CHA/P Re-Entry and Biennial Skills Evaluation							
CHA/P Name:L Village:							
Skills List for CHA/P (check one) Re-Entry Evaluation Date of last clinical work							
Biennial Skills Evaluation for Session I II III IV CHP (circle one)  Date of previous skills evaluation							
For a re-entry evaluation, the CHA/P will demonstrate competency previous level of training (e.g. a CHA III will need to demonstrate of For biennial skills evaluation, the CHA/P will demonstrate competent level of training (e.g. a CHA III will need to demonstrate competent	competer ency of s	ncy of sk kills up to	ills for Sessions I, II, and III).  and including those for their				
SESSION I Skills Competence Demonstrated:	date	initials	COMMENTS				
CHAM USE							
<ul> <li>Launch Page use/navigation</li> </ul>							
<ul> <li>Assessing for High Risk Health Conditions</li> </ul>							
<ul> <li>Problem Specific Visit (navigation to, asking all the questions, following the CHAM)</li> </ul>							
<ul> <li>Reporting</li> </ul>							
EXAM SKILLS							
<ul> <li>Handwashing, donning and doffing PPE</li> </ul>							
<ul> <li>Vital Signs: Radial P, R, BP, infant apical pulse, infant rectal temp</li> </ul>	)						
<ul> <li>Measurements, adult (ht, wt) and infant (length, weight, HC)</li> </ul>							
Screening PE							
<ul><li>Ear Problem Exam</li></ul>							
Respiratory Illness Exam							
Skin Problem Exam							
Abdominal Pain Exam							
Eye Problem Exam (with eyelid flip and fluorescein dye)							
<ul> <li>Sick Child Exam (head-to-toe)</li> </ul>							
INJECTIONS							
Ventrogluteal IM							
Deltoid IM							
<ul><li>Upper Arm SQ</li></ul>							

Eye Problem Exam (with eyelid flip and fluorescein dye)
Sick Child Exam (head-to-toe)

INJECTIONS

Ventrogluteal IM

Deltoid IM

Upper Arm SQ
Infant Thigh IM (may be simulated)
Infant Thigh SQ (may be simulated)

Infant Thigh SQ (may be simulated)

Else of CHAM Medicine Handbook
Reconstituting Injectable Meds (Ceftriaxone)
Syringes (measurement on all available in clinic)
Epinephrine Doses & Administration
Ampules (drawing up with filter straw/needle)
Nebulizer treatment and MDI with spacer

LAB TESTS – performance and interpretation: (current CLIA certification or observation)
Blood Sugar (e.g.: Accucheck)
Hemoglobin (e.g.: Hemocue)
Rapid Strep / Throat Swab
Urine Dipstick

## **CHA/P Re-Entry and Biennial Skills Evaluation**

<b>SESSION I Skills Competence Demonstrated</b>	d continued	date	initials	COMMENTS		
OTHER SKILLS						
<ul> <li>IV Skills</li> </ul>						
<ul> <li>Blood Draw</li> </ul>						
<ul> <li>Suturing (may be simulated)</li> </ul>						
<ul> <li>Acute Care Patient HEAP (real or surrogate use/documentation</li> </ul>	) with CHAM					
SESSION II Skills Competence Demonstrate	d:					
Return Prenatal – Exam only						
<ul><li>Musculoskeletal Injury Exam</li><li>Chest Pain Exam</li></ul>						
<ul><li>Chest Pain Exam</li><li>Nervous System Exam</li></ul>						
PPD						
LAB TESTS – performance and interpretation						
Urine HCG						
<b>SESSION III Skills Competence Demonstrate</b>	ed:					
<ul> <li>Well Child Check visit (real or surrogate) wit use/documentation</li> </ul>						
<ul> <li>Prenatal Recheck visit (real or surrogate) wire use/documentation</li> </ul>	ith CHAM					
LAB TESTS						
<ul> <li>Urine sample for STI</li> </ul>						
SESSION IV Skills Competence Demonstrate						
<ul> <li>Chronic Care visit (real or surrogate) with C use/documentation</li> </ul>						
<ul> <li>Adult Preventative Visit (real or surrogate) w use/documentation</li> </ul>	vith CHAM					
5M2 T 1 1						
EMS Training				E . D. L.		
ETT				Exp Date:		
EMT				Exp Date:		
Evaluator: Initials:_	Evaluat	or:		Initials:		
Evaluator signature:	Evaluat	Evaluator signature:				
Evaluator: Initials:_	Evaluat	Evaluator: Initials:				
Evaluator signature:	Evaluat	Evaluator signature:				
Comments/Recommendations:						
Date of Completion:						
Recommended Level for Re-Entry: Biennial		l Skills C	Skills Competence Level:			
Supervising Physician: CHAP Director:						
Supervising Physician signature: CHAP D		Director signature:				

CHA/P Re-Entry and Biennial Skills Evaluation Checklist, approved CHAP Directors 9.2021, approved CHAPCB 10.2021