

DEPARTMENT OF CLINICAL LABORATORY SCIENCES

SCHOOL OF HEALTH TECHNOLOGY AND MANAGEMENT

THE UNIVERSITY AT STONY BROOK

STONY BROOK, NEW YORK 11794-8205

CHEMISTRY COMPETENCY EVALUATION FORM

STUDENT NAME: _____ **CLINICAL AFFILIATE:** _____

Section: _____ **Duration:** _____ **Supervisor/Instructor:** _____

Instructions:

1. The student must complete all pertinent objectives/checklist items in order to complete the rotation within each section. If the items are not applicable, indicate "n/a."
2. The evaluator(s) must document the student's acceptable performance in meeting the established tasks in the **Laboratory Safety and Infection Control, Quality Control and Routine Chemistry and Special Chemistry Procedures and Protocols categories** by putting the date the task was performed. The evaluator(s) must document the student's acceptable performance in meeting the established tasks in the **Chemistry Test Skills and Affective Skills category** by checking the appropriate column (1 = none of the time, 2 = some of the time, 3 = most of the time, 4 = all of the time).
3. The instructor and student must sign this form after it has been completed at the end of the clinical rotation.
4. **PLEASE NOTE** that grades of 2 or 1 may result in remediation for the student and need to be brought to the attention of the Clinical Coordinator and the student.

| LABORATORY SAFETY AND INFECTION CONTROL | DATE PERFORMED | EVALUATOR SIGNATURE |
|--|----------------|---------------------|
| 1. IDENTIFIES LOCATION OF SAFETY DEVICES | | |
| A. Fire Extinguishers | | |
| B. Fire Alarms | | |
| C. Fire Blankets | | |
| D. Eye Washes | | |
| E. Emergency Exits | | |
| F. Safety Showers | | |
| G. First Aid Kit | | |
| H. Incident Reports | | |
| | | |

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|---|
| 1 = None of the Time 2 = Some of the time 3 = Most of the time 4 = All of the time |
|---|

| LABORATORY SAFETY AND INFECTION CONTROL | 1 | 2 | 3 | 4 | EVALUATOR SIGNATURE |
|---|---|---|---|---|---------------------|
| REVIEWS AND ADHERES TO DEPARTMENT'S PROTOCOL FOR HANDLING BLOOD & BODY FLUIDS | | | | | |
| A. Disposes of hazardous waste according to protocol | | | | | |
| B. Decontaminates work area and spills according to protocol | | | | | |
| C. Uses personal protective equipment appropriately (gloves, face shields) | | | | | |
| | | | | | |

| LABORATORY SKILLS & QUALITY ASSURANCE | DATE PERFORMED | EVALUATOR SIGNATURE |
|--|----------------|---------------------|
| PERFORMS APPROPRIATE GENERAL LAB EQUIPMENT QC PROCEDURES ACCORDING TO PROTOCOL: | | |
| A. Refrigerators/Freezers | | |
| B. All other temperature dependent equipment (water baths, heating baths, ovens, incubators, etc.) | | |
| C. Centrifuges | | |
| D. Pipet calibration | | |
| REVIEWS CHEMISTRY QUALITY CONTROL PROCEDURES | | |
| A. Protocol for establishing <i>new</i> control material values for mean and "acceptable range." | | |
| B. Protocol for Linearity Testing | | |
| C. Protocol for Proficiency Testing | | |

1 = None of the Time 2 = Some of the time 3 = Most of the time 4 = All of the time

| LABORATORY SKILLS AND QUALITY ASSURANCE | 1 | 2 | 3 | 4 | EVALUATOR SIGNATURE |
|--|---|---|---|---|---------------------|
| 1. Records test results accurately and legibly | | | | | |
| 2. Organizes workload appropriately to prioritize STATs, and completes work assigned | | | | | |
| 3. Identifies location of standard operating procedure manual(s) | | | | | |
| 4. Reviews protocols for specimen management, including special collection requirements, storage and rejection procedures | | | | | |
| 5. Reviews protocol for the use of the Laboratory Information System. Demonstrates ability to enter, review and retrieve data. | | | | | |

| ROUTINE CHEMISTRY PROCEDURES | 1 | 2 | 3 | 4 | EVALUATOR SIGNATURE |
|---|---|---|---|---|---------------------|
| Manual Tests (to Include Ketones, Qualitative HCG, Others _____) Minimum # of Tests = 10 (each available test) | | | | | |
| 1. Reviews manual procedures and assay principles | | | | | |
| 2. Performs patient tests according to protocol | | | | | |
| 3. Chooses appropriate pipeting device for volumes required | | | | | |
| 4. Pipets accurately and precisely | | | | | |
| Reagents/Calibrators/Quality Control Materials: | | | | | |
| 1. Prepares and stores reagents appropriately | | | | | |
| 2. Prepares calibrators and quality control materials accurately | | | | | |
| 3. Performs assay Calibration and Quality Control accurately | | | | | |
| Result Interpretation: | | | | | |
| 1. Interprets Calibration data and Quality Control results accurately | | | | | |
| 2. Assures Quality Control results are within "acceptable range" | | | | | |
| 3. Recognizes and performs troubleshooting and corrective action as required | | | | | |
| 4. Interprets patient results accurately | | | | | |
| 5. Recognizes and takes appropriate action for "panic" and "delta check" values | | | | | |

