

## Venepuncture<sup>a</sup>

Criterion	Criterion met?	
	Y	N
<b>1. Consent</b>	Y	N
a. Obtains client consent		
<b>2. Preparation of client and equipment</b>	Y	N
b. Collects correct tubes for tests		
c. Chooses correct needle size		
d. Places all equipment in kidney dish		
e. Labels blood tubes		
f. Adheres to universal precautions		
g. Positions sharps container for disposal at point of generation		
i. Uses adjustable examination chair for purposes of workplace health and safety		
j. Asks client to lie supine on the examination table		
k. Asks client to expose their antecubital fossa with the arm extended downward in a straight line		
<b>3. Procedure</b>	Y	N
a. Washes hands		
b. Puts on gloves		
c. Identifies suitable vein. Right median cubital vein preferred		
d. Applies tourniquet 5-15 cm above the injection site		

Criterion	Criterion met?	
e. Cleans site with alcohol wipe with a single motion towards self		
f. Instructs client to clench and relax fist several times		
g. Gently palpates vein		
h. Assembles equipment		
i. Positions needle and holder in direction of vein, bevel up		
j. Applies skin tension and secures vein with free hand		
k. Pierces skin directly over vein entering at 10–25° angle and with a smooth quick entry along the vein		
l. Attaches Vacuette tubes and changes as required		
m. Loosens tourniquet prior to removal of needle		
n. Removes Vacuette tube prior to removal of needle		
o. Places cotton wool at insertion site (no pressure)		
p. Withdraws needle and replaces with cotton wool, applying pressure		
q. Discards needle immediately into the sharps container		
r. Instructs client to apply pressure to site with cotton wool for 2–5 minutes		
s. Ensures bleeding ceased		
t. Applies dressing or bandaid		
u. Disposes of used equipment appropriately		
<b>4. Safety</b>	<b>Y</b>	<b>N</b>
a. Ensures client feels physically well following venepuncture		
b. Assesses client for signs of vasovagal reaction or haematoma		
c. Appropriate use and disposal of sharps on the same side as clinician's dominant hand, at point of generation		
d. Does not pass used needle from one hand to the other in order to discard it		

Criterion	Criterion met?	
e. Positions self comfortably		
f. Uses adjustable examination chair to avoid strain on posture		
g. Seeks assistance with difficult venepuncture after two attempts		
<b>5. Infection control principles and procedures</b>	<b>Y</b>	<b>N</b>
a. Practises standard precautions		
b. Adheres to current infection control policies		
<b>6. Documentation</b>	<b>Y</b>	<b>N</b>
a. Documents adverse events during or following venepuncture including number of attempts, failed attempts, haematoma, vasovagal reaction		
b. Documents samples taken on client visit form		
c. Documents tests ordered on pathology form		
<b>7. Knowledge of potential complications and management</b>	<b>Y</b>	<b>N</b>
a. Demonstrates knowledge of policy and procedure		
b. Demonstrates knowledge of possible complications and how to manage them		
c. Demonstrates knowledge of prevention of complications		
d. Is able to discuss rationale for choosing particular equipment (straightneedle or butterfly)		

<sup>a</sup> See [Blood collection practice guidelines](#)

