

# DEPARTMENT OF CLINICAL LABORATORY SCIENCES

SCHOOL OF HEALTH TECHNOLOGY AND MANAGEMENT

THE UNIVERSITY AT STONY BROOK

STONY BROOK, NEW YORK 11794-8205

## URINALYSIS 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 Urinalysis 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 **Urinalysis 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. Urine reagent strips		
C. Control Reagents		
D. Refractometer		
E. Centrifuge		
F. Methods of Daily Maintenance		
G. Methods of Calibration		

	PERFORMED	SIGNATURE
1. Identifies location of the standard operating procedure manual		
2. Reviews all protocol for specimen collection and management in urinalysis		
3. Reviews protocol for all routine urinalysis testing		
4. Reviews all protocol for Physical examination of urine		
5. Reviews all protocol for Chemical examination of urine		
6. Reviews all protocol for Microscopic examination of urine		
7. Reviews all protocol for a false positive or false negative on test strip screening		
8. Reviews all protocol for all automation used in the urinalysis laboratory		
9. Reviews all protocol for Fecal analysis		
10. Reviews all protocol for alarm values		
11. Reviews all protocol for calibration		
12. Observes protocol for troubleshooting		
13. 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

URINALYSIS 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 urinalysis reagents according to protocol					
5. Prepares all urine controls according to protocol					
6. Organizes workload in appropriate priority order					
7. Records test results accurately and legibly					
<b>Routine Urinalysis Testing - Minimum # of tests = 100</b>					
1. Performs routine urinalysis testing according to protocol					
A. Physical Examination					
B. Chemical Examination					
C. Microscopic Examination					
2. Interprets test results of routine urinalysis testing accurately					
3. Recommends appropriate follow-up testing					
4. List all other routine urinalysis tests performed:					
A.					
B.					



URINALYSIS TEST SKILLS (Cont'd)	1	2	3	4	EVALUATOR SIGNATURE
<b>Confirmation Testing - Minimum # of Tests = 25</b>					
1. Performs tests according to protocol					
A. Precipitation tests for protein					
B. Copper Reduction test for glucose					
C. Acetest for ketone					
D. Ictotest for bilirubin					
2. Interprets all test results accurately					
3. Recommends appropriate follow-up testing					
4. List all other confirmation tests performed:					
A.					
B.					
<b>Fecal Analysis Testing - Minimum # of Tests = 25</b>					
1. Performs testing according to protocol					
A. Occult Blood					
2. Interprets all test results accurately					
3. Recommends appropriate follow-up testing					
4. List all other Fecal Analysis performed					
A.					
B.					
<b>Special and Miscellaneous Analysis - Minimum # of Tests = 10</b>					
1. Performs tests according to protocol					
A. Osmolarity					
B. Bence Jones					
2. Recommends appropriate follow-up testing					
3. List all other tests 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. Understands 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: \_\_\_\_\_