Biennial Clinical Competency Evaluation

* Clinical competence is vital to providing care to people in remote Alaska. As a CHA progresses through training, s/he is able to hone their skills and has the opportunity to demonstrate clinical competence.
* For those CHA/Ps that have completed their training, or who have not been able to progress through the program in a timely fashion, biennial evaluation of clinical competence is needed to ensure that the CHA/P is providing high quality health care in the villages [Sec. 2.50.200(a)(4)(b)]
* The CHA/P will demonstrate competency of skills up to and including those for their level of training (e.g. a CHA III will need to demonstrate competency of skills for Sessions I, III, and III).
* Field Instructors (CI/SI), Training Center Instructors, Supervising Providers, or certified CHPs vetted and approved by their THO can complete this biennial evaluation.
	+ It is the responsibility of the THO to have a process on vetting and approving CHPs to complete the biennial skills evaluation.
* The biennial skills evaluation must be completed in the two years prior to submitting the application for certification.
* The biennial clinical competency documentation should be kept in the CHA/Ps personnel file. The employing Tribal Health Organization (THO) will verify the CHA/P’s clinical competence on the CHA/P Renewal of Certification, and a copy of the evaluation form will be submitted with the application.
* Ideally, actual patients with a problem specific concern will be seen in the clinical setting. If certain patient types are not available, a surrogate patient may be used.
	+ Injections should be given to people, however, in the event a person is not available, an injection may be simulated.

This document lists the ***minimum*** skills that must be evaluated; additional skills may be added to this list by a THO. It is recommended that each THO have a policy regarding evaluation clinical competence of CHA/Ps.

FAQ for Biennial Skills Evaluation

The Biennial Skills evaluation is NOT required for certification renewal if the CHA/P has completed any of the following in the two years prior to applying for Certification Renewal:

* Completion of a Basic Training Session (Training Center AND Field Training Requirements)
* A Re-entry evaluation
* A preceptorship

**Remediation**: Remediation: “Competency” is defined as the ability to perform the skill(s) without guidance or assistance. If a CHA/P fails to show competence in a skill(s) for their level of training, remediation (instruction and supervised practice) can be done and the CHA/P re-evaluated at a later date. Remediation efforts can continue up until the deadline for applying for certification renewal. Remediation is not completed until the CHA/P has demonstrated competency for all the skills at the level for which certification renewal is being sought.

**Failure to show competency despite remediation**: If the CHA/P cannot show competence at their level of training in time for their certification renewal, they should be certified at the level for which they do show competence. To be certified at a higher level, they will either need to:

* Repeat the Session(s) for which they could not show competency, or
* Continue remediation efforts until competency is achieved, whereupon the CHA/P can apply for temporary certification at the higher level, to await official certification at the next scheduled CHAPCB meeting.

CHA/P Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Biennial Skills Evaluation for Session I II III IV CHP (check one)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **SI** |  | **SII** |  | **SIII** |  | **SIV** |  | **CHP** |

Date of previous skills evaluat**ion \_\_\_\_\_\_\_\_\_\_\_\_**

 mm/dd/yy

For biennial skills evaluation, the CHA/P will demonstrate competency of skills up to and including those for their level of training (e.g. a CHA III will need to demonstrate competency of skills for Sessions I, II, and III).

|  |  |  |  |
| --- | --- | --- | --- |
| **SESSION I Skills Competence Demonstrated:** | date | initials | COMMENTS |
| CHAM USE |  |  |  |
| * Launch Page use/navigation
 |  |  |  |
| * Assessing for High Risk Health Conditions
 |  |  |  |
| * Problem Specific Visit (navigation to, asking all the questions, following the CHAM)
 |  |  |  |
| * Making correct Assessment and following Plan
 |  |  |  |
| * Reporting
 |  |  |  |
| EXAM SKILLS |  |  |  |
| * Handwashing, donning and doffing PPE
 |  |  |  |
| * Vital Signs: Radial P, R, BP, infant apical pulse, infant rectal temp
 |  |  |  |
| * Measurements: adult (height, weight) and infant (length, weight, HC)
 |  |  |  |
| * Screening PE
 |  |  |  |
| * Ear Problem Exam (with hearing test)
 |  |  |  |
| * Respiratory Illness Exam
 |  |  |  |
| * Skin Problem Exam
 |  |  |  |
| * Digestive System Exam (Vomiting and Diarrhea) with rebound tenderness
 |  |  |  |
| * Eye Problem Exam (with eyelid flip and fluorescein dye)
 |   |  |  |
| * Sick Child Physical Exam (not required for Session III or IV)
 |  |  |  |
| INJECTIONS (actual people preferred, simulation allowed if necessary) |  |  |  |
| * Ventrogluteal IM
 |  |  |  |
| * Deltoid IM
 |  |  |  |
| * Upper Arm SQ
 |  |  |  |
| * Infant Thigh IM (may be simulated)
 |  |  |  |
| * Infant Thigh SQ (may be simulated)
 |  |  |  |
| MEDICATION SKILLS: Using CHAM Medicine Handbook  |  |  |  |
| * Medicine Warnings
 |  |  |  |
| * Reconstituting Injectable Meds (Ceftriaxone)
 |  |  |  |
| * Syringes (measurement on all available in clinic)
 |  |  |  |
| * Epinephrine Doses & Administration, EpiPen if available
 |  |  |  |
| * Ampules (drawing up with filter straw/needle)
 |  |  |  |
| * Use of nebulizer and MDI with spacer
 |  |  |  |
| * Use of Narcan
 |  |  |  |
| * Patient Education
 |  |  |  |
| LAB TESTS – performance and interpretation: (not needed if current CLIA certification) |  |  |  |
| * Blood Sugar (e.g.: Accucheck)
 |  |  |  |
| * Hemoglobin (e.g.: Hemocue)
 |  |  |  |
| * Rapid Strep / Throat Swab
 |  |  |  |
| * Urine Dipstick
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SESSION I Skills Competence Demonstrated: continued** | date | initials | COMMENTS |
| OTHER SKILLS |  |  |  |
| * IV Skills
 |  |  |  |
| * Blood Draw
 |  |  |  |
| * Suturing (may be simulated)
 |  |  |  |
| * Acute Care Patient HEAP (real or surrogate) and documentation
 |  |  |  |
|  |  |  |  |
| **SESSION II Skills Competence Demonstrated:** |  |  |  |
| * Return Prenatal – Exam only
 |  |  |  |
| * Musculoskeletal Injury Exam
 |  |  |  |
| * Chest Pain Exam
 |  |  |  |
| * Nervous System Exam (Headache)
 |  |  |  |
| * PPD
 |  |  |  |
| LAB TESTS – performance and interpretation (current CLIA certification or observation) |  |  |  |
| * Urine HCG
 |  |  |  |
|  |  |  |  |
| **SESSION III Skills Competence Demonstrated:** |  |  |  |
| * Well Child Check HEAP (real or surrogate) with documentation
 |  |  |  |
| * Prenatal Recheck HEAP (real or surrogate) with documentation
 |  |  |  |
|  |  |  |  |
| **SESSION IV Skills Competence Demonstrated:** |  |  |  |
| * Chronic Care HEAP (real or surrogate) with documentation
 |  |  |  |
|  |  |  |  |
| EMS Training |  |  |  |
| ETT or EMT |  |  | Exp Date: |

Evaluator (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_ Initials:\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Biennial Skills Competence Level: \_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Recommendations:

Supervising Provider (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_

CHAP Director (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_