



OMPA PROGRAM 06 TRAINING

Date

Assessment Date

Command Name

Command Briefed Date

Assessment completed by

Clinic Name

Program Purpose

Often the primary focus of training and education in Occupational Health is to ensure that employee populations have the information and training necessary to perform their work in an occupationally safe and healthful manner. At the foundation of this purpose is the comprehensive, effective, and clear training and education of the OEM clinic staff. According to ref (a), [listed below], "To attain this type and level of knowledge, a well-developed and coordinated training effort keyed to all levels and types of personnel is required." This program assessment will allow you to monitor your clinic's training level and needs.

Program Goals

The goal of a successful TRAINING (Program 06) assessment for Navy OM clinics includes:

1. Assessing and documenting the required training and education needs of the personnel within the OM clinic in accordance with references, [listed below], as applicable to specific staff.
2. Ensuring all OM clinic personnel receive and participate in quality OM training and education courses, conferences, and other opportunities to improve knowledge and skills to support the provision of quality OM services.
3. Supporting and encouraging OM personnel involvement with command AOR safety training communities to provide the supported working populations with effective, current, and easy-to-access training tools and information.

SUPPORTING DATA

Regulations, Instructions, and References

Select which type of access you have for each of the references listed

(a) OSHA Directive: CSP-03-01-005 , (01/20) "Voluntary Protection Program (VPP) Policies and Procedures Manual"	Hardcopy	Electronic	None
(b) OPNAV M-5100.23 series , current "Navy Safety and Occupational Health (SOH) Program Manual"	Hardcopy	Electronic	None
(c) OSHA 3160, 1999 (Revised) "The Occupational Health Professional's Services & Qualifications"	Hardcopy	Electronic	None
(d) American Association of Occupational Health Nurses (AAOHN) email your regional "Standards of Occupational and Environmental Health Nursing" OHN if not a member	Hardcopy	Electronic	None
(e) American Association of Occupational Health Nurses (AAOHN) "Competencies in Occupational and Environmental Health Nursing"	Hardcopy	Electronic	None
(f) NMCPHC, Current Version "OHN Core Competencies Individual Assessment"	Hardcopy	Electronic	None
	Hardcopy	Electronic	None

Program Assessment INSTRUCTIONS

Complete the information for the time frame you are reporting.

This Occupational Medicine Program Assessment (OMPA) tool is an interactive self-assessment of the training program. This tool considers both subjective and objective data. In order to determine the status of your program, select the appropriate level of compliance with each of the questions below using the color-coded range noted at the end of this tool in the Dashboard Report section. Those questions that have no impact on the overall compliance for this program will not have the color-coded response option. For any response selection of <3 an explanation must be given in the space provided following the question. All selected responses will be automatically averaged at the end of the OMPA tool to provide you with an "overall" program status icon.

#	Assessment Questions	Response		
06.01	Are all OEM personnel current with local Command and Navy required training? <i>(ie: HIPAA, Cyber Awareness, Terrorism...)</i>			
06.02	Are all Hearing Conservation Training Certificates current for applicable personnel?			
06.03	Are all NIOSH approved Spirometry Training Certificates current for applicable personnel?			
06.04	Are all records for CPR/BLS training current for applicable personnel?			
06.05	Are all staff competencies addressed according to your command policy?			

#	Assessment Questions	Response						
06.06	Are you ABOHN certified or working toward your certification? <i>If certified, enter the expiration date of certification below for all nurses that apply.</i>							
06.07 <i>Non-count</i>	Does your command fund continuing education credits for your professional staff (OHNs and Providers)? Use space below for comments or discussion (ex. actions taken to get required trng or ed.)	Yes		No				
06.08	Is there an established orientation process for new staff to OH and the MTF, OHN Fundamentals?							
06.09	Have you used any standardized OHN competencies: examples--AAOHN Competencies In Occupational Health Nursing or NMCPHC to measure the level of your OHN skills? <i>NOTE: Make sure copies of any skills assessments are placed in your individual training record.</i>							
06.10 <i>Non-count</i>	Have you attended or completed any formal OHN training courses or continuing education offerings? (If YES, identify types below)	Yes		No				
	<table border="1"> <tr> <td>Web-based</td> <td>Classroom</td> </tr> <tr> <td>Conference</td> <td>Correspond</td> </tr> </table>	Web-based	Classroom	Conference	Correspond			
Web-based	Classroom							
Conference	Correspond							
06.11 <i>Non-count</i>	Have you ever mentored another OHN within the Navy OEM community?	Yes		No				
06.12 <i>Non-count</i>	Are you interested in any formal Navy OHN training or education modules? (if YES, what type of formats do you prefer?)	Yes		No				
	<table border="1"> <tr> <td>Web-based</td> <td>Classroom</td> </tr> <tr> <td>Conference</td> <td>Correspond</td> </tr> </table>	Web-based	Classroom	Conference	Correspond			
Web-based	Classroom							
Conference	Correspond							
06.13 <i>Non-count</i>	If you answered YES to 06.12--Please list your top 3 topics of interest in the boxes to the right.							
			1.					
			2.					
			3.					

DASHBOARD REPORT

BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE



It is important to evaluate your program for successes and challenges. The results of this assessment will be reviewed by your local command OM consultant or regional OM program manager to better support your clinic. If the self-assessment reveals that your program needs improvement (you have a total program status OF <3 you must complete the Performance Improvement Plan section below.

General Color Dashboard Definitions

Full compliance. No changes or improvements necessary during this assessment period or minor updates, changes, or improvements needed for compliance during this assessment period
(No additional follow-up performance improvement plan (PIP), assist visit, or report necessary)

Caution Need Improvement. Major updates, changes, or improvements needed for compliance during this assessment period.
(Performance improvement plan (PIP) for this program is required to bring program to green)

Danger Significant Challenges or System Failure. Major missing, non-compliant, unsupported components or no program viability or compliance during this assessment period.
(Performance improvement plan (PIP) and a support/assist visit from program manager/regional nurse and CO notification is required for this program)

SUBMISSION and PRINT SECTION

When you have completed each block be sure to save an electronic copy for your records (change the name of the document first and print a hard copy as needed for your chain of command). Submit your form to your program manager or regional nurse by attaching your saved document to an email.
REMEMBER!! If your program has a <3 you **must** complete the PIP portion at the end of this tool **before** submitting your document.

CONGRATULATIONS!
YOU HAVE COMPLETED THE PROGRAM 06 TRAINING!

PROCESS IMPROVEMENT PLAN

If during the self-assessment process above you have determined that the PROGRAM INTEGRATION program needs improvement (or you have a total program status of <3) complete the following PIP. This is an ongoing plan that must be updated until your program status has improved to >3.

Date PIP initiated: _____

Describe your plan including steps for success in the box below then proceed to submission section:

Date of PIP update #1

Enter 1st PIP status and update information in box below:

HAS YOUR PROGRAM IMPROVED TO >3?

(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)

YES

NO

Date of PIP update #2

HAS YOUR PROGRAM IMPROVED TO >3?

(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)

YES

NO

Date of PIP update #3

HAS YOUR PROGRAM IMPROVED TO >3?

(If YES no additional PIP is needed. If NO --CONTACT YOUR COMMAND OM CONSULTANT OR REGIONAL MANAGER FOR ASSISTANCE)

YES