Competency achieved: Yes  No

Date: \_\_\_\_\_

Participant's signature: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_

Comments: \_\_\_\_\_

## Sexual health history taking

Criterion	Criterion met?	
	Y	N
<b>1. Verification of medical record</b>	Y	N
a. Name, date of birth, identification number		
<b>2. Review of medical record (if further visit)</b>	Y	N
a. Ascertains previous history details		
b. Reviews medical record and checks previous relevant history: sexual history, history of drug use and blood exposure, mental health status, previous STI or BBV diagnoses, presence of chronic disease, recent medication, notes on past venepuncture experience		
<b>3. Review of previous test results</b>	Y	N
a. What was tested for and when; checks incubation periods and window periods		
b. Checks for hepatitis A and B and HPV vaccination status		
<b>4. History taking</b>	Y	N
a. Communicates effectively		
b. Uses a pleasant, respectful manner and language that is appropriate to the client's level of understanding; open body language		
c. Establishes rapport		
i. Explains service, reason for history taking and likely outcome, e.g. screen related to risk assessment		
ii. Creates a nonjudgmental environment		
iii. Does not use language that labels the patient (e.g. 'promiscuous')		
iv. Discusses confidentiality in relation to medical records and test results		
v. Follows a logical sequence of questioning using the designated history taking form		
vi. Obtains clear relevant facts including		
vii. presence or absence of genital symptoms or HIV seroconversion; past history of STI, BBV; past screening tests done and subsequent diagnoses and results; detailed sexual history, drug use and blood exposure risk history		
viii. Information collected is sufficient to assess risk		

Criterion	Criterion met?	
<b>5. Facilitation of client participation in the consultation</b>	Y	N
a. Creates an environment that facilitates client participation e.g. active listening		
b. Clarifies client's knowledge before providing information		
c. Invites questions		
d. Opportunity provided for client to clarify and ask questions		
<b>6. Provision of information</b>	Y	N
a. Reinforces essential information related to health issue and risk reduction, e.g. transmission and prevention, safer sex, recommended screening guidelines, HPV information		
b. Offers and/or provides written information		
c. Explains any procedures appropriately		
<b>7. Documentation</b>	Y	N
a. Documentation is clear and legible		
b. Information recorded is relevant to client presentation and will facilitate continuity of care		
c. Documents any adverse events, e.g. vasovagal reaction, medication reactions		
d. Tests taken are recorded		
e. All requested tests are clearly indicated in the medical record		
f. Plan for future care and follow-up is documented, including need for vaccination if patient is not immune		
g. Signs record correctly		
h. Laboratory request form is labelled and tests requested legibly		

**Competency achieved:**

Yes  No

**Date:**

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**Participant's signature:**

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**Assessor's signature:**

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**Comments:**

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## Gaining informed consent<sup>a</sup> for HIV and STI tests and discussion

Criterion	Criterion met?	
	Y	N
<b>1. Risk assessment</b>	<b>Y</b>	<b>N</b>
a. Ascertains client's perception of their level of risk		
b. Uses details from history to explain to client what they have been at risk of acquiring and screening tests recommended; questions client about their view of the likelihood of a positive or negative result		
c. Corroborates or clarifies client's actual versus perceived risk		
d. Advises client of the likelihood of a positive or negative result		
e. Takes into account window and incubation periods when discussing testing time frames		
f. Informs the client about test accuracy relevant to timing		
g. Explains the rationale for recommendations about screening		
<b>2. Gaining informed consent</b>	<b>Y</b>	<b>N</b>
a. Explains what an HIV or STI test is		
b. Explains what the tests are testing for		
c. Advises the client about the limitations of the HIV/STI testing (window period)		
d. Advises the client when the results are expected		
e. Explains what a positive HIV or STI diagnosis means and what supports are available		
f. Discusses what a negative HIV or STI test means		
g. Discusses confidentiality and privacy issues regarding the results		
h. Explains the implications of not being tested		
i. Provides information about the process required to obtain the result		
j. Obtains informed consent from the client to perform testing		
k. Provides health education, harm minimisation information or motivational interviewing as required to assist the client in reducing risks in the future		

Criterion	Criterion met?	
	Y	N
<b>3. Assessment of physical symptoms</b>	Y	N
a. Takes appropriate action for any reported physical symptoms		
b. If there are abnormal findings, refers to a senior clinician according to the delegation of clinical practice		
c. Incorporates findings into gaining informed consent in relation to potential positive results		
<b>4. Post-test discussion</b>	Y	N
a. Demonstrates preparation undertaken before client arrived		
b. Outlines plan of how consultation will be approached, i.e. how and when results will be given and how the client's potential responses will be managed, what counselling strategies might be used and what information must be given to the client and what can wait until a future consultation		
c. Utilises effective communication skills to give the HIV result first, then gives all other results		
d. Explains the meaning and implications of the results		
e. Reinforces window and incubation periods		
f. Reinforces information on transmission and prevention		
g. Offers and/or provides written information		
h. Offers immediate support such as counselling, where available		
i. Discusses partner notification requirements and documents action plan		
j. Refers for medical assessment, if appropriate		
k. Informs client how to access further information and support		
l. Offers hepatitis A and B vaccine if relevant		

