Assessment of Problem Solving Skills Example

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<th>Author</th>
<th>Document Number</th>
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<th>SMILE Approved by</th>
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<td>Jo Shim</td>
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SMILE Comments: This document is provided as an example only. It must be revised to accurately reflect your lab’s specific processes and/or specific protocol requirements. Users are directed to countercheck facts when considering their use in other applications. If you have any questions contact SMILE.
Instructions to the Transfusion Service Employee

After resolving an immunohematologic problem which you would like to submit for competency assessment, complete the top portion of this form, attach it to your completed Immunohematologic Problem Worksheet and submit it as usual.

Date of Workup: ___________________________ Name of Patient: ___________________________

Problem Solved: ___________________________

Instructions to the Assessor

After reviewing the workup for completeness, proper recording of results and correct interpretation according to the policies and procedures of the blood bank determine if the problem was solved satisfactorily. If so, check the Satisfactory box and ask the employee to sign in the space indicated below. If the problem was not solved properly, check the Unsatisfactory box and make a recommendation for corrective action.

Assessment of Workup: □ Satisfactory □ Unsatisfactory

Corrective Action/Comments:

Assessed By: ___________________________ Title: ___________________________ Date: _____________

Reviewed by Employee: ___________________________ Date: _____________

Reviewed by Director: ___________________________ Date: _____________
Instructions to the Employee

After resolving a problem encountered in your daily work which you would like to submit for competency assessment, complete the top portion of this form and submit it to your supervisor.

Briefly Describe the Problem:

Describe What You Did To Solve the Problem:

Instructions to the Assessor

After reviewing the above for completeness and compliance with laboratory policies and procedures determine if the problem was solved satisfactorily. If so, check the Satisfactory box and ask the employee to sign in the space indicated below. If the problem was not solved properly, check the Unsatisfactory box and make a recommendation for corrective action.

Assessment of Workup: □ Satisfactory □ Unsatisfactory

Corrective Action/Comments:

Assessed By:________________________ Title:________________________ Date:

Reviewed by Employee:________________________________________ Date:

Reviewed by Director:________________________________________ Date: