## KPNW PPMP OBGYN Competency Assessment



			<b>2</b>	EKIVIANENI E®
Employee Name (print): Geve	de Haar	<b>1</b>		
Signature of Employee:				
Date of Assessment: 4130/3	24	Assessment Facil	ity: Asmc 🗆	WMC
Employee MUST also complete Kno	owledge Test: <u>v</u>	vww.medtraining	. <u>org</u> → <u>login=e</u>	email@kp.org
password=changeme	<del> </del>			
<ol> <li>Select previously analyzed specimer</li> <li>Directly observe the employee performance</li> <li>Test the employee's problem-solvin</li> </ol>	orm each step of tl	ne procedure.		
4. If the procedure is followed correcti  a. If there are steps that are r  observation session to obta	not followed, then ain a satisfactory ra	mark unsatisfactory a ating. Describe actions	taken in commer	nts section.
<ul> <li>5. Record your name and the date of c</li> <li>6. Ask the employee to sign and date t</li> <li>7. Make a photocopy of this form for t interoffice mail → Attn: Terri Steinb</li> </ul>	he form. he department red	cord, send one copy vi	a email to <u>terri.l.s</u>	
Microscopy Procedure (cross out if NOT	Performed):	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.)	Satisfact	ory □Unsatisfactory	Satisfactory	□Unsatisfactory
Assessment of Test performance -microscope properly adjusted and clean -known result obtained	☑ Satisfact	ory □Unsatisfactory	Satisfactory	□Unsatisfactory
Assessment of Quality Control/Mainte -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		ory □Unsatisfactory		
Assessment of Problem Solving skills -Troubleshooting issues with Microscope	☐ Satisfact	ory □Unsatisfactory	☐ Satisfactory	□Unsatisfactory
Direct Observation/Assessment by:	Sara Bal	anf.wilco	<u> </u>	Date: 5/8/24
Comments:				



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

OB/GYN Point of Care Tests/Provider Performed Microscopy Procedures

(POCT/PPMP)

Provider Name: 

Provider Signature: 

Location: 

Hire Date: 

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

Trichomonas and Yeast, Wet Mount, POCT

Fern Test, POCT

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.

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

Kaiser Permanente NW Laboratories Version Date: 1/5/2021

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