

ROSEBUD HEALTH CARE CENTER
POSITION DESCRIPTION/ANNUAL EVALUATION

Department Name/Number	Position Title	Reports To
Laboratory	Clinical Laboratory Technician (CLT)	Lab Manager
Effective Date: May 2017 Revised: Jan 2018, Feb 2018	Supervisor Signature/Date:	
Position Grade: 44	Administration Signature/Date:	
Status: Non-Exempt	Human Resources Signature/Date:	

Employee Name:	
Hire Date:	Evaluation Due in Human Resources on:
Reason for Evaluation: 6 Month _____ Annual _____ Special _____	

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

POSITION SUMMARY STATEMENT: (in 1 or 2 sentences, describe why the job exists)

In this position, the Clinical Laboratory Technician is responsible for collecting patient samples, receiving and distributing specimens, preparing specimens for examination, analyzing specimens to identify abnormalities, and assisting the Laboratory Manager, as needed.

ESSENTIAL DUTIES & RESPONSIBILITIES:

1. Accurately performs procedures, as outlined in the procedure manual for all areas of the laboratory.
2. Performs the above procedures with a minimum of supervision from the lab manager.
3. Performs venous, capillary and arterial phlebotomies on patients with as little trauma to the patient as possible.
4. Performs any proficiency testing assigned in the same manner as patient samples.
5. Performs routine preventive maintenance, QC, and troubleshooting procedures and documents the same, as outlined in the preventive maintenance manual and corrective action logs.
6. Accurately performs all order completion and documentation,
7. Works share of call shifts, as scheduled by lab manager.
8. Reports all discrepancies in procedures to lab manager.
9. Participates in continuing education as required for Montana State licensure.
10. Aids lab manager in evaluating proficiency testing results for possible problem areas and correcting said areas.
11. Aids lab manager in implementing new procedures and writing new procedures and policies.
12. Performs ordering and inventory control for the labs, as needed, with authorization from lab manager.

13. Adheres to the safety standards set by the facility.

14. Participates in educational activities and completes monthly Relias.

The employee will demonstrate the ability to: manage time, maintain a safe and clean environment, practice confidentiality, treat all persons with respect and professional courtesy, accept change, support the mission and vision of Rosebud Health Care Center (RHCC), accept and provide constructive feedback, be a team player, and adhere to the infection control, fire and safety, disaster and hazardous waste policies. The employee must also demonstrate the competencies for the position and adhere to policies and procedures for their department.

A review of this description has excluded the marginal functions of the position that are incidental to the performance of fundamental job duties. This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform other job-related duties requested by their supervisor in accordance with regulatory, legal, and organizational policies and procedures. This is a non-exempt position.

Education, Experience and Licensure/Certification Requirements: Requirements are representative of the minimum level of knowledge, skills and/or abilities necessary to perform the essential functions of the position.

1. 90 credit hours of college with an emphasis in biology and chemistry or an approved course of study
2. Must be ASCP certified, or equivalent.
3. Must be licensed as a CLS in the State of or the ability to obtain their Montana license within 45 days after a temporary permit is issued
4. Must be qualified for Montana State Licensure under CLIA 88
5. Ability to communicate effectively and diplomatically within a multi-functional team
6. Strong organizational skills and attention to detail
7. Ability to successfully function in a fast paced, service-oriented environment
8. Experience in understanding and usage of computers, including the Microsoft Office Suite, as well as the ability to learn applications relevant to the position
9. Ability to read and communicate effectively in English.

Reporting Relationship: Laboratory Manager

Employees Supervised: NA

Physical Demands

Checked are the physical requirements that apply to this position

- Sedentary-Primarily sitting/lifting 10 lbs maximum
- Light-Lifting 20 lbs maximum with frequent lifting/carrying up to 10 lbs
- Medium-Lifting 50 lbs maximum with frequent lifting/carrying up to 20 lbs
- Heavy-Lifting 100 lbs maximum with frequent lifting/carrying up to 50 lbs
- Very Heavy-Lifting objects over 100 lbs with frequent lifting/carrying up to 50 lbs

Checked are the appropriate factors for this position

- Occasionally 0-33% of the work shift
- Frequently 34-66% of the work shift
- Constantly 67-100% of the work shift
- N/A Not Applicable for this position

