

DEPARTMENT OF CLINICAL LABORATORY SCIENCES

SCHOOL OF HEALTH PROFESSIONS
STONY BROOK UNIVERSITY
STONY BROOK, NEW YORK 11794-8205

COAGULATION 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 Coagulation 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 **Coagulation 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 | | |
| 2. REVIEWS DEPARTMENT'S PROTOCOL FOR HANDLING BLOOD & BODY FLUIDS | | |

| QUALITY CONTROL | DATE PERFORMED | EVALUATOR SIGNATURE |
|---|----------------|---------------------|
| PERFORMS APPROPRIATE QC PROCEDURES ACCORDING TO PROTOCOL: | | |
| A. Refrigerators | | |
| B. Freezer | | |
| C. Incubators | | |
| D. Reagents used for Coagulation Testing | | |
| E. Control Reagents | | |
| F. Centrifuge | | |
| G. Automatic Pipettes | | |
| H. Methods of Daily Maintenance | | |
| I. Methods of Calibration | | |

| COAGULATION PROCEDURES AND PROTOCOLS | DATE PERFORMED | EVALUATOR SIGNATURE |
|---|----------------|---------------------|
| 1. Identifies location of the standard operating procedure manual | | |
| 2. Reviews all protocol for specimen collection and management in hemostasis | | |
| 3. Reviews protocol for all routine coagulation testing | | |
| 4. Reviews all protocol for secondary hemostasis workup | | |
| 5. Reviews all protocol for primary hemostasis workup | | |
| 6. Reviews all protocol for qualitative platelet disorders workup | | |
| 7. Reviews all protocol for factor deficiency workup | | |
| 8. Reviews all protocol for fibrinolysis workup | | |
| 9. Reviews all protocol for circulating inhibitor workup | | |
| 10. Reviews all protocol for hypercoagulable states workup | | |
| 11. Reviews all protocol for all automation used in the coagulation laboratory | | |
| 12. Reviews all protocol for alarm values | | |
| 13. Observes protocol for calibration | | |
| 14. Observes protocol for troubleshooting | | |
| 15. Reviews protocol for the use of the Laboratory Information System. Demonstrates ability to enter, review and retrieve data. | | |
| COMMENTS: | | |

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

| COAGULATION TEST SKILLS | 1 | 2 | 3 | 4 | EVALUATOR SIGNATURE |
|--|---|---|---|---|---------------------|
| 1. Disposes of hazardous waste according to protocol | | | | | |
| 2. Decontaminates work area and spills according to protocol | | | | | |
| 3. Uses gloves appropriately | | | | | |
| 4. Prepares all coagulation reagents according to protocol | | | | | |
| 5. Prepares all coagulation controls according to protocol | | | | | |
| 6. Organizes workload in appropriate priority order | | | | | |
| 7. Records test results accurately and legibly | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Routine Coagulation Testing - Minimum # of tests = 100 | | | | | |
| 1. Performs routine coagulation testing according to protocol | | | | | |
| A. PT | | | | | |
| B. APTT | | | | | |
| C. TT | | | | | |
| 2. Interprets test results of routine coagulation testing accurately | | | | | |
| 3. Recommends appropriate follow-up testing | | | | | |
| 4. List all other routine coagulation tests performed: | | | | | |
| A. | | | | | |
| B. | | | | | |

| COAGULATION TEST SKILLS (Cont'd) | 1 | 2 | 3 | 4 | EVALUATOR SIGNATURE |
|---|----------|----------|----------|----------|----------------------------|
| Fibrin and Fibrinolysis Testing - Minimum # of Tests = 25 | | | | | |
| 1. Performs tests according to protocol | | | | | |
| A. Fibrinogen assay | | | | | |
| B. Fibrin/Fibrinogen Degradation Products | | | | | |
| C. D-Dimer | | | | | |
| 2. Interprets all test results accurately | | | | | |
| 3. Recommends appropriate follow-up testing | | | | | |
| 4. List all other Fibrin or Fibrinolytic tests performed: | | | | | |
| A. | | | | | |
| B. | | | | | |
| | | | | | |
| | | | | | |
| Platelet and Vascular Function Testing - Minimum # of tests = 5 | | | | | |
| 1. Performs testing according to protocol | | | | | |
| A. Platelet Count | | | | | |
| B. PFA?Bleeding Time | | | | | |
| C. Platelet Aggregation | | | | | |
| 2. Interprets all test results accurately | | | | | |
| 3. Recommends appropriate follow-up testing | | | | | |
| 4. List all other Platelet Function Testing performed | | | | | |
| A. | | | | | |
| B. | | | | | |
| | | | | | |
| | | | | | |
| Factor Identification & Substitution Testing-Minimum # of Tests = 10 | | | | | |
| 1. Performs tests according to protocol | | | | | |
| A. Mixing Studies | | | | | |
| D. Factor Assays | | | | | |
| 2. Recommends appropriate follow-up testing | | | | | |
| 3. List all other Factor Assay tests performed: | | | | | |
| A. | | | | | |
| B. | | | | | |
| | | | | | |
| | | | | | |
| Inhibitor Testing - Minimum # of Tests = 5 | | | | | |
| 1. Performs testing according to protocol | | | | | |
| A. Mixing Studies | | | | | |
| B. Lupus Anticoagulants | | | | | |
| C. DRVV | | | | | |
| 2. Interprets test results accurately | | | | | |
| 3. Recommends appropriate follow-up testing | | | | | |
| 4. List all other Inhibitor testing performed: | | | | | |
| A. | | | | | |
| B. | | | | | |
| | | | | | |
| | | | | | |

| COAGULATION TEST SKILLS (Cont'd) | 1 | 2 | 3 | 4 | EVALUATOR SIGNATURE |
|---|---|---|---|---|---------------------|
| Hypercoagulable Testing - Minimum # of Tests = 5 | | | | | |
| 1. Performs test according to protocol | | | | | |
| A. Antithrombin | | | | | |
| B. Protein C | | | | | |
| C. Protein C Resistance | | | | | |
| D. Anti - Xa | | | | | |
| 2. Interprets test results accurately | | | | | |
| 3. Recommends appropriate follow-up testing | | | | | |
| 4. List all other Hypercoagulable testing performed: | | | | | |
| A. | | | | | |
| B. | | | | | |
| | | | | | |
| | | | | | |
| COMMENTS: | | | | | |



| AFFECTIVE SKILLS | 1 | 2 | 3 | 4 | EVALUATOR SIGNATURE |
|--|---|---|---|---|---------------------|
| 1. Arrives at the laboratory at the designated time | | | | | |
| 2. Adheres to the dress code of the facility | | | | | |
| 3. Presents a neat and clean professional appearance | | | | | |
| 4. Begins work promptly | | | | | |
| 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. Maintains professional composure | | | | | |
| 11. Exhibits a genuine interest in clinical laboratory sciences | | | | | |
| 12. Adheres to 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: _____