<sup>a</sup> Informed consent for testing means that the person being tested agrees to be tested on the basis of understanding the testing procedures and the reasons for testing and is able to assess the personal implications of having or not having the test performed.



**Competency achieved:**

Yes  No

**Date:**

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**Participant's signature:**

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**Assessor's signature:**

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**Comments:**

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## Self-collected sample for STI screen in asymptomatic male or female

Criterion	Criterion met?	
	Y	N
<b>1. Preparation of equipment</b>	Y	N
a. Prepares specimen equipment as applicable		
b. Labels specimens appropriately and records site of specimen collection on patient label		
<b>2. Offering clinician-collected throat swab (as applicable)</b>	Y	N
a. Observes oral cavity and notes any abnormalities, e.g. lesions		
b. Performs throat swab if indicated, swabbing the tonsillar crypts and posterior pharynx		
<b>3. Explanation of self-collected swabs</b>	Y	N
a. Explains lower vaginal swab collection (insert swab approximately 2 cm into vagina and rotate and place back into swab tube)		
b. Explains first-pass urine collection (pass the first 30 mL of urine in jar and remainder in toilet; seal container)		
c. Explains rectal swab collection (insert swab approximately 3–4 cm into rectum and rotate and place back into swab tube)		
d. Gives specimen bag or kidney dish to client		
e. Directs client to toilet		
<b>4. Infection control principles and procedures</b>	Y	N
a. Practises standard precautions throughout procedure		
b. Adheres to current infection control procedures when handling all specimens		

Competency achieved:

Yes

No

Date:

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Participant's signature:

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Assessor's signature:

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Comments:

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## Clinician-collected STI screen for male patient

Criterion	Criterion met?	
	Y	N
<b>1. Preparation of client and equipment</b>	Y	N
a. Prepares necessary equipment (e.g. VCNT plates, NAAT kit glass slides, cotton-tipped swabs, inoculation loop, normal saline, urine jar)		
b. Adheres to principles of infection control		
c. Ensures client privacy (pulls curtains, allows patient to disrobe in private, uses modesty sheets)		
d. Positions client in appropriate position: supine position for genital examination, left lateral for anal examination, sitting for throat examination		
<b>2. Infection control principles and procedures</b>	Y	N
a. Practises standard precautions throughout procedure		
b. Adheres to current infection control policies		
<b>3. Physical examination and specimen collection</b>	Y	N
a. Demonstrates knowledge of anatomy and pathophysiology in clinical practice		
b. Performs appropriate examination of the genitals: inguinal nodes, epididymis, vas deferens and testicles. Inspects pubic hair, skin and perianal area		
c. Collects appropriate swabs based on physical examination and risk assessment		
d. Performs throat swab where indicated: swabs the tonsillar crypts and posterior pharynx and inoculates the appropriate test kits (where indicated)		
e. Performs anal swab where appropriate: positions the client in the left lateral position, lubricates the swab using normal saline, inserts swab 2 cm into rectum and presses against lateral wall		
f. Provides instructions for urine collection: first catch in sterile container, at least 20 minutes after last urination		
g. Performs testing for BBVs and syphilis where indicated		
h. Implements appropriate course of action in the presence of abnormal or changed findings		
i. Appropriately labels and handles laboratory specimens		

