

Staff Member: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date of \_\_\_\_\_

Competency: \_\_\_\_\_

Unit: \_\_\_\_\_

*This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains their skill.*

*The **Staff Member** will discuss with their Preceptor on their previous experiences and skills in establishing a plan and goals for successfully demonstrating their ability to meet the performance elements of the competency.*

*The **Preceptor** will discuss with the Staff Member the best approach to ensure their success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when they validate that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision**. The Preceptor should indicate in the Notes column any areas that the Staff Members should focus on to gain greater proficiency as they continue to develop. If the **Preceptor** has any concerns regarding the Staff Member's ability to meet the performance elements and successfully complete this policy, they should document their concerns on the Notes column and contact their **Supervisor** for direction.*

**Applicable References & Policies:**

- Organization policy and procedure (List specific policies)
- (Name of borescope) Instructions for Use.

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<b>KNOWLEDGE</b>				
Review hospital policy on visual inspecting medical devices using the borescope.	<b>D S T V</b>			
Describe the purpose of visually inspecting medical devices both with the unaided-eye (in natural light) and with using the borescope.	<b>D S T V</b>			
Read/Review/Discuss the specific borescope instructions for use (IFU). Demonstrate the ability to verbalize: <ul style="list-style-type: none"> <li>• Indications for use</li> <li>• Safety considerations</li> </ul>	<b>D S T V</b>			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<ul style="list-style-type: none"> <li>Infection Control Practices</li> <li>Troubleshooting</li> <li>Maintenance and storage</li> </ul>				
<b>CRITICAL STEPS</b>				
Gather appropriate supplies/equipment to perform the task of visually inspecting medical devices with the borescope.	D S T V			
Select appropriate devices for inspection with borescope. Use the borescope to make sure it passes through any instruments having cannulas or holes $\geq$ ( <b>Indicate</b> ) in mm/ diameter (according to policy)	D S T V			
Visually inspect the medial device with your natural eyesight and light. If the device is visually dirty, reclean it according to its specific IFU.	D S T V			
If a medical device is visually clean by natural eyesight and light, proceed to the form of enhanced visual inspection found in the IFU (e.g., the orthopedic shaver's IFU suggests using some type of flexible inspection scope to look inside its various parts to ensure it is clean).	D S T V			
Before using the borescope on the medical device, ensure the scope is set up per the IFU.	D S T V			
Insert scope tip into lumens or holes and show the view of lumen by maneuvering scope through lumen, avoiding any restrictive areas that may damage the scope tip.	D S T V			
If upon enhanced visual inspection the device is dirty, send it back to be recleaned. If deemed clean and not visually dirty in the areas inspected send the device to the next step in its process.	D S T V			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
After each inspection, wipe down the borescope with an approved disinfectant per the IFU.	<b>D S T V</b>			
Place the protective cap over the lens when not in use to protect the distal tip from damage.	<b>D S T V</b>			
Document all results of the inspection per your facility's policy on documentation.	<b>D S T V</b>			
Return the borescope to storage per the IFU.	<b>D S T V</b>			

*I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role that I am to contact my supervisor immediately.*

**Signature of Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Preceptor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:**