**COMPETENCY ASSESSMENT**

**Point-of-Care Testing**

**2016**

**12-Month Review**

**√ Initial  6-Month Review Annual Review  Recertification**

Employee Name:\_\_Coody, Danielle User ID #\_\_ 185512\_ Date: \_\_1/20/17\_\_\_\_\_\_\_\_\_\_\_

(Print).

This employee has successfully completed training on the following test and/or instrument and understands how to perform the

test(s), document results, action for critical values, and troubleshooting along with proper specimen collection and handling.

|  |  |  |
| --- | --- | --- |
| **Waived Tests** | **Non-Waived Tests** | **PPM/PPT Tests** |
| Annual  √ **Whole Blood glucose**    Instrument: Abbott PXP | **Blood Gas**  Instrument: Abbott i-STAT | **Vaginal Wet Mount**  **Preps**    Method: Manual |
| **Urine Qualitative hCG**    Method: SureVue | □ **Drugs-of-Abuse Screen**    Method: ABMC InCup | **Fecal Occult Blood**  Method: ColoScan |
| **BUN & creatinine**    Instrument: Abbott i-STAT | □ **Troponin I**  Instrument: Abbott i-STAT |  |

2. The evaluator assessed the employee’s competency to perform the above test(s) by the applicable elements checked below:

**\*Direct observation of routine patient test performance, including patient identification, preparation, specimen collection,**

**handling, processing, and testing.**

**\*Review of test results, worksheets, QC records, proficiency results, and preventive maintenance.**

**\*Monitoring the recording and reporting of test results including critical values and actions taken.**

**\*Direct observation of instrument maintenance and function checks, as applicable.**

**\*Assessment of test performance through previous testing and proficiency testing results**

**\*Evaluation of problem solving skills.**

Direct observation of quality control test performance and records to include proper technique.

Discussion of corrective action for instrument problems to include calling Tech Support

Discuss the technical procedure, written test, in-service, or other

**\*Required by CAP for all non-waived tests; At least 2 required for all waived tests.**

3. Review proper specimen collection technique and location as well as proper identification of the patient requiring two identifiers

4. The overall performance of this employee is: √ Successful

Failed

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

5. Operator reviewed current procedure manual and specific test(s) checked above.

By my signature, I verify this employee is fully competent and has demonstrated the skills and knowledge necessary to perform QC, patient testing, and proficiency testing according to the policies and procedures approved by P&LMS Ancillary Testing section.

Supervisor/ Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Trainee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_1/20/17\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATC Signature:\_\_\_\_\_\_Lisa G. Lee MT(ASCP)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_1/20/17\_\_\_\_\_\_\_\_\_\_\_

6-month competency review due:\_\_\_7/20/17\_\_\_ \_\_\_\_\_\_

Annual competency review due: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_