pH, Vaginal, POCT</li> <li>Trichomonas and Yeast, Wet Mount, POCT</li> <li>Fern Test, POCT</li> <li>Log in to the MedTraining site at <a href="www.medtraining.org">www.medtraining.org</a> 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.</li> </ul>
☐ 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.

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Please scan and email to terri.l.steinbauer@kp.org or interoffice mail to Terri Steinbauer, Admin, **AWL Laboratory** 

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