# Annual Competency

**Department Location**  Initial Competency Review

 Six Month Competency

  Annual Competency Review

|  |  |
| --- | --- |
| **Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Employee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Review FrequencyIO=Initial Only, IA= Initial & Annual) | Core CompetenciesPoint of Care Testing | Able to perform **independently** | Able to perform with **Supervision** | Unable to perform | **Method of Validation****(Enter code)** | Performance Improvement Plan Developed? (Check if “Yes”) | Date Reviewed | **Reviewer’s Initials**(Please sign don’t type) |
|
|  |  |  |  |  |  |  |  |  |
|  | Perform WBC patient testing  |  |  |  |  |  |  |  |
| I,S,A | Identifies patient using 2 identifiers |  |  |  | **T** |  |  |  |
| I,S,A | Checks for expiration date on cuvettes |  |  |  | **T** |  |  |  |
| I,S,A | Runs two levels of control and records properly |  |  |  | **T** |  |  |  |
| I,S,A | Mixes sample well before filling cuvette, Doses cuvette without air bubbles, properly wipes cuvette |  |  |  | **T** |  |  |  |
| I,S,A | Documents results directly into MRE |  |  |  | **T** |  |  |  |
| I,S,A | Disposes of used cuvette immediately and appropriately |  |  |  | **T** |  |  |  |
| I,S,A | Instrument Maintenance : Cleans cuvette tray daily  |  |  |  | **M** |  |  |  |
| I,S,A | Performs blind sample, QC or proficiency test sample |  |  |  | **T, P** |  |  |  |
| I,S,A | Review of patient test results, QC, proficiency test |  |  |  | **R** |  |  |  |
| I,S,A | Assessment of problem solving skills, Understands Quality Check Codes  |  |  |  | **W, E** |  |  |  |
| I, A | Reviews WBC Operation procedure |  |  |  | **W** |  |  |  |

Evaluator must complete all shaded areas on form. Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Methods of Validation

T = Direct observation of Collection, Processing, Patient ID, and Testing M = Monitor Recording / Reporting of Results D = Document Review

I = Direct observation of Instrument Maintenance and Function Checks P = Performance of PT and Blind Samples O = Oral Query

R = Review of Test Results, QC, PT, and Maintenance Records E = Evaluation of Problem-Solving Skills W = Written Quiz

Approval Signatures:

Employee Date Point of Care Dept. Date