VA LONG BEACH HEALTHCARE SYSTEM
Automated Medication Storage and Distribution Device (AMSDD) Competency Evaluation

NAME: UNIT: DATE:

Competency Level Codes:	Assessment Methods:
1. Little or no experience 2. Needs practice or assistance 3. Competent, performs independently 4. Competent, performs independently and is able to assess others	A. Verbalizes policy, procedure or standard B. Direct Observation/Medical Record C. Demonstration/Return Demonstration D. Certification/Skills Lab/Post Test E. Evaluation of a Mock drill, event or survey F. Other

COMPETENCY STATEMENT: The Staff will verbalize and demonstrate knowledge and competency in all aspects of the AMSDD relevant to their assigned duties	Date	Competency Level				Assessment Methods	Initials	Date and Re-evaluation of Competency Level for previous score of 1 or 2
		1	2	3	4			
Overview:								
1. Serial Number Location								
2. Power Switch								
3. Manual Override								
4. Drawer Operation								
5. Help Screen & Assistance								
6. Printer								
7. Reporting a Problem								
Using the System:								
8. User IDs & Passwords								
9. Local vs. Global Patient Lists								
10. Temporary Patient/ Add New Patient								
11. Next Patient								
12. Dispensing a Medication/ Removing								
13. Overriding a Medication								
14. Partial Dose								
15. Correct Bin Levels								
16. Patient Specific Bin-PSB (SinglePointe)								
17. Patient Medication Account								
18. Returning a Medication								
19. Wasting a Medication								
Other Functions:								
20. Change a Password								
21. Re-registering a finger print								
22. Performing Cycle Counts/ Narcotic Inventory								
23. Discrepancy Resolution								
24. AMSDD User Level Reports								
25. Omni Explorer								
Manager Functions:								
26. Reset User Password								
27. Register User's Fingerprint								
28. Assigning User's temporary codes								
29. AMSDD Manager Level Reports (i.e., Discrepancy, Medication Overrides, Null Transactions)								

Comments:_____

Employee:_____ (signature) Date:_____

Evaluator:_____ (print name) Evaluator:_____ (signature) Date:_____

Re-Evaluation: Employee:_____ (signature) Date:_____

Evaluator:_____ (print name) Evaluator:_____ (signature) Date:_____