

MLAB 2360: Clinical I Microhematocrit

Competency Assessment Form

Time Limit = 20 minutes



Student: _____ Date: _____

Initial Test

Testing Location: _____

Retest

Start Time: _____ End Time: _____

Action	<i>Performed</i>	<i>Not Performed</i>
(Note: The skill is to be started by the instructor stating "You have been given an order from the physician for a microhematocrit on your patient.")		
Dons appropriate PPE for the task	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Demonstrates preparedness by having all supplies on hand	<input type="checkbox"/>	<input type="checkbox"/>
Adds whole blood to microhematocrit tube using correct technique	<input type="checkbox"/>	<input type="checkbox"/>
Inoculates microhematocrit tube with clay using correct technique	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Orients the microhematocrit tube in the centrifuge appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Notates the length of time required for centrifugation	<input type="checkbox"/>	<input type="checkbox"/>
Interprets results according to written standard procedures using both card & wheel	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Records results using correct units	<input type="checkbox"/>	<input type="checkbox"/>
Discards hazardous waste, if applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Total Checks: _____

(Any check in a gray box indicates an unsatisfied critical criteria)

Comments:

Scoring:

Total Possible Checks = 9

Minimum Required = 8

Total Checks Acquired = _____

Critical Criteria Met?

Instructor's Signature: _____

Pass **Fail**

Student's Signature: _____

An action plan will be developed for the student if critical criteria are not met.

Action Plan: