# Annual Competency

**Department Location**  Initial Competency Review

Six Month Competency

Annual Competency Review

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | **Employe ID: \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Review Frequency  IO=Initial Only, IA= Initial & Annual) | Core Competencies Point 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) |
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|  |  |  |  |  |  | |  |  |  |
|  | Perform Influenza A and B patient testing |  |  |  |  | |  |  |  |
| I,S,A | Identifies patient using 2 identifiers |  |  |  | **T** | |  |  |  |
| I,S,A | Properly collects sample and places swab in viral transport media |  |  |  | **T** | |  |  |  |
| I,S,A | Vortexes sample well before adding sample to buffer |  |  |  | **T** | |  |  |  |
| I,S,A | Properly doses cartridge |  |  |  | **T** | |  |  |  |
| I,S,A | Reads at 15 minutes and verifies acceptability of internal controls |  |  |  | **T** | |  |  |  |
| I,S,A | Documents results correctly in MRE |  |  |  | **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 inconclusive results and ghost lines |  |  |  | **W, E** | |  |  |  |
| I, A | Reviews Influenza A and B 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