Criterion	Criterion met?	
j. Inoculates specimens appropriately following laboratory policy		
k. Processes, stores and transports biological specimens appropriately		
l. Disposes of equipment and waste in appropriate bins		
m. Obtains client signature on pathology form (if applicable) as necessary if test is to be billed to Medicare		
<b>4. Issues not addressed with client during consultation</b>	<b>Y</b>	<b>N</b>
a. Provides rationale		

**Competency achieved:**

Yes

No

**Date:**

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**Participant's signature:**

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**Assessor's signature:**

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**Comments:**

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## Clinician-collected STI screen for female patient

Criterion	Criterion met?	
<b>1. Preparation of client and equipment</b>	Y	N
a. Gains client consent for examination and tests		
b. Prepares necessary equipment (e.g. VCNT or Sabouraud plates, NAAT Kit, glass slides, pH sticks, lubricant jelly, cotton-tipped swabs, speculum)		
c. Selects correct pathology tests for the individual client		
d. Adheres to principles of infection control		
e. Ensures client privacy: pulls curtains, allows client to disrobe in private, uses modesty sheet		
f. Positions client in appropriate position (lithotomy position for vaginal examination, left lateral for anal examination, sitting for throat examination)		
<b>2. Infection control principles and procedures</b>	Y	N
a. Practises current standard precautions throughout procedure		
b. Adheres to principles of infection control		
<b>3. Physical examination and sample collection</b>	Y	N
a. Demonstrates knowledge of anatomy and pathophysiology		
b. Performs appropriate examination (external genitalia, vulva, vaginal walls, cervix, perianal area, oropharynx)		
c. Inserts speculum appropriately: lubricates speculum with water-based jelly prior to insertion, separates labia, holding them apart while inserting speculum avoiding the clitoris, inserts speculum horizontally		
d. Collects appropriate swabs based on physical examination and risk assessment Collects endocervical swabs for chlamydia, gonorrhoea and (if indicated) Gram stain Collects high vaginal swab from posterior fornix for Gram stain, wet film and (if indicated) culture Inoculates cultures appropriately Performs pH tests (if indicated)		
e. Provides correct swabs and instructions if self-collected swabs are indicated		

Criterion	Criterion met?	
<p>f. Provides instructions for urine specimen collection</p> <p>First-catch urine (for chlamydia, gonorrhoea or pregnancy test) in a sterile container, at least 20 minutes after last urination</p> <p>Midstream urine for urinalysis</p>		
<p>g. Follows instructions for cervical screening based on appropriate collection guide (e.g. ThinPrep)</p>		
<p>h. Removes speculum, keeps blades open until removed from cervix, inspects vaginal walls while slowly and gently removing speculum from vagina</p>		
<p>i. Performs bimanual examination (when indicated): gains client consent, palpates inguinal nodes, gently inserts two gloved and lubricated fingers into vagina, gently rocks cervix to assess for cervical motion tenderness, palpates pouch of Douglas through posterior fornix, palpates uterus and left and right fallopian tube and ovary assessing for pain or tenderness</p>		
<p>j. Performs testing for BBVs and syphilis where indicated</p>		
<p>k. Performs throat swab where indicated</p> <p>Swabs the tonsillar crypts and posterior pharynx and inoculates the appropriate test kits (where indicated)</p>		
<p>l. Implements appropriate course of action in the presence of abnormal or changed findings</p>		
<p>m. Appropriately labels and handles laboratory specimens</p>		
<p>n. Inoculates specimens appropriately according to laboratory policy</p>		
<p>o. Processes, stores and transports biological specimens appropriately</p>		
<p>p. Disposes of equipment and waste in appropriate bins</p>		
<p>q. Obtains client signature on pathology form (if applicable). This is necessary if test is to be billed to Medicare</p>		
<p><b>4. Issues not addressed with client during consultation</b></p>	<b>Y</b>	<b>N</b>
<p>a. Provides rationale</p>		

**Competency achieved:**

Yes  No

**Date:**

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**Participant's signature:**

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**Assessor's signature:**

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**Comments:**

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# Detection and treatment of genital warts (human papilloma virus) and molluscum contagiosum

