

Point of Care Testing Personnel Competency Assessment

Print Name: _____

Job Title: _____

Unit: _____

Badge Number: _____

Competency Period: 6 Month Annual Remedial

	1. Direct observation of test performance including patient id and preparation, specimen collection, handling, processing, and testing.	2. Monitoring the recording and reporting of test results, including reporting of critical results.	3. Review of intermediate test results or worksheet, quality control records, proficiency testing results, and maintenance records.	4. Direct observation of performance of instrument maintenance and function checks.	5. Assessment of test performance through testing previously analyzed specimens	6. Evaluation of problem solving skills.
Assessment Tools Tasks	Verifies acceptable specimen collection and specimen handling, patient identification and patient testing	Interpretation of normal and abnormal results and documentation of critical value reporting if indicated	Internal and/or external simulator QC, liquid controls; proficiency testing	Instrument quality check codes, error messages and maintenance	Patient specimen, PT or QC	HealthStream Online Learning Test
Test/Test system iStat CLIA Complexity Moderate	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Evaluator: Date:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Evaluator: Date:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Evaluator: Date:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/> NA Evaluator: Date:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Evaluator: Date:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Evaluator: Date:

- Competency Assessment Acceptable: No additional Action Required**
- Competency Assessment Not Acceptable: See Corrective Action Plan below**

Employee Review:
(Signature) _____

Date: _____

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I verify that I have been assessed on all aspects of the system and have had opportunities to ask questions of the evaluator. I understand my action plan for further education if necessary.

Evaluator Review
and Approval:
(Signature)

_____ Date: _____
I verify that this employee has been assessed and has shown acceptable levels of competency on all aspects of the system, or an action plan for further education has been documented.

Corrective Action Plan

Attach documentation supporting the findings of compliance. For testing personnel that receive the finding of "Not Acceptable" document the performance issue and corrective action taken below; include documentation of remedial training.

Date	Performance Issue	Competency Reassessment	
		Date:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Further Training Required
		Date:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Further Training Required
		Date:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Further Training Required