Re-Entry Evaluation

* The Community Health Aide Program Certification Board Standards state that a CHA/P cannot seek certification if s/he has not been employed in direct patient care for a minimum of 80 hours with a minimum of 30 patient encounters in the six months prior to submission of the application for certification [Sec. 2.50.200(a)(4)(A)]. When a CHA/P has not been employed in a clinical capacity for more than six months, s/he will require a Re-Entry evaluation.
* This evaluation will serve to determine clinical competence and mastery of skills. It will also serve to determine at which level a CHA/P can provide care and seek to be certified.
	+ For example, a former CHP may be re-entered into employment as a CHP, or it may be determined that their skills are at CHA II. The CHA/P will demonstrate competency of skills up to and including those for their previous level of training (e.g. a CHP will need to demonstrate competency of skills for Sessions I, III, III, and IV).
* A Physician, Physician Assistant, or Nurse Practitioner familiar with the Community Health Aide Program, the Standards, and the CHAM may conduct the re-entry evaluation.
* After the re-entry evaluation is complete, the provider conducting the evaluation will determine the level at which a CHA/P may practice. The CHA/P may then apply to the Board for certification.
* In the case that the evaluator is not able to make a determination of the appropriate practice level, or they feel the CHA/P should be re-entered at a level below the previous certification, they should communicate with the most recent Training Center.
* The re-entry documentation should be kept in the CHA/Ps personnel file and submitted to the CHAPCB with application for certification. The documentation will include:
	+ Skills List
	+ Patient Log
	+ Summary of evaluation ([Example of Summary of Evaluation](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fakchap.org%2Fwp-content%2Fuploads%2F2022%2F12%2FExample-of-summary-of-re-entry-evaluation-12.2022.docx&wdOrigin=BROWSELINK))
* 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.
* Five (5) complete patient encounters (actual patient preferred over surrogates), including a body system exam, are required.
	+ Immunizations and lab-only visits do not count
* Injections should be given to people, however, in the event a person is not available, an injection may be simulated.
* Use the Patient Log (insert link to akchap.org) to document encounters.

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 re-entry evaluations of CHA/Ps.

CHA/P Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Level of Training: \_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last clinical work: \_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **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 (ht, wt) 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
 |  |  |  |
| * Infant Thigh SQ
 |  |  |  |
| 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
 |  |  |  |
| 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 (not needed if current CLIA certification) |  |  |  |
| * 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recommended Level of Re-Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Level of Re-Entry: \_\_\_\_\_\_\_\_\_\_\_

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

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