**INITIAL COMPETENCY ASSESSMENT & DOCUMENTATION FORM**

 **PROVIDER PERFORMED MICROSCOPY**

**POCT STAFF ONLY**

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

ENTERED INTO RALS BY: \_\_\_

DATE ENTERED \_\_\_/\_\_\_/\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Name (last, First, MI)** | **Hospital Badge ID** | **Work E-Mail** |
| **Ward/Clinic (Include all)** | **Circle One:****MD CNM WHNP PA RESIDENT** |

**ALL SECTIONS OF THE COMPETENCY MUST BE FILLED OUT LEGIBLY AND WITH BLACK OR BLUE INK PRIOR TO BEING TURNED INTO POCT**

**If the subject/task does not apply to your work area, write “N/A” for Not Applicable in the “Competent” box.**

| **I have read and understand the SOP located in the NMRTC Portsmouth SharePoint**  https://esportal.med.navy.mil/nmcp/dir/dcss/labclinpath/poct/Pages/Standard-Operating-Procedures.aspx |  INITIAL HERE> |  |
| --- | --- | --- |
| **I have completed the 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 | CompetentY or N\* | Employee(initial) |
| --- | --- | --- | --- | --- |
| Use of Microscope* Demonstrates ability to properly focus the microscope
* Demonstrates rotation of objectives
* Explains QC frequency
* Evaluation of problem-solving skills
 | [x]  Direct Observation[x]  Monitoring results reporting[x]  Review of records[ ]  Blind specimen[ ]  Proficiency specimen[x]  Written examination[x]  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
 | [x]  Direct Observation[x]  Monitoring results reporting[x]  Review of records[ ]  Blind specimen[ ]  Proficiency specimen[x]  Written examination[x]  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)
 | [x]  Direct Observation[x]  Monitoring results reporting[x]  Review of records[x]  Blind specimen[x]  Proficiency specimen[x]  Written examination[x]  Other(s): Verbal  Questioning[x] Review of intermediate test results or worksheets |  |  |  |

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.

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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: Date:  (signature)  |
| 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)ASSESSOR: (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ \_\_\_\_\_\_\_\_\_\_  |