**NSCC-MLT LAB RUBRIC**

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|  | **Criteria**  | **1** | **2** | **3** | **Specific Feedback**  |
| **Quality**  | **Patient is Identified Correctly**Tubes, Worksheets, Reports are labelled in accordance with SOPs. |  |  |  |  |
| **Specimen Acceptance Criteria**Specimen acceptance criteria meets SOP requirements. |  |  |  |  |
| **Acceptable Quality Assurance and Quality Control** Reagent QC is performed as required and is performed in accordance to test method SOPs. Uses only QC passed reagents and equipment. Replenishes supplies. Documents all procedure temperatures/times/lot numbers as proof of following the procedure on worksheets. Initials all changes, does not deface past results. |  |  |  |  |
| **Accuracy** | **Testing** Prioritizes testing according to urgency and makes sound process decisions that support lab completion. Troubleshoots unexpected findings/rules out technical errors. Achieves Technically accurate results. Documents repeat testing. |  |  |  |  |
| **Interpretation** Accurate interpretation of results. |  |  |  |  |
| **Reporting** Report is correct and matches test result, right patient, right result. All tests requested are reported. Incomplete or further work is documented as to follow. (Unexpected finding/ discrepant result). |  |  |  |  |
| **Safety**  | **Chemical** PPE, waste disposal, hand washing, instrument safety, other discipline specific criteria |  |  |  |  |
| **Biological** PPE, waste disposal, hand washing, instrument safety, other discipline specific criteria |  |  |  |  |
| **Equipment** PPE, waste disposal, hand washing, instrument safety, other discipline specific criteria |  |  |  |  |

**1 =Beginner** (student does not demonstrate an understanding, misses many steps and makes several errors)

**2 = Developing** (student demonstrates partial understanding, may miss steps or show common errors in work)

**3 = Accomplished** (student demonstrates full understanding, rarely misses important steps, only shows errors in new learning)

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| **Date/** **Week#** | **Lab Description/Topic(s)** | **Assessment of Critical Criteria (Level 1/2/3)** | **Faculty Date/Initials****Explanation of Critical Criteria Rating (as needed)****and****Action-Plan (as needed)** | **Student Response****Date****Initials** |
| **Quality** | **Accuracy** | **Safety** |
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