|  |  |  |
| --- | --- | --- |
| **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).

**POCT STAFF ONLY**

MTS TEST SCORE \_\_\_\_\_\_\_\_\_\_%

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.

| **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   * Demonstrates ability to properly focus the microscope * Demonstrates rotation of objectives * Evaluation of problem-solving skills | Direct Observation  Monitoring results reporting  Review of records  Written examination  Other(s): Verbal Questioning |  |  |  |
| Reagent Handling   * 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 | Direct Observation  Monitoring results reporting  Review of records  Written examination  Other(s): Verbal Questioning |  |  |  |
| Patient Testing   * 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) | Direct Observation  Monitoring results reporting  Review of records  Blind specimen  Proficiency specimen  Written examination  Other(s): Verbal Questioning  Review of intermediate test results or worksheets |  |  |  |

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| --- |
| **Comments/Observations**  **May be made by employee, observers, assessors, or supervisors (date & initial each)** |
|  |
| 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.  **FAILURE TO FOLLOW POCT POLICIES AND PROCEDURES CAN RESULT IN THE LOSS OF MY PRIVELEGES TO PERFORM TESTING AND ADMINISTRAIVE ACTION.**  Employee (Signature): Date: |
| 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)  PPM Direct Observational Provider: (print name):  SIGNATURE: Date: |