**LF-LAM TEST COMPETENCY ASSESSMENT RECORD**

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| **Country:** | **Department/ Division:** | | **Unit/ Team:** |
| **Document Number:** | **Version Number:** | | **Effective Date:** |
| **Form Reviewed by (name, signature, and date):** | | **Form Approved by (name, signature, and date):** | |
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| **TRAINEE:** | | **TRAINER/ASSESSOR:** | | **DATE:** | |
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| **Instructions to Trainee:**   1. The activities required for training and competency on this procedure are listed in the below checklists. 2. If the written procedure, or any information about the procedure, is unclear or if information is missing, ask for clarification and note in the comments section below. 3. Your trainer will guide you through all documentation, site-specific safety, and testing activities relevant for this procedure. 4. If this is your first training, you will observe your trainer complete the procedure, then be provided with unknown/ blinded samples to perform the procedure yourself while being observed (i.e., with supervision). 5. Training must be completed prior to performing procedures unsupervised. 6. Keep the form until training is completed, then provide to the trainer for completion, any supervisory signatures, and subsequent filing with your training records. | | | | | |
| **Instructions to Trainer:**   1. The activities required for training and competency on this procedure are listed in the below checklists. 2. Guide the trainee through all documentation, site-specific safety, and testing activities relevant for this procedure. 3. If this is an initial training, you will perform the procedure for the trainee - describing each step and answering any questions first. For all trainings, you will provide unknown/ blinded samples to the trainee for them to complete the procedure while you observe. Provide real-time feedback on their performance to make sure the procedure is followed safely and accurately. 4. Training is complete when the trainee has demonstrated competence to accurately perform all tasks according to the procedure to achieve expected results using unknown/blinded samples. 5. If you are not the trainee’s supervisor, forward the completed checklist to them forreview, signature, and filing with other staff training records. | | | | | |
| **ASSESSMENT TYPE** | | | | | |
| **New Testing Personnel (1st year)** | | | **Established Testing Personnel (2nd year and beyond)** | | |
| Initial Training and Competency | 6 Month Competency | | Annual Competency | | Corrective action |

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| **TRAINING PREREQUISITE** | | | |
| **Activity** | **Training Requirement** | **Trainee Initial/Date** | **Trainer**  **Initial/Date** |
| Review/ Read the Following Documents:   * Urine Collection Procedure for LF-LAM Testing * LF-LAM Testing Procedure * LF-LAM Instructions for Use * Site-Specific Biosafety Plan * LF-LAM Test Result Log * If using a centrifuge: equipment maintenance documentation. * Other, as listed in Comments below | **Completed** |  |  |
| **Comments:** | | | |

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| **TRAINING AND COMPETENCY ASSESSMENT CHECKLIST**  Please ‘x’ each appropriate box. | | | | | | |
| Use the checklist below to complete the training and assess the competency of the trainee. If this is an initial training, the trainee will first observe the trainer, and then be observed by the trainer. The trainer marks checkboxes for each successfully completed activity. | | | | | | |
|  | **Safety** | **Observed Trainer** | **Done by Trainee** | | |
| **Yes** | **No** | **N/A** |
|  | Select PPE appropriate for LF-LAM testing and use correctly. |  |  |  |  |
|  | Correctly prepare disinfectant and label container properly. |  |  |  |  |
|  | Consistently adhere to safe work practices and techniques throughout the procedure. |  |  |  |  |
|  | Clean/decontaminate the work area before starting and after completing work. |  |  |  |  |
|  | Correctly handle biologic spills according to the procedure. |  |  |  |  |
|  | Discard used test materials and waste according to the procedure and testing site policies. |  |  |  |  |
|  | **Pre-Analytical: Sample Collection and Test Preparation** | **Observed Trainer** | **Done by Trainee** | | |
| **Yes** | **No** | **N/A** |
|  | Explain the principle of the test and its use for patient testing. |  |  |  |  |
|  | Collect urine and explain its storage on-site conditions. |  |  |  |  |
|  | Prepare the testing area (disinfection and supply assembly). |  |  |  |  |
|  | **Analytical: Testing** | **Observed Trainer** | **Done by Trainee** | | |
| **Yes** | **No** | **N/A** |
|  | Perform LF-LAM testing on urine samples. |  |  |  |  |
|  | Perform LF-LAM testing on frozen urine samples (if relevant). |  |  |  |  |
|  | **Post-Analytical: Interpretation and Reporting of Results** | **Observed Trainer** | **Done by Trainee** | | |
| **Yes** | **No** | **N/A** |
|  | Interpret internal quality control result before reporting sample test results. |  |  |  |  |
|  | Interpret patient results according to the test reference card. |  |  |  |  |
|  | Explain the action to be taken for invalid/equivocal results. |  |  |  |  |
|  | Document results according to testing site procedures. |  |  |  |  |
|  | **Equipment Operation and Routine Maintenance** | **Observed Trainer** | **Done by Trainee** | | |
| **Yes** | **No** | **N/A** |
|  | Use and maintain each piece of ancillary equipment with proper documentation of results: |  |  |  |  |
|  | * Timer |  |  |  |  |
|  | * Precision Pipette (if relevant) |  |  |  |  |
|  | * Centrifuge (if relevant) |  |  |  |  |

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| **Corrective Action (if required)** | | | |
| Specific Skills/Task/Knowledge: |  | | |
| Action Plan: |  | | |
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| Reassessment Satisfactory: | Yes | No | Date Completed: |

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| **Approval** | | |
| **Trainee Comments**: | **Trainee signature:** | **Date:** |
| **Trainer/ Assessor comments:** | **Trainer/ Assessor:** | **Date:** |
| **Site Supervisor comments:** | **Site Supervisor signature:** | **Date:** |