

COMMUNITY COLLEGE OF PHILADELPHIA
 MEDICAL LABORATORY TECHNICIAN PROGRAM
EVALUATION OF CLINICAL PERFORMANCE AND PROFESSIONALISM
MLT 102 PHLEBOTOMY

STUDENT NAME:

CLINICAL SITE: _____

DEPT: circle outpatient lab/ inpatient lab

	Numeric Value
PROFESSIONALISM	
1. Follows dress code (CCP scrubs, sneakers/clogs, ID)	
2. Consistently arrive in the lab at the assigned time at the beginning of the shift and after breaks.	
3. Powers of observation	
4. Actively listens and asks appropriate questions. Displays interest and an eagerness to learn	
5. Initiative and resourcefulness (helping the department)	
6. Performs all assigned tasks willingly (enthusiasm)	
7. Communicates in a professional manner and works well with other employees.	
8. Degree of confidence	
9. Accepts criticism constructively and shows effort to improve	
10. Attitude towards patients (Customer service)	
PERFORMANCE	
11. Follows OSHA safety guidelines and standard precautions as per laboratory protocol (lab safety, PPE)	
12. Complies with lab standards of patient confidentiality	

13. Ability to follow oral/written directions	
14. Use and care of equipment: Consistently resupplies and cleans up the areas that he or she worked in	
15. Given appropriate supplies, the student will be able to select what is needed for each venipuncture procedure he or she is performing	
16. Organizational skills	
17. Application of knowledge	
18. Adjustment toward new situations	
19. Progress at the end of the rotation	

Letter Grade	Numeric Value	Letter Grade	Numeric Value	Letter Grade	Numeric Value	Letter Grade	Numeric Value
A+	98-100	B+	90-92	C+	81-82	D+	71-74
A	95-97	B	87-89	C	78-80	D	68-70
A-	93-94	B-	83-86	C-	75-77	D-	65-67
						F	<65

Instructions to Evaluator: Please indicate, by assigning a **numerical grade**, the level of competence at which the student performed

in each category while on rotation in your laboratory.

GENERAL COMMENTS: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S SIGNATURE DATE: _____

SIGNATURE OF STUDENT DATE: _____

To be filled out by the CCP faculty:

Required documentation for the grade calculation:

1. Phlebotomy Specific Competencies **GRADE:** _____ - 50% of the grade for the rotation.
2. Evaluation of clinical performance and professionalism **GRADE:** _____ - 50% of the grade for the rotation.
3. PHLEBOTOMY SPECIFIC SKILLS CHECK LIST – Completion of all or at least 80% of all procedures is required on the Student Skills Check List (separate document): **COMPLETE/INCOMPLETE**
4. Orientation form: **COMPLETE/INCOMPLETE**
5. Attendance sheet (minimum 100 hours): **COMPLETE/INCOMPLETE**
6. VP list – 100 VP should be documents with dates and initials of the trainer

A grade of incomplete will be recorded unless ALL practicum documentation is turned in at the completion of the practicum.

TOTAL GRADE FOR THE ROTATION: _____

SIGNATURE OF CCP EDUCATION

COORDINATOR _____ DATE: _____