

PATHOLOGY AND LABORATORY MEDICINE

IHC RESIDENT SKILLS ASSESSMENT CHECKLIST FORM

Skills Assessment Codes:				
D Documentation review				
O Direct observation				
T Performing technique under supervision				
Skills Assessment Codes		Area of Skills		Requires Reassessment
		Safe Work Practices		
		Applies the principles of Universal Precautions		
		Uses personal protective equipment		
		Handles, labels, dates, and disposes of waste chemicals, dyes, reagents and solutions according to existing WHMIS legislation		
		Maintains an orderly and hygienic work area		
		Technical Responsibilities		
		Maintains accurate identification of patient sample through process		
		Receives and sends out samples, slides and blocks in accordance with policies and procedures		
		Follows established protocols and procedures for handling and processing fresh tissue (kidney and skin specimens)		
		Follows procedure and protocols for each immunohistochemical stain performed (paraffin and frozen) manually or with automated procedures (DAKO, Bond Max, Inter Med instruments)		
		Follows procedure and protocols for fluorescent antibody techniques.		
		Maintains inventory of supplies and		

		reagents		
		Familiar with and able to perform technique according to policy and procedure		
		Work area is set up at all times to minimize slide staining for optimal TAT		
		Sets up, uses and monitors operation of all instrumentation		
		Utilizes APIS in daily routine		
		Recognizes acceptable vs unacceptable results and initiates appropriate corrective action according to protocol.		
		Demonstrates knowledge about categories and theories of immunohistochemical staining , FISH .Able to efficiently utilize reference material when necessary.		
		Performs screening of Her2Neu and FISH, slides		
		Quality Management		
		Involved in and aware of the importance of various QA programs (EQA and QMPLS)		
		Maintains all required documents important in daily lab operation including quality control.		
		Can recognize when deviation from a lab standard is required to ensure production of a diagnostic sample		

Date of Assessment: _____ **Assessor Signature:** _____

Resident Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Manager Signature: _____ Date: _____

