

POINT OF CARE TESTING (POCT) COMPETENCY ASSESSMENT CHECK-LIST

Source of Performance Standard: Care of Patients-Continuum of Care- Point of Care Testing

Demonstrates Point of Care Testing competency related to specific skills and procedures IAW Point of Care Testing standards.

| CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD) | * Self- Assess | + Evaluation Method | Type of Assessment | | | | | | | | | | | | | | | |
|--|----------------------|---|--------------------|----------|---------|----------|------------|----------|------------|------------|----------|----------|------|--|--|--|--|--|
| | | | Pass (Y/N) | | | Initials | | | Pass (Y/N) | | | Initials | | | | | | |
| | | | Pass (Y/N) | Initials | | Date | Pass (Y/N) | Initials | | Pass (Y/N) | Initials | | Date | | | | | |
| | | | | Operator | Trainer | | | Operator | Trainer | | Operator | Trainer | | | | | | |
| 1. iSTAT ANALYZER SYSTEM GENERAL INFORMATION | | <u>CRITICAL THINKING:</u> Perform procedures and evaluate results. | | | | | | | | | | | | | | | | |
| A. Read Standard Operating Procedure (SOP). | | | | | | | | | | | | | | | | | | |
| B. Obtained 80% or above on a written assessment. | | | | | | | | | | | | | | | | | | |
| C. Identifies equipment parts and supplies. | | | | | | | | | | | | | | | | | | |
| D. Demonstrates knowledge of ON/OFF features of the iSTAT Analyzer System. | | | | | | | | | | | | | | | | | | |
| E. Knowledge of the location of the Owner's Manual and the Error Code interpretations. | | | | | | | | | | | | | | | | | | |
| F. Understands and perform appropriate instrument troubleshooting and maintenance. | | | | | | | | | | | | | | | | | | |
| 2. iSTAT ANALYZER (QC) | | <u>CRITICAL THINKING:</u> Perform procedures and evaluate results. | | | | | | | | | | | | | | | | |
| A. Read Standard Operating Procedure (SOP). | | | | | | | | | | | | | | | | | | |
| B. Knowledgeable about stability and storage of control Solution and cartridges | | | | | | | | | | | | | | | | | | |
| C. Understands proper troubleshooting when control is not within the acceptable range. | | | | | | | | | | | | | | | | | | |
| D. Knowledge of proper documentation of any QC issues. | | | | | | | | | | | | | | | | | | |

*E= Experienced *NA= Not Applicable (Based on Scope of Practice) *PE= Practical Exercise +V= Verbal +W= Written Assessment
 *ND= Never Done *NP= Needs Practice *D= Demonstrated *L= Lecture or Video

I understand that of all the topics listed in this document, I will be allowed to perform only those listed for my skill level/Scope of Practice, after I have successfully demonstrated competency in those tasks.

Employee Signature: _____ Date: _____ Signature of Supervisor: _____ Date: _____

Dwight David Eisenhower Medical Center:
Employee:

Supervisor:

POINT OF CARE TESTING
Clinic:

POINT OF CARE TESTING (POCT) COMPETENCY ASSESSMENT CHECK-LIST

Source of Performance Standard: Care of Patients-Continuum of Care- Point of Care Testing

Demonstrates Point of Care Testing competency related to specific skills and procedures IAW Point of Care Testing standards.

| CRITICAL BEHAVIOR (SOURCE OF PERFORMANCE STANDARD) | * Self- Assess | + Evaluation Method | Type of Assessment | | | | | | | | | | | |
|--|----------------------|---|--------------------|---------|------|----------|---------|------|------------|---------|------|----------|---------|------|
| | | | Pass (Y/N) | | | Initials | | | Pass (Y/N) | | | Initials | | |
| | | | Operator | Trainer | Date | Operator | Trainer | Date | Operator | Trainer | Date | Operator | Trainer | Date |
| | | | | | | | | | | | | | | |
| 3. iSTAT ANALYZER TESTING (Kaolin ACT, PT/INR, EG7+, CG8+) | | CRITICAL THINKING: <i>Perform procedures and evaluate results.</i> | | | | | | | | | | | | |
| A. Read Standard Operation Procedure (SOP) | | | | | | | | | | | | | | |
| B. Demonstrates proper specimen collection and handling <ul style="list-style-type: none"> Demonstrates performance of Modified Allen's test Arterial; Venous; Fingerstick, Indwelling line, Extracorporeal line (circle all that apply) | | | | | | | | | | | | | | |
| C. Knowledge of correct patient identification. (<i>This is necessary for the results to transfer to the patients medical records.</i>) | | | | | | | | | | | | | | |
| D. Knowledge of procedures and proper documentation of CRITICAL VALUES. | | | | | | | | | | | | | | |
| E. Demonstrates Standard Precautions and use of Personal Protective Equipment (PPE). | | | | | | | | | | | | | | |
| F. Demonstrates test performance through a previously analyzed specimen, testing sample, or proficiency testing sample. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Trainer's Initials: _____ Printed Name: _____ Signature: _____

Trainer's Initials: _____ Printed Name: _____ Signature: _____

Trainer's Initials: _____ Printed Name: _____ Signature: _____

*E= Experienced *NA= Not Applicable (Based on Scope of Practice) *PE= Practical Exercise +V= Verbal +W= Written Assessment
 *ND= Never Done *NP= Needs Practice †D= Demonstrated †L= Lecture or Video

I understand that of all the topics listed in this document, I will be allowed to perform only those listed for my skill level/Scope of Practice, after I have successfully demonstrated competency in those tasks.

Employee Signature: _____ Date: _____ Signature of Supervisor: _____ Date: _____