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**Annual Competency**

**Nonwaived Testing - EGF**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_ Area Assessed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete the 6 competencies listed below prior to your yearly evaluation. Turn this sheet and all documentation into the supervisor to review and sign off. Attach any reports or documents to this sheet.

1. **Direct observation of Routine Patient Test Performance, including as applicable, patient identification and preparation, and specimen collection, handling, processing and testing**.

Test observed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observer’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Monitoring the recording and reporting of test results**.
   * Print out a report after verifying the results.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Review of intermediate test results or worksheets, quality control records, proficiency testing and preventive maintenance**
   * Print out a Quality Control Log or photocopy a maintenance log with your signature or initials showing documentation of quality control testing or maintenance.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Direct observation of performance of instrument maintenance and function checks.**

Observer’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instrument\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing.**
   * Record what testing you completed for internal or external proficiency testing.

Name of test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Evaluation of problem solving**.
   * Briefly describe a problem encountered in your daily work.
   * Describe what you did to solve the problem.

**Instructions to the assessor:**

After reviewing the above for completeness and compliance with laboratory policies and procedures, determine if the problem was solved satisfactorily and all 6 competencies have been completed. If so, circle the satisfactory. If competency was not solved properly, circle unsatisfactory, make a recommendation for corrective action, and have the employee sign below to acknowledge corrective is needed.

Assessment: Satisfactory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unsatisfactory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrective Action/Comments:

**Supervisor Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Direct Observation**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skill assessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Skill** | **Competent**  **Yes / No** |
| 1. Verbalizes quality control frequency. |  |
| 2. Describes type of specimen required for testing |  |
| 3. Describes proper storage of supplies. |  |
| 4. Performs testing according to policy. |  |
| 5. Records results according to guidelines. |  |

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_