Criterion	Criterion met?	
<b>1. Physical examination</b>	Y	N
a. Demonstrates knowledge of anatomy and physiology in clinical practice; correctly positions client		
b. Correctly identifies genital wart(s)		
c. Correctly identifies molluscum contagiosum		
d. Implements appropriate course of action		
<b>2. Treatment</b>	Y	N
a. Determines most suitable mode of treatment based on local policies and procedures and in collaboration with the client		
b. Selects appropriate form of treatment (cryotherapy, podophyllin or imiquimod) Obtains written order from doctor Provides correct instructions for application		
c. Cryotherapy (nurse may initiate treatment if a treatment order is in place locally): applies solution with care for 10–20 seconds in total. Ensures 1–2 mm diameter of surrounding skin is also treated. Repeats as needed		
<b>3. Infection control principles and procedures</b>	Y	N
a. Practises standard precautions		
b. Adheres to current infection control policies		
c. Wears protective goggles for cryotherapy		
<b>4. Follow-up care</b>	Y	N
a. Provides information pamphlets and verbal information about natural history, prevention and transmission		
b. Skin care instructions provided (Treatment may cause irritation. Salt water washes may promote healing. Keep skin clean and dry.)		
c. Advises patient to return in 7–10 days for cryotherapy follow-up		



Criterion	Criterion met?	
d. Provides detailed instructions about application instructions in line with medication orders		
e. Provides information about smoking and HPV		
<b>5. Issues not addressed with client during consultation</b>	<b>Y</b>	<b>N</b>
a. Provides rationale		

Competency achieved:      Yes       No

Date: \_\_\_\_\_

Participant's signature: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_

Comments: \_\_\_\_\_

# Human papillomavirus and molluscum contagiosum detection and treatment record

This tool is used for assessing the competence of a registered nurse (or doctor) to consistently identify HPV and molluscum contagiosum and give the rationale for the appropriate treatment chosen. Using the table below, note each occasion where HPV or molluscum contagiosum were identified on exam.

No.	Date	Medical record number	Site	Comments - Detected by client or clinician - Appearance - Confidence in detection - Who you consulted with	Treatment chosen and rationale
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Competency achieved: Yes  No

Date: \_\_\_\_\_

Participant's signature: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_

Comments:

## Assessment for non-occupational post-exposure prophylaxis (nPEP)

Criterion	Criterion met?	
<b>1. Demonstration of theoretical knowledge of non-occupational postexposure prophylaxis (nPEP)</b>	Y	N
a. Is able to discuss options for accessing nPEP, including out-of-hours access		
b. Assesses the risk of HIV transmission and BBV using the nPEP recommendations tables in the Post-exposure Prophylaxis for HIV: Australian National Guidelines		
c. Is able to discuss the drugs commonly prescribed in nPEP regimens including indications, dosage, side effects and drug interactions		
d. Is able to outline the rationale for the 72-hour cut-off for commencement of nPEP		
e. Is able to discuss the efficacy and durability of nPEP medication		
f. Outlines rationale for baseline tests prior to nPEP commencement		
g. Accurately outlines nPEP follow-up guideline		
h. Is able to discuss the need for safe sex for the duration of nPEP testing and follow-up		
i. Is able to identify PEP patients who would be also be eligible for nPrEP (refer to PrEP competency)		
<b>2. Assessment of patient for PEP</b>	Y	N
a. Takes an accurate drug and medical history and checks for potential drug interactions and contraindications		
b. Demonstrates ability to take accurate history of exposure		
c. Successfully identifies where nPEP and/or PrEP is indicated and explains this clearly to client		
d. Discusses the process of referral to a medical officer for review and (where appropriate) commencement of nPEP and/or PrEP		
e. Appropriately involves medical officer in decision where PEP initiation may not be clear or patient not suitable for nPEP or PrEP		
f. Demonstrates accurate ordering of baseline tests		
g. Demonstrates ability to explain nPEP regime to client, including adherence, drug interactions and side effect management and advises the timing of the first dose		

