

**NAVAL MEDICAL CENTER, PORTSMOUTH
LABORATORY MEDICINE SERVICES
INITIAL COMPETENCY ASSESSMENT & DOCUMENTATION FORM
PROVIDER PERFORMED MICROSCOPY**

Name (last, First, MI)	Hospital Badge ID	Circle One MD CNM NP PA
Ward/Clinic (Include all)	Work Email	

Entering a **Y** (yes) indicates that the assessor deems the employee as **competent** for the given task(s).
 Entering a **N** (no) indicates that the assessor deems the employee as **not competent**, and such, needs additional training.
 Entering **N/A** (Not Applicable) indicated the subject/task does not apply in your work area.

POCT STAFF ONLY MTS TEST SCORE _____ %
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I have completed the required NMCP PPM Initial Provider course content and exam on the MTS website (medtraining.org)			INITIAL HERE>	
Subject/Task/Competency	Method of competency (Check all that apply)	Date assessed	Competent Y or N*	Employee (initial)
Use of Microscope <ul style="list-style-type: none"> Demonstrates ability to properly focus the microscope Demonstrates rotation of objectives Evaluation of problem-solving skills 	<input checked="" type="checkbox"/> Direct Observation <input checked="" type="checkbox"/> Monitoring results reporting <input checked="" type="checkbox"/> Review of records <input checked="" type="checkbox"/> Written examination <input checked="" type="checkbox"/> Other(s): Verbal Questioning			
Reagent Handling <ul style="list-style-type: none"> Describes proper storage of KOH and NaCl Proper storage requirements for Lens Cleaners Demonstrates procedures for proper microscope cleaning/maintenance Describes timing for KOH Preps Knows location of SDS 	<input checked="" type="checkbox"/> Direct Observation <input checked="" type="checkbox"/> Monitoring results reporting <input checked="" type="checkbox"/> Review of records <input checked="" type="checkbox"/> Written examination <input checked="" type="checkbox"/> Other(s): Verbal Questioning			
Patient Testing <ul style="list-style-type: none"> Properly identifies patient sample according to policy Properly collects the sample Describe what you are looking for in each type of sample Properly documents results, lot of reagent, and lot expiration date on log sheet Universal Precautions and Safety Requirements Clear understanding and review of proficiency testing assessment Evaluation of problem-solving skills (if the microscope is out of focus) 	<input checked="" type="checkbox"/> Direct Observation <input checked="" type="checkbox"/> Monitoring results reporting <input checked="" type="checkbox"/> Review of records <input checked="" type="checkbox"/> Blind specimen <input checked="" type="checkbox"/> Proficiency specimen <input checked="" type="checkbox"/> Written examination <input checked="" type="checkbox"/> Other(s): Verbal Questioning <input checked="" type="checkbox"/> Review of intermediate test results or worksheets			

Comments/Observations
<p style="text-align: center;">May be made by employee, observers, assessors, or supervisors (date & initial each)</p> <hr/>
<p>I have been oriented to the competencies indicated as "initial" on this document. I have noted any comments in the area provided. I understand that I am accountable for all items that I initialed. I have read and understood the Point-of-Care SOP and I am responsible to follow all policies and procedures as stated in the procedure manuals, and I am responsible for any updates that may be implemented.</p> <p>FAILURE TO FOLLOW POCT POLICIES AND PROCEDURES CAN RESULT IN THE LOSS OF MY PRIVILEGES TO PERFORM TESTING AND ADMINISTRATIVE ACTION.</p> <p>Employee (Signature): _____ Date: _____</p>
<p>I have assessed this employee in the above-named area and determined that the employee has _____ has not _____ demonstrated competence in this procedure (s) or process(es)</p> <p>PPM Direct Observational Provider: (print name): _____</p> <p>SIGNATURE: _____ Date: _____</p>