**81 MDG POINT-OF-CARE TESTING**

# INITIAL/ANNUAL COMPETENCY WORKSHEET

**Direct Observation:**

This form will document the completion of a competency evaluation for performance of waived tests. Successful completion of the below listed tasks will indicate qualification for the individual to perform testing on the specified analytical system or methodology.

Evaluator: As employee successfully completes tasks, complete the appropriate box.

|  |  |  |  |
| --- | --- | --- | --- |
| TASK | Date | Trainee | Trainer |
| QUALITY CONTROL |  |  |  |
| Demonstrate proper test set-up |  |  |  |
| Date controls and test strip/kit container with open date |  |  |  |
| Adjust/annotate expiration date correctly (glucose controls only) |  |  |  |
| Successfully run two levels of controls |  |  |  |
| Verify quality control within range |  |  |  |
| Document quality control results |  |  |  |
| Recognize quality control problems |  |  |  |
| Perform appropriate corrective actions |  |  |  |
| Document corrective action in appropriate log |  |  |  |
| PATIENT TESTING/REPORTING |  |  |  |
| Perform proper patient identification using at least 2 identifiers |  |  |  |
| Instruct/prepare patient properly |  |  |  |
| Utilize appropriate safety measures and universal precautions |  |  |  |
| Collect specimen as per policy. |  |  |  |
| Interpret test results accurately |  |  |  |
| Recognize critical values/protocol |  |  |  |
| Document test result in patient’s medical record or AHLTA |  |  |  |

**CERTIFICATION**: The below listed individual is certified to perform the following waived tests (check below):

\_\_\_\_\_\_\_\_\_ QuickVue hCG \_\_\_\_\_\_\_\_\_ QuickVue Strep A

\_\_\_\_\_\_\_\_\_ Urine Dipstick using Clinitek-Status

\_\_\_\_\_\_\_\_\_ Glucose Test using Accu-Chek Inform II

**Squadron/Office Symbol:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic/Ward:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Employee: I feel competent to perform above skills. I understand that the use of another person’s ID or a false patient identification is considered falsification of a document and may result in disciplinary action.

## Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site POCT Trainer:** The above skills have been successfully demonstrated and stated correctly.

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