| ROUTINE CHEMISTRY PROCEDURES (Cont'd) | 1 | 2 | 3 | 4 | EVALUATOR SIGNATURE |
|---|----------|----------|----------|----------|----------------------------|
| Routine Chemistry Profile - Minimum # of tests = 200 | | | | | |
| Other Automated Tests (to Include CK-MB Screen, HDL, Ammonia, Alcohol, Lipase, Neonatal T. Bilirubin, Lactic Acid, Others _____) Minimum # of tests = 10 (each available test) | | | | | |
| 1. Reviews and is able to discuss the protocol for instrument operation and assay principles | | | | | |
| Reagents/Calibrators/Quality Control Materials: | | | | | |
| 1. Prepares and stores reagents appropriately | | | | | |
| 2. Prepares calibrators and quality control materials accurately | | | | | |
| Instrumentation: | | | | | |
| 1. Performs Daily Preventive Maintenance | | | | | |
| 2. Observes Weekly/Monthly Preventive Maintenance | | | | | |
| 3. Performs Calibration as required | | | | | |
| 4. Recognizes need for troubleshooting | | | | | |
| 5. Follows systematic schemes for troubleshooting and takes appropriate corrective action | | | | | |
| 6. Operates instrument and performs patient tests according to protocol | | | | | |
| Result Interpretation: | | | | | |
| 1. Interprets Quality Control results accurately | | | | | |
| 2. Assures Quality Control results are within "acceptable range" | | | | | |
| 3. Interprets patient results accurately | | | | | |
| 4. Recognizes and takes appropriate action for "panic" and "delta check" values | | | | | |
| Semi-automated Tests Minimum # of Tests = 5 (each available test) | | | | | |
| 1. Reviews and is able to discuss the protocol for instrument operation and assay principles | | | | | |
| Reagents/Calibrators/Quality Control Materials: | | | | | |
| 1. Prepares and stores reagents appropriately | | | | | |
| 2. Prepares calibrators and quality control materials accurately | | | | | |
| Instrumentation: | | | | | |
| 1. Performs Daily Preventive Maintenance | | | | | |
| 2. Observes Weekly/Monthly Preventive Maintenance | | | | | |
| 3. Performs Calibration as required | | | | | |
| 4. Recognizes need for troubleshooting | | | | | |
| 5. Follows systematic schemes for troubleshooting and takes appropriate corrective action | | | | | |
| 6. Operates instrument and performs patient tests according to protocol | | | | | |
| Result Interpretation: | | | | | |
| 1. Interprets Quality Control results accurately | | | | | |
| 2. Assures Quality Control results are within "acceptable range" | | | | | |
| 3. Interprets patient results accurately | | | | | |
| 4. Recognizes and takes appropriate action for "panic" and "delta check" values | | | | | |

* For additional instruments make copies of checklist as necessary

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|--|--|--|--|--|--|
| Automated/Semi-automated Tests (to Include CK-MB Confirmation, TDM, Drugs of Abuse screening and/or confirmation, Hormones, Tumor Markers, Specific proteins, i.e. haptoglobin, C3, C4 Others _____) - Minimum # of tests = 10 (each available test) | | | | | |
| 1. Reviews protocol for instrument operation and assay principles | | | | | |
| Reagents/Calibrators/Quality Control Materials: | | | | | |
| 1. Prepares and stores reagents appropriately | | | | | |
| 2. Prepares calibrators and quality control materials accurately | | | | | |
| Instrumentation: | | | | | |
| 1. Performs Daily Preventive Maintenance | | | | | |
| 2. Observes Weekly/Monthly Preventive Maintenance | | | | | |
| 3. Performs Calibration as required | | | | | |
| 4. Recognizes need for troubleshooting | | | | | |
| 5. Operates instrument and performs patient tests according to protocol | | | | | |
| Result Interpretation: | | | | | |
| 1. Interprets Quality Control results accurately | | | | | |
| 2. Assures Quality Control results are within "acceptable range" | | | | | |
| 3. Interprets patient results accurately | | | | | |
| 4. Recognizes and takes appropriate action for "panic" and "delta check" values | | | | | |
| 5. Recognizes and takes appropriate action "toxic" TDM values, recognizes "therapeutic" and "sub-therapeutic" values for TDMs | | | | | |
| Reviews available Special Chemistry methodologies: | | | | | |
| 1. Chromatography | | | | | |
| 2. Electrophoresis | | | | | |
| 3. RIA | | | | | |
| 4. Others (Please list: _____) | | | | | |
| Comments: | | | | | |

* For additional instruments make copies of checklist as necessary

| AFFECTIVE SKILLS | 1 | 2 | 3 | 4 | EVALUATOR SIGNATURE |
|---|---|---|---|---|---------------------|
| 1. Arrives at the laboratory at the designated time | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| 2. Wears the required uniform | | | | | |
| 3. Presents a neat and clean professional appearance | | | | | |
| 4. Begins work promptly on arrival | | | | | |
| 5. Completes all assigned work | | | | | |
| 6. When confronted with an error, understands the error, repeats the test and avoids making the same error again. | | | | | |
| 7. Makes optimum use of available time by seeking assignments, offering assistance to others and reading relevant instructional aids | | | | | |
| 8. Accepts criticism without resentment and attempts to improve | | | | | |
| 9. Is respectful of others' feelings | | | | | |
| 10. Exhibits a genuine interest in clinical laboratory sciences | | | | | |
| 11. Understands the concept of patient confidentiality | | | | | |
| COMMENTS: | | | | | |

NOTE: MID-ROTATION PERFORMANCE

A mid-rotation performance evaluation has been included in order to allow the student to recognize and improve on laboratory tests before the student's rotation is finished. **Please indicate below, and inform the student of any area he/she may need to improve.**

LABORATORY TEST(S) NEEDING IMPROVEMENT: (Please indicate date of comment)

LABORATORY TEST(S) - PROGRESS REPORT: (Please indicate date of comment)

Signature of Person
 Completing Form: _____ Title: _____
 Date: _____

Student Signature: _____
 Date: _____