Criterion	Criterion met?	
	Y	N
<b>3. Follow-up after nPEP</b>		
a. Advises client to contact sexual health clinic or present to emergency department if experiencing adverse effects or any other concerns		
b. Arranges follow-up according to nPEP guideline, explaining rationale for testing intervals including delayed HIV seroconversion after using nPEP		
c. Advises the client to practise safe sex for the duration of nPEP testing and follow-up		
d. Considers whether patient eligible for PrEP was not previously assessed at initial nPEP visit. Refer to PrEP competency		

Competency achieved:

Yes  No

Date:

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Participant's signature:

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Assessor's signature:

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Comments:

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## Needle and syringe program (NSP)

Criterion	Criterion met?	
	Y	N
<b>1. NSP policy guidelines and NSP</b>	Y	N
a. Demonstrates knowledge of appropriate NSP service provision		
b. Demonstrates awareness of NSP policies and procedures		
c. Promotes appropriate health and social welfare services		
d. Adheres to the state/territory department of health and service policies		
e. Maintains client confidentiality		
<b>2. History taking and communication</b>	Y	N
a. Communicates effectively: pleasant respectful manner, use of language appropriate to client's level of understanding, open body language		
b. Establishes rapport		
c. Creates a nonjudgmental environment		
d. Does not use language that labels (e.g. 'drug user')		
e. As appropriate, elicits a history specific to the needs of the client		
f. Obtains clear relevant facts for statistics		
g. Maintains client's privacy, dignity and safety		
<b>3. Supply of equipment</b>	Y	N
a. Supplies needles, syringes and other equipment according to policy		
b. Supplies disposal container of appropriate size		
<b>4. Harm minimisation strategies</b>	Y	N
a. Demonstrates a philosophy of harm minimisation		
b. As appropriate, promotes preventative health strategies		
c. Demonstrates knowledge of health issues associated with injecting drug use		

Criterion	Criterion met?	
d. Demonstrates knowledge of bloodborne pathogens associated with injecting drug use		
e. Demonstrates knowledge of alcohol and other drugs and their potential for harmful interactions		
f. Provides appropriate information to clients		
g. As appropriate, provides information on infection control within a public health context		
h. As appropriate, provides information on pharmacodynamics and pharmacokinetics of alcohol and other drugs		
i. Offers safe sex supplies (condoms and lubricant)		
<b>5. Documentation</b>	<b>Y</b>	<b>N</b>
a. Documents encounter with client, supply of equipment etc. clearly and legibly		
b. Records information for statistics		
c. Documents plan		
<b>6. Termination of encounter</b>	<b>Y</b>	<b>N</b>
a. Gives written information on health issues and/or referral services (as appropriate)		
b. Promotes safe disposal of sharps		

Competency achieved:      Yes       No

Date: \_\_\_\_\_

Participant's signature: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_

Comments: \_\_\_\_\_

## Assessment for Pre-exposure prophylaxis (PrEP)

Criterion	Criterion met?	
	Y	N
<b>1. Demonstration of theoretical knowledge of PrEP</b>	Y	N
a. Is able to discuss options for accessing PrEP including personal import		
b. Is able to discuss the drug prescribed in PrEP including indications, dosage, side effects and drug interactions		
c. Is able to discuss the efficacy and durability of PrEP medication		
d. Outlines rationale for baseline tests prior to PrEP commencement		
e. Accurately outlines PrEP follow-up guideline		
f. Is able to discuss continued risk reduction strategies until covered by PrEP and continued strategies for STI prevention		
<b>2. Assessment of patient for PrEP</b>	Y	N
a. Takes an accurate drug and medical history and checks for potential drug interactions and contraindications		
b. Successfully identifies where PrEP is indicated based on eligibility criteria outlined in ASHM decision tool Decision making in PrEP and explains this clearly to client		
c. Demonstrates accurate ordering of baseline tests		
d. Demonstrates ability to explain PrEP regime to client, including adherence, drug interactions and side effect management; advises the timing of the first dose		
<b>3. Follow-up on PrEP</b>	Y	N
a. Advises client to contact sexual health clinic or present to emergency department if experiencing adverse effects or any other concerns		
b. Arranges follow-up according to PrEP guideline, explaining rationale for testing intervals		
c. Refers patients to medical officer if results of recommended laboratory monitoring tests are outside normal limits as indicated on result management table		

