Training & Competency Assessment Documentation

**[ ] Annual [ ] Semi-Annual [ ] Initial Training**

## (Use a new record for each competency assessment cycle.)

**Employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill:**  **Identifying Pathogenic Flora from Normal Flora in Specimens/Body Sites** | **\*Method(s) of Assessment**  **Circle code (DO, RR, etc) and enter**  **document used / record involved** | | | **Trainer**  By signing this form, I certify that I have trained these skills as outlined below.  **Assessor**  By signing this form I certify that I have assessed this individual for competency in the skills listed. I deem this individual competent to perform this (these) skill(s). |
| **\*Specimen Site** | **Assessment or Training Completion:**  **Date Initial** | | | **Assessors or Trainers Signature:** |
| **Prenatal Strep Screens** |  | |  |  |
| **Vaginal** |  | |  |
| **CSF** |  | |  |
| **Skin** |  | |  |
| **Ear** |  | |  |
| **Eye**  **Gro** |  | |  |
| **Lower Respiratory Cultures** |  | |  |
| **Groin, Rectal, Perianal, Buttock** |  | |  |
| **Stool** |  | |  |
| **Nasal and Sinus**  **D** |  | |  |
| **Sterile Sites** |  | |  |
| **Upper Respiratory** |  | |  |
| **Blood** |  | |  |
| **Urine** |  | |  |
| **\*Write in “N/A” if not applicable.** | **Example Specimen Site:** | | |
| **DO** |  | | **UCMI0002 Normal Flora vs. Pathogens 02/2013** |  |
| **RR** |  | |
| **ST** |  | |
| **PS** |  | |

By signing this form I acknowledge that I have been trained, if applicable, and my competency has been assessed for these skill(s). I have discussed my questions with a trainer, as needed, and I understand that I am now accountable for being in compliance. If I need further assistance, I am to request it. A trainer or supervisor will assist me.

|  |
| --- |
| Employee Signature & Date: |

**Supervisor signature (or designee):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Medical Director Signature (If required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**\*Method(s) of Assessment**

**DO: Direct Observation**

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| * Record the Direct Observation Checklist ID # or SOP, e.g. “DO, DOC HR22(04/11)” or “DO, SOP HR2200” |

**RR: Record Review**

|  |  |
| --- | --- |
| * calibrations, instrument or reagent | * temperature, cleaning, or other logs |
| * maintenance logs and reports | * proficiency testing records |
| * quality control logs/records/reports | * technical/clerical reviews |
| * test worksheets/results | * other reports, e.g. error reports, root cause analyses |

**ST: Skills Testing** (Keep source documents.)

|  |  |
| --- | --- |
| * blind samples | * proficiency testing |
| * practical exams | * oral exams |

**PS: Problem Solving & Recall** (Keep source documents.)

|  |  |
| --- | --- |
| * case studies | * written tests (other than SOP Cn tests) |
| * instrument/assay trouble shooting | * oral tests or DAPs |
| * practical exams | * proficiency testing failure follow up |
|  |  |