

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											
			Initial				Six Month				Annual			
			Pass (Y/N)	Initials		Date	Pass (Y/N)	Initials		Date	Pass (Y/N)	Initials		Date
				Operator	Trainer			Operator	Trainer			Operator	Trainer	
1. ACCU-CHEK INFORM II GENERAL INFORMATION	CRITICAL THINKING: <i>Perform procedures and evaluate results.</i>													
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 Accu-Chek Inform II meter														
E. Knowledge of instrument (LOCK OUT) when the Accu-Chek Inform II information has not been downloaded to the database.														
F. Knowledge of the location of the Owner's Manual and the Error Code interpretations.														
G. Understands and perform appropriate instrument Maintenance.														
2. ACCU-CHEK INFORM II QUALITY CONTROL (QC)	CRITICAL THINKING: <i>Perform procedures and evaluate results.</i>													
A. Read Standard Operating Procedure (SOP).														
B. Knowledgeable about stability and storage of control strips and liquid control solution.														
C. Understand calibration (Code Key) procedures and understands when Code Key is necessary.														
D. Understands proper troubleshooting when control is not within the acceptable range.														
E. Knowledge of proper documentation of any QC issues.														

*E= Experienced *NA= Not Applicable (Based on Scope of Practice) *PE= Practical Exercise +V= Verbal + 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: _____

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											
			Initial				Six Month				Annual			
			Pass (Y/N)	Initials		Date	Pass (Y/N)	Initials		Date	Pass (Y/N)	Initials		Date
				Operator	Trainer			Operator	Trainer			Operator	Trainer	
3. ACCU-CHEK INFORM II TESTING	CRITICAL THINKING: <i>Perform procedures and evaluate results.</i>													
A. A. Read Standard Operation Procedure (SOP)														
B. Knowledge of correct patient identification. (<i>This is necessary for the results to transfer to the patients medical records.</i>)														
C. Knowledge of procedures and proper documentation of CRITICAL VALUES .														
D. Knowledge of specimen collection and handling procedures.														
E. Demonstrate Standard Precautions and use of Personal Protective Equipment (PPE).														

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 + 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: _____