Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type: 6 months\_\_\_\_\_\_\_\_\_\_\_\_. Annual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recheck: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Instructions for evaluator: | |  | | |  |  |  |  | |  |  |
| Observe each critical step for the skill or competency. **Each step must be observed**. Record date, method used to assess | | | | | | | | | | |  |
| competency and the competency rating for the skill. Sign your name and initials on the last page of the assessment tool. | | | | | | | | | |  |  |
| **During the year, EACH method must be documented and dated.** | | | | | | | | | | |  |
| **Competency/Skill Validation Method Key** | | |  | | | | | |  | | | |  |  |
| **A** | Direct Observation of routine patient test performance, including patient preparations if applicable, and specimen collection, handling, processing and testing. | | **N** | Novice, some experience (may require practice/assistance) | | | | | | | | |  |  |
| **B** | Review of intermediate test results or worksheets, quality control, proficiency testing, and preventative maintenance performance. | | **C** | Competent and/or can perform independently, and/or  Assess the competency of others. | | | | | | | | | |  |
|  | And/or assess the competency of others. | | | | | | | | | |  |
| **C** | Monitoring, recording, and reporting of test results | | **E** | Expert, performs independently, and is able to teach | | | | | | | | | |  |
| **D** | Direct Observation of performance of instrument maintenance, function checks, and calibration. | | **For each rating of Novice, please fill out the "Action Plan for**  **Correction of Competency Deficiencies:" box on the last page** | | | | | | | | | | | |
| **E** | Test performance(blind samples, PT,previously ran specimens) | |
| **F** | Problem Solving skills as appropriate to the job | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject/Task/Competency** | **Validation**  **(Date and Initial)** | | | | | | | **Comment\*\*** |
|  | A | B | C | D | E | F | Sign |  |
| **CHEMISTRY** |  |  |  |  |  |  |  |  |
| Routine Chemistry  Endocrinology/Toxicology |  |  |  |  |  |  | Lead Tech/  Designee  Initial |  |
| Ortho XT 7600 |  |  |  |  |  |  |  | N C E |
|  |  |  |  |  |  |  |  |  |
| **IMMUNOHEMATOLOGY** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Lead Tech/  Designee |  |
| Mononucleosis Screen |  |  |  | N/A |  |  |  | N C E |
|  |  |  |  |  |  |  |  |  |
| **HEMATOLOGY** |  |  |  |  |  |  |  |  |
| HEMATOLOGY TESTS |  |  |  |  |  |  | Lead Tech/  Designee |  |
| ALCOR iSED |  |  |  |  |  |  |  | N C E |
| Alere Hemo Point- HgB |  |  |  |  |  |  |  | N C E |
| CoaguChek (Roche) |  |  |  |  |  |  |  | N C E |
| Magellan Diagnostics Lead Care II |  |  |  |  |  |  |  | N C E |
| Sysmex XN-2000 |  |  |  |  |  |  |  | N C E |
|  |  |  |  |  |  |  |  |  |
| **URINALYSIS** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Lead Tech/  Designee |  |
| Siemens Clinitek + 10 SG |  |  |  |  |  |  |  | N C E |
| MedTox Scan Drug Screen |  |  |  |  |  |  |  | N C E |
| AX - 4030 & iQ200 Iris |  |  |  |  |  |  |  | N C E |
|  |  |  |  |  |  |  |  |  |
| **PARASITOLOGY** |  |  |  |  |  |  | Lead Tech/  Designee |  |
| Pinworm Prep |  |  |  |  |  |  |  | N C E |
|  | A | B | C | D | E | F | Sign |  |
| **MICROSCOPY** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Lead Tech/  Designee |  |
| Vaginal WET PREP |  |  |  |  |  |  |  | N C E |
| KOH WET Prep |  |  |  |  |  |  |  | N C E |
| Urine Microscopic |  |  |  |  |  |  |  | N C E |
| Olympus Microscope |  |  |  |  |  |  |  | N C E |
| Post Vasectomy |  |  |  |  |  |  |  | N C E |
|  |  |  |  |  |  |  |  |  |
| **MICROBIOLOGY/VIROLOGY** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Lead Tech/  Designee |  |
| Cepheid GenXpert Infinity |  |  |  |  |  |  |  | N C E |
|  |  |  |  |  |  |  |  |  |
| **WAIVED TESTING** |  |  |  |  |  |  |  |  |
| Misc test |  |  |  |  |  |  | Lead Tech/  Designee |  |
| HCG URINE |  |  |  |  |  |  |  | N C E |
| FECAL OCCULT BLOOD CARD |  |  |  | N/A |  |  |  | N C E |
| Fecal Immunochemical Test -FIT |  |  |  | N/A |  |  |  | N C E |
| Cerner Order Entry |  |  |  | N/A | N/A | N/A |  | N C E |
| Softlab Order Entry |  |  |  | N/A | N/A | N/A |  | N C E |
| Lab Referral Process |  |  |  | N/A | N/A | N/A |  | N C E |
| Downtime Procedure |  |  |  | N/A | N/A | N/A |  | N C E |
| Lab Shipment to ANMC |  |  |  | N/A | N/A | N/A |  | N C E |
| Lab Occurrence Management Form |  |  |  | N/A | N/A | N/A |  | N C E |
| Lab Shipment to AK State Lab |  |  |  | N/A | N/A | N/A |  | N C E |
|  |  |  |  |  |  |  |  |  |
| Phlebotomy Specific: New Employee or Recheck: x10 Observed venipunctures without error, if applicable. OR if competent just one time sign-off. |  |  |  |  |  |  | Lead Tech/  Designee |  |
| Phlebotomy – Geriatric (65>) |  |  |  |  |  | X |  | N C E |
|  |  |  |  |  |  | X |  | N C E |
| Phlebotomy – Adult (18-65) |  |  |  |  |  | X |  | N C E |
|  |  |  |  |  |  | X |  | N C E |
| Phlebotomy – Pediatrics and/or Adolescent (2-18) |  |  |  |  |  | X |  | N C E |
|  |  |  |  |  |  | X |  | N C E |
| Phlebotomy – Capillary draw or New Born (<2) |  |  |  |  |  | X |  | N C E |
|  |  |  |  |  |  | X |  | N C E |

**Manual: Date:**

Hematology Procedure Manual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coagulation Procedure Manual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microscopic Procedure Manual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemistry Procedure Manual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory General Manual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ortho XT 7600 General Operator Online Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sysmex XN-2000 General Operator Manual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Iris & AX - 4030 General Operator Manual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GeneXpert General Operator Manual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL AREAS OF COMPETENCY—SEE ATTACHED

\*\* See Competency Assessment Corrective Action Form for any competency non-conformance \*\*

Lead Technician: I can say with confidence the following employee is competent to perform the above listed tests and tasks independently without further training.

Lead Technician Full Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Employee: I feel competent in the subjects/tasks/competencies noted above. I feel I am competent to perform the above listed tests and tasks independently without further training.

Employee’s Full Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Supervisor/Manager/Medical Director: I have reviewed this employee’s competency in the above named functions and determined that the employee is competent to work in these areas.

Laboratory Director Full Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Medical Director Full Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_