

COMPETENCY ASSESSMENT FORM**Section Name: SARS Co V-2 or COVID-19 Testing**

EMPLOYEE:		POSITION TITLE:			
COMPLETION DATE:		EVALUATOR:			
NOTE: This is a representative sampling of the competencies necessary for safe, effective performance.					
KEY	HOW COMPETENCY MEASURED		LEVEL OF COMPETENCE		
	<p>A. Direct observation of routine patient test performance, including patient preparation, if applicable, specimen handling, processing and testing</p> <p>B. Monitoring the recording of test results</p> <p>C. Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records</p> <p>D. Direct observation of performance of instrument maintenance and function checks</p> <p>E. Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples</p> <p>F. Assessment of problem solving skills</p>		<p>0 Not applicable for Job Position</p> <p>1 Little or no experience</p> <p>2 Some experience (may require practice or assistance)</p> <p>3 Competent and can perform independently</p> <p>4 Competent and can perform independently and is able to assess the competency of others.</p>		
DATE	How Measured	Evaluator Initials	Competencies	Level of Competence: 1, 2, 3, or 4	Check if "Needs Improvement" and comment
	D, F		Reads and follows written policies and procedures	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/>
	D, F		Understands CDC required Personal Protective Equipment, stringent cleaning between patients, using a barrier and proper disposal of specimens and test cartridges in closed lid biohazardous container.	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/>
	A		Follows specimen acceptability criteria and requirements for tests performed	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/>
	F		Correct common specimen /test order problems	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/>
	A, B, C, E		Quality Control Performance, Acceptability, documentation and Corrective Action	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/>
	A, B, C, E		Patient Test Performance, Acceptability and documentation	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/>
	B		Computer entry and result reporting	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/>
	B, F		POSITIVE RESULT: critical result reporting, calling, documentation, communicable disease reporting	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/>
	F		Problem solving: attach examples of incident reports, corrective action reports, evidence of written quizzes (patient testing & QC)	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/>

Laboratory Name

Year 2020

6-Mos Annual

	C, E, F		Proficiency Test Specimen handling, testing, documentation and reporting	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/>
	D, F		Analyzer Cleaning between each patient test	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/>

EQUIPMENT OPERATOR SKILLS:

LEVEL OF COMPETENCE

0 Not applicable for Job Position

1 Employee is unable to operate the analyzer/equipment nor perform patient testing

2 Employee is able to perform only routine processing for patient testing on the analyzer/equipment: check adequacy of specimen, centrifuge & separate, place on analyzer/equipment & report test results. Defers troubleshooting to senior laboratory techs

3 Employee is able to perform scheduled maintenance; perform minor troubleshooting such as repeating controls/patients; replace reagents/consumables; operate the analyzer/equipment in performing patient tests; & provide basic instruction under the direction of a skill 3 operator

4 Employee is an expert operator of the analyzer/equipment and performs primary teaching of operation, calibration, replacement of parts, quality control new lot/parallel studies, and patient testing at the workstation.

Equipment	N/A	0	1	2	3	Equipment	N/A	0	1	2	3	Evaluator:
Abbott ID Now												
												Date:

Attach documentation supporting the findings of compliance & corrective action for findings of "Needs improvement & Remedial training"

Evaluator completes this section:

- This employee possesses and demonstrates the abilities necessary for the quality performance of this job description.
- This employee DOES NOT possess and demonstrates the abilities necessary for the quality performance of this job description. The following questions must be answered to assess if this is a knowledge-based deficiency or a system/process error that needs to be addressed:
 - Have all work processes been clearly documented? Yes No
 - Are there written procedures for all activities in the work process? Yes No
 - Are the written procedures clear and easy to understand? Yes No
 - Does the service have a documented training program for all work processes and procedures? Yes No
 - Has the employee been trained in the process or procedure in question and was the training documented? Yes No
 - How was the effectiveness of the training determined? _____
 - Is the employee the only person with this performance problem? Yes No

After assessing the situation, comment here if the employee needs further training or whether the system/work process is flawed or nonexistent:

Competency Assessment Corrective Action

For employees that receive the finding of "Needs Improvement" document the performance issue and corrective action taken below; include documentation of remedial training.

Date	Performance Issue	Competency	Reassessment
		Evaluator: _____ Date: _____	<input type="checkbox"/> Competent <input type="checkbox"/> Further Training Needed
		Evaluator: _____ Date: _____	<input type="checkbox"/> Competent <input type="checkbox"/> Further Training Needed
		Evaluator: _____ Date: _____	<input type="checkbox"/> Competent <input type="checkbox"/> Further Training Needed
		Evaluator: _____ Date: _____	<input type="checkbox"/> Competent <input type="checkbox"/> Further Training Needed
		Evaluator: _____ Date: _____	<input type="checkbox"/> Competent <input type="checkbox"/> Further Training Needed

Reviewed with Employee and acknowledged:

Employee Signature

Date

Supervisor/Director Signature

Date