

Hemoccult Test for Fecal Occult Blood: Initial Training and Competency

Date: _____ Unit: _____ Operator Name: _____ JHED ID: _____

POCC or POCT-approved trainer leads hands-on discussion and supervises performance of skills, signing the form when all steps are correctly performed and each box below is filled out. The completed Training and Competency Checklist must be filed in the employee's personnel file and a copy emailed, faxed, or supplied to the POCT Office.

Competency Category	Performance Indicator	Assessment Tool	Criteria Met	Criteria Not Met
			Trainer ✓	
eLearning	New testing personnel up-to-date on eLearning quiz <i>prior</i> to initial training (MyLearning Completion Date: _____).	Exam		
Reagent Stability and Storage	Maintains a working knowledge of Test Kits and QC storage: <ul style="list-style-type: none"> - Records open and expiration dates on Hemoccult Slide box and Hemoccult Developer. - Understands expiration dates of consumables (manufacturer's expiration); does not use expired materials. 	Direct Observation		
QC Performance	Adheres to QC policies and procedures, including labeling of Hemoccult Slides: <ul style="list-style-type: none"> - Runs appropriate QC at defined frequency (Minimum weekly, after each test, opening new slides/developer, training, annually). - Verifies QC (Performance Monitors) is within acceptable limits. - Properly interprets results and completes the QC Log (QC Pass/Fail) (Dating) (Recording Results). - Adheres to defined Corrective Action for out-of-range QC results. - Demonstrates performance of QC, obtains acceptable results, and properly completes QC log (<i>See Below for Initial Competency</i>). 	Direct Observation		
Specimen Collection	States acceptable specimen type (stool with special diet restrictions recommended), and collection and labeling requirements (no label on lid, two patient identifiers).	Direct Observation		
Routine Patient Testing	Adheres to Patient Testing procedure, as outlined in POCTW002: <ul style="list-style-type: none"> - Hemoccult Slides labeled properly (patient label, two patient identifiers). - Maintains a working knowledge of the steps for testing patient samples (timing) (Fecal Occult Blood) (Perf Monitors). 	Direct Observation		
Factors Influencing Test Results	Interprets and evaluates test results in regards to test limitations and interferences. Refer to SOP for full list: <ul style="list-style-type: none"> - Example: foods with peroxidase activity, vitamin C, blood present intermittently, healthy patients may test positive. 	Direct Observation		
Documentation of Patient Results	<ul style="list-style-type: none"> - Confirms acceptability of Performance Monitors on each Hemoccult Slide prior to reporting patient results. - Completes Patient Result Log as needed. - Correctly documents all patient results on the patient's chart. 	Direct Observation Review of Records		
Problem Solving Skills	Understands interpretation and corrective action for Invalid and Abnormal Test Results (repeat; consult with provider). Understands POCT Office Contact Information (5-2645 M-F; POCT Consult on CORUS, POCTGroup email).	Direct Observation		
Safety	Adheres to Standard Precautions throughout testing procedures. Discards biohazardous materials according to policies.	Direct Observation		
Procedure Review	Acknowledges ongoing competency requirements (Annual <u>successful</u> completion of both levels of QC and passing eLearning module).	Direct Observation Operator Acknowledgement		
	Locates and reads the current version of the SOP (POCTW002) – accessing through POCT website or HPO. http://pathology.jhu.edu/departments/staff/POCT/procedures.cfm			

Initial Competency	Date	Time	JHED ID / Initials	Hemoccult Slides		Hemoccult Developer		Performance Monitor		QC		Comments
				Lot #	Exp Date	Lot #	Exp Date	Pos Area	Neg Area	Pass (✓)	Fail (✓)	

I have reviewed this checklist with the new operator and observed their completion of QC. POCC/Trainer Initials signify this operator:

Is Competent to perform the Hemoccult Test for Fecal Occult Blood _____

Requires retraining before performing patient testing using the Hemoccult Test for Fecal Occult Blood _____

Operator Signature: _____

Date: _____

Trainer Signature: _____

Date: _____