**New Employee - Training**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Test System-CSF/Body Fluid****JPS Specific items** | **Sample ID# or N/A** | **Date Complete** | **6 month Due before:** |
| Sample Requirements |  |  |  |
| Results reporting |  |  |  |
| Downtime |  |  |  |
| QC lot to lot |  |  |  |
| Competency sample |  |  |  |

|  |  |  |
| --- | --- | --- |
| Competency Quiz | Date Completed | Grade |
| Body Fluid Quiz |  |  |
|  |  |  |
|  |  |  |

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| **Training Checklist** |
| Training Topic | Date | Trainee Initials | Trainer Initials |
| Read and understand the procedure manual |   |   |   |
| Quality Control - material storage and expiration |   |   |   |
| Quality Control - acceptability and LIS entry |   |   |   |
| Quality Control-frequency |   |   |   |
| Quality Control-How to manually order |   |   |   |
| Hematek Stainer -Instrument Operation - maintenance and troubleshooting |   |   |   |
| Cytospin preparation for body fluid and CSF |  |  |  |
| Pathologist review criteria/Hemo PRs |  |  |  |
| Use of Hyaluronidase  |  |  |  |
| Identifying abnormal or immature cells |  |  |  |
| Use of Albumin |  |  |  |
| Patient Samples - acceptable type(s), preparation, and processing |   |   |   |
| Patient Samples - storage conditions and criteria for rejection |   |   |   |
| Patient Samples - reporting criteria, including linearity limits, LIS entry |   |   |   |

**New Employee - Training Competency**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** | **Score:** **C or NC** | **Evaluator’s Initials** |
| **Proficiency Testing (PT) or Unknown (If No PT)**Assessment of performance of blinded sample (attach specimen info and results) |  |  |  |
| **Direct Observation**Routine patient performances as applicable: patient identification and preparation; and specimen collection, handling, processing and testing. |  |  |  |
| **Direct Observation**Performance of instrument maintenance and function checks |  |  |  |
| **Evaluation of Problem Solving Skills**Written exam, Specimen Rejection Report, Discussion, etc. (Attach exam or report, if applicable.) |  |  |  |
| **Results Review**Monitoring the recording and reporting of test results. |  |  |  |
| **QC Review**Review of Quality Control records |  |  |  |
| **Equipment Function**Preventative/Routine maintenance records etc., if applicable |  |  |  |

\*Score C = Competent / Employee able to perform task independently

\*Score NC = Not Competent / Employee unable to perform task independently

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| --- |
| **Based upon successful completion of this competency assessment, the employee is deemed to be competent to perform patient testing unsupervised.** |
| Initials | Evaluator’s Signature | Date |
|  |  |  |
| **Not Applicable**[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]This employee needs additional training and is restricted for performing patient testing unsupervised, as indicated below. Action plan is listed Below |
| **Date** | **Description/Action Plan** |  |
|  |  |  |
|  |  |  |

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| --- |
| **I have reviewed the policies and procedures related to equipment and testing above. Based upon successful completion of this competency assessment, I feel confident in my ability to perform patient testing unsupervised. (To be signed after final review with evaluator)** |
| Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Laboratory Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |