

UW Medicine - Pathology

100-02-01-35

Telepathology Training and Competency Assessment Packet

Adopted Date:	05/24/13
Revision Date:	

PURPOSE

To produce trained personnel, verify competence or identify an action plan, and produce documentation of training activities on how to properly use the Telepathology Cart(s) and fixed-location microscope cameras in transmitting rapid on-side evaluation (ROSE), frozen section, and consultation slide images between UW Medicine sites.

INSTRUCTIONS

1. Trainer asks trainee about previous experience and documents on *Training Record Form*.
2. Trainee reads required reading materials as indicated and documents on *Training Record Form*.
3. Trainer reviews *Telepathology Training Checklist* with trainee.
4. Trainer and trainee documents completion of each section on *Training Record Form*.
5. After completion of the training, supervisor or designated observer watches trainee perform telecytology functions and documents on *Training Observation Form*.
6. Supervisor assesses *Telepathology Training Checklist*, *Training Record*, and *Training Observation* with the trainee. The supervisor and trainee document completion of training on *Competency Assessment Form*. If improvement is needed, an action plan is developed.

UWMC Pathology Chief of Service:
(Signature and Date)

 6/21/2013

HMC Pathology Chief of Service:
(Signature and Date)

 6/21/2013

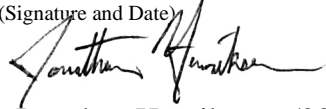
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Written by:

(Signature and Date)



Jonathan Henriksen 6/2013

Revised by:

(Signature and Date)

Telepathology Training Record

Trainee:

Training Date:

Type of Training: ___ Introductory ___ Refresher

REQUIRED READING

After reading, sign the Training Record Form.

Telepathology Training Manual, 100-02-01-35

Telepathology Policy, 100-02-01-33

Telepathology Procedure, 100-02-01-34

TRAINING CHECKLIST

After discussion, sign the Training Record Form.

- Telepathology Cart Equipment**
 - Microscope
 - Beam splitter
 - Light Illumination Module
 - Video Camera and Control Box
 - ON/OFF
 - Video Monitor
 - Power Supply
 - Power and Network Cables
- Fixed-Location Microscope Live Telepathology Systems**
 - Microscope
 - Beam splitter
 - Video Camera and Control Box
 - ON/OFF
 - Video Monitor
- PCS Supported Computer with Telepathology Viewing Software**
 - Location of Telepathology Video Links
 - VLC Media Player (Viewing Software)
- Telepathology Procedure**
 - Telepathology Cart Setup
 - Fixed-Location Microscope Live Telepathology Systems

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- Viewing at Computer
- Patient identification, clinical information, results
- Troubleshooting Checklist**
- Support Information**

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Telepathology Training Record Form

Trainee Name: _____

<i>Previous Experience</i>	Trainer Initials	Trainee Initials	Date
Has the trainee had previous experience with this procedure? Record Information:			

Required Reading

Telepathology Training Manual			
Telepathology Policy			
Telepathology Procedure			

Training Checklist

Telepathology Cart Equipment			
Fixed-Location Microscope Live Telepathology Systems			
PCS Supported Computer with Telepathology Viewing Software			
Telepathology Procedures			
Troubleshooting Checklist			
Support Information			

Date Resolved

Trainer notes: Record any special needs or issues identified:

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I certify that I have successfully completed training, understand the content and am ready to perform this testing following policies and procedures.

Trainee (Sign and Date)

Trainer (Sign and Data)

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Telepathology Training Observation Form

Trainee Name: _____

	Competent	Needs Improvement	Action Plan
Can initialize Telepathology Cart			
Can initialize Fixed-Location Microscope Live Telepathology Systems			
Can view Telepathology video on PCS Supported Computer			
Troubleshooting			
Follows safe laboratory technique (system ID, patient ID, clinical information, results)			

Trainee (Sign and Date)

Observer (Sign and Data)

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Competency Assessment Form

Trainee Name: _____

- Training Packet is complete
- This person has satisfactorily completed training and is competent to perform this testing.
- Employee needs improvement. Develop an action plan. Competency is re-assessed after completion of action plan.

Sign following supervisor assessment with trainee.

Trainee (Sign and Date)

Supervisor (Sign and Data)