Urinalysis Competencies
Urine Confirmatory (Back-Up)Tests

Printed Name _____

INSTRUCTIONS:

Read the description for each competency level. Upon completion of the task the student will have the instructor write their INITIALS to indicate that each competency level has been achieved.

Number	Description
1	Student has read the procedure manual for the item; the clinical instructor has briefly discussed the procedure and answered all questions.
2	The instructor has demonstrated how this procedure is performed at this site.
3	The student performs the skill under the direct supervision of the clinical instructor.
4	The student is able to independently and competently perform the skill with minimal supervision. An instructor is available to answer non-procedural questions.

Confirmatory Testing

To be checked off at level 4, the student ***must perform a MINIMUM of 5 complete sets of urinalysis back-up tests with 95% accuracy. To obtain this level, all negative reactions must be interpreted as 'negative' and positive reactions must be within ± one reading of the instructor's reading.***

*** Instructor(s), please place your initials in the appropriate column.**

	1	2	3	4
1. Precipitation tests for protein. (sulfosalicylic acid)				
2. Copper reduction test for glucose (Clinitest)				
3. Acetest for ketones.				
4. Ictotest for bilirubin				

Signatures below indicate that the student and faculty have reviewed the completed competency form. The instructor must discuss ANY skill in which the student DID NOT achieve competency and create an action plane.

_____ _____
Student Signature Date

_____
_____ _____
Instructor Signature Date

ACTION PLAN

If competency is not achieved the student will have one additional opportunity to demonstrate competency. Failure to achieve competency will result in a "D" for the course.

Skill(s) to be repeated:

Date Due: _____

Competency Achieved (circle one): YES NO

Urinalysis Confirmatory / Back-up Tests Report Sheet

Name_____

Date_____

Specimen #	1	2	3	4	5
Name / ID No.	**Control 1**	**Control 2**			
	Place test result in appropriate box. Must use correct units.				
Protein precipitation test (sulfosalicylic acid / SSA)					
Copper reduction test for glucose (Clinitest)					
Acetest for ketones					
Ictotest for bilirubin					
	Distilled water	**Quality Control**	**Patient 1 ID**	**Patient 2 ID**	**Patient 3 ID**
Specific Gravity by Refractometer					

Questions:

1. Based on your control(s) results, are you able to accept patient results? (Circle one)

   YES NO

2. If you answered 'NO' to the above question:

   A. Explain your reasoning.

   B. State your course of action (what would you do to fix the problem?).