**Competency achieved:**

Yes  No

**Date:**

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**Participant's signature:**

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**Assessor's signature:**

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**Comments:**

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## Gram stain and wet film procedure

Criterion	Criterion met?	
<b>1. Infection control principles and procedures</b>	Y	N
a. Practises universal standard precautions and the five moments of hand hygiene		
b. Adheres to current infection control policies		
<b>2. Client identification</b>	Y	N
a. Correctly labels glass slide(s) with client medical record number, surname and collection date		
<b>3. Gram staining process</b>	Y	N
a. Ensures sample smear is placed on central aspect of glass slide For female slide, separates and distinguishes cervical from high vaginal, i.e. places high vaginal on the top (high) part of the slide		
b. Transports glass slide(s) to laboratory in kidney dish or metal tray		
c. Places glass slide onto heat plate to ensure smear is completely dry before fixation		
d. Places slide onto metal racks over sink		
e. Floods slide with crystal violet stain for 30 seconds		
f. Pours stain off and washes slide with tap water		
g. Applies Lugol's iodine for 30 seconds		
h. Tips off iodine and rinses with tap water		
i. Decolourises rapidly with acetone over tilted slide for 1-2 seconds		
j. Immediately washes slide with tap water to stop decolourisation		
k. Counterstains with carbol fuchsin or safranin for 30 seconds		
l. Washes slide with tap water		
m. Blots slide dry with blotting paper		

Criterion	Criterion met?	
<b>4. Viewing the Gram stain</b>	Y	N
a. Places stained glass slide onto specimen stage of microscope		
b. Turns on the light field to visualise organisms		
c. Uses low-powered objective lens (10x) to locate specimen		
d. Places a drop of immersion oil onto smear and changes to high-powered objective lens (100x) and focuses		
e. Identifies organisms (e.g. clue cells, hyphae, spores, gram-positive and gram-negative diplococci, epithelial cells, polymorphs, lactobacilli)		
f. Confirms findings with laboratory technician or experienced clinician if required		
<b>5. Wet film preparation</b>	Y	N
a. Places one drop of saline on glass slide		
b. Mixes sample from swab with the saline		
c. Places glass cover slip over inoculated saline		
<b>6. Viewing wet film</b>	Y	N
a. Places inoculated glass slide on specimen stage of microscope		
b. Locates the field using the low-powered objective lens (10x)		
c. Switches to the high-powered objective lens (40x) and focuses		
d. Identifies motile organisms (e.g. trichomonads)		
e. Confirms findings with laboratory technician or other experienced clinician as required		
<b>7. Documentation</b>	Y	N
a. Documents Gram stain and wet film findings in designated section of medical record		
b. Documents client care and follow-up relevant to findings		
c. Labels laboratory request form and writes test requests legibly		

Criterion	Criterion met?	
	Y	N
<b>8. Learning process</b>		
a. Watch <a href="#">Microscopy for sexually transmitted infections</a> . Please purchase DVD online.		
b. Read <b>Safe Work Practice for Gram Stain</b>		
c. Correctly views sample Gram stain slides provided by laboratory technician and forms clinical diagnosis		
d. Colleague competent in microscopy verifies first 10 slides after teaching		

**Competency achieved:** Yes  No

**Date:** \_\_\_\_\_

**Participant's signature:** \_\_\_\_\_

**Assessor's signature:** \_\_\_\_\_

**Comments:** \_\_\_\_\_