

Gastric pH: Initial Training and Competency

Date: _____ Unit: _____ Operator Name: _____ JHED ID: _____

POCC or POCT-approved trainer leads hands-on discussion and supervises performance of skills, signing the form when all steps are correctly performed and each box below is filled out. The completed Training and Competency Checklist must be filed in the employee's personnel file and a copy emailed, faxed, or supplied to the POCT Office.

Competency Category	Performance Indicator	Assessment Tool	Criteria Met	Criteria Not Met
			Trainer ✓	
eLearning	New testing personnel up-to-date on eLearning quiz <i>prior</i> to initial training (MyLearning Completion Date: _____).	Exam		
Reagent Stability and Storage	Maintains a working knowledge of pH Indicator Strips and pH Buffers storage and stability: <ul style="list-style-type: none"> - Records open dates on pH Indicator Strip containers. Confirms dates on pH Buffer aliquots. - Understands expiration dates of consumables (manufacturer's expiration), does not use expired materials. 	Direct Observation		
QC Performance	Adheres to QC policies and procedures: <ul style="list-style-type: none"> - Runs QC at defined frequency (Minimum weekly each open container, when opening new strips or buffer, at training, annually). - Verifies QC is within acceptable limits, as posted on QC Log. - Properly interprets results and completes the QC Log (Acceptable Ranges) (QC Pass/Fail) (Dating) (Recording Results). - Adheres to defined Corrective Action for out-of-range QC results. - Demonstrates performance of QC, obtains acceptable results, and properly completes QC log (<i>See Below for Initial Competency</i>). 	Direct Observation		
Specimen Collection	States acceptable specimen type (nasogastric or orogastric aspirate through an enteral tube), and collection and labeling requirements (no label on lid, two patient identifiers).	Direct Observation		
Routine Patient Testing	Adheres to Patient Testing procedure, as outlined in POCTW028: <ul style="list-style-type: none"> - Maintains a working knowledge of the steps for testing patient samples (timing) (results interpretation). 	Direct Observation		
Factors Influencing Test Results	Interprets and evaluates test results in regards to test limitations and interferences. Refer to SOP for full list: <ul style="list-style-type: none"> - Expected pH 0-5.0 for Gastric sample. Outside of that range, negative for gastric aspirate. 	Direct Observation		
Documentation of Patient Results	<ul style="list-style-type: none"> - Interprets results using appropriate Color Chart. - Completes Patient Result Log as needed. - Correctly documents all patient results on the patient's chart, including POC QC Completion acknowledgment. 	Direct Observation Review of Records		
Problem Solving Skills	Understands interpretation and corrective action for Invalid and Abnormal Test Results (consult with provider; refer to unit policies). Understands POCT Office Contact Information (5-2645 M-F; POCT Consult on CORUS, POCTGroup email).	Direct Observation		
Safety	Adheres to Standard Precautions throughout testing procedures. Discards biohazardous materials according to policies.	Direct Observation		
Procedure Review	Acknowledges ongoing competency requirements (Annual <u>successful</u> completion of both levels of QC and passing eLearning module).	Direct Observation Operator Acknowledgement	Operator Initials:	
	Locates and reads the current version of the SOP (POCTW028) – accessing through POCT website or HPO. http://pathology.jhu.edu/department/staff/POCT/procedures.cfm			

Initial Competency	Date	Time	JHED ID / Initials	Gastric pH Indicator Strips			pH 2.0 <i>(Acceptable Result: 2.0)</i>			pH 6.0 <i>(Acceptable Result: 6.0)</i>			QC	
				Lot #	Exp Date	Strip ID #	Lot #	Exp Date	Result	Lot #	Exp Date	Result	Pass (✓)	Fail (✓)

I have reviewed this checklist with the new operator and observed their completion of QC. POCC/Trainer Initials signify this operator:

Is Competent to perform the Gastric pH Test _____

Requires retraining before performing patient testing using the Gastric pH Test _____

Operator Signature: _____

Date: _____

Trainer Signature: _____

Date: _____