Physical Factors	N/A	Occasionally	Frequently	Constantly
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing (wt 50+)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling (wt 50+)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Filing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing (Computer)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Factors

Exposure to Weather	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dust, Vapors, Fumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bloodborne Pathogens Checked is the appropriate category for position

- Category I - Job classification in which tasks involve exposure to blood, body fluids or tissue
- Category II - Job classification in which tasks involve no exposure to blood, body fluids or tissue but employment may require performing unplanned Category I tasks
- Category III - Job classification in which tasks involve no exposure to blood, body fluids or tissues and Category tasks are not a condition of employment

Protective Equipment Checked is the equipment that may be required to be worn in this position

- Not Applicable
- Hearing Protection Gloves Goggles Safety Glasses Face Shields
- Face Masks-Surgical, N95, Respirator Moisture Resistant-Gown/Lab Coat

I have read and understand the above job description. I hereby certify that I am qualified and able to perform all the above functions, duties and physical demands. I will perform this job to the best of my ability.

Name _____

Date _____

PERFORMANCE EVALUATION

Employee Name: _____ Position: Clinical Laboratory Technician

Department: LAB

Evaluated By: _____ Position: Lab Manager

Period of Review: _____ to: _____

PART ONE: ESSENTIAL JOB FUNCTIONS

These are five Essential Functions/Duties/Responsibilities on which the employee is to be evaluated for the job description assigned. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.

PERFORMANCE LEVELS

- 5 Exceeds all requirements 4 Exceeds many requirements 3 Meets normal requirements
2 Improvement is needed to meet normal requirements 1 Fails to meet requirements

1. **Duty/Responsibility:** Accurately performs procedures, as outlined in the procedure manual for all areas of the laboratory.

Performance: _____

2. **Duty/Responsibility:** Performs venous, capillary and arterial phlebotomies on patients with as little trauma to the patient as possible.

Performance: _____

3. **Duty/Responsibility:** Performs routine preventive maintenance, QC, and troubleshooting procedures and documents the same, as outlined in the preventive maintenance manual and corrective action logs.

Performance: _____

<p>4. Duty/Responsibility: Aids lab manager in evaluating proficiency testing results for possible problem areas and correcting said areas.</p> <p>Performance: _____</p> <p>_____</p> <p>_____</p>		
<p>5. Duty/Responsibility: Performs any proficiency testing assigned in the same manner as patient samples.</p> <p>Performance: _____</p> <p>_____</p> <p>_____</p>		
<p>6. Duty/Responsibility: Accurately performs all orders from admission to completion.</p> <p>Performance: _____</p> <p>_____</p> <p>_____</p>		
<p>TOTAL SCORE:</p>		

PART TWO - GENERAL PERFORMANCE FACTORS

The following performance factors tend to reinforce the performance level identified in Part One. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.

PERFORMANCE LEVELS

5 Exceeds all requirements 4 Exceeds many requirements 3 Meets normal requirements
 2 Improvement is needed to meet normal requirements 1 Fails to meet requirements

- | | |
|--|--|
| <p>1. Quality of Work: Ensures accuracy and completeness of work performed. Work Ethic: When assigned work is complete, seeks additional tasks to be done.
 Remarks: _____
 _____</p> | |
| <p>2. Initiative: Ability to originate / develop / implement constructive ideas and solutions to problems. Judgment/Decision-Making: Ability to analyze situations and arrive at logical, practical decisions.
 Remarks: _____
 _____</p> | |
| <p>3. Dependability: To what extent can he/she be counted on to fulfill responsibilities?
 Remarks: _____
 _____</p> | |
| <p>4. Communication Skills: Provides oral or written information in a clear, concise manner.
 Remarks: _____
 _____</p> | |
| <p>5. Teamwork: Exercises tact, courtesy, and flexibility in relationships with others and enhances task accomplishment through positive supporting cooperation. Channels concerns appropriately, deals with conflict appropriately and privately.
 Remarks: _____
 _____</p> | |
| <p>6. Ethics and Integrity: Complies with policies, regulations and codes of conduct governing all aspects of job responsibilities. Maintains confidentiality of patient and employee information in verbal, written and electronic information.
 Remarks: _____
 _____</p> | |
| <p>7. Attitude: Consistently displays behavior that enhances the image of the organization.
 Remarks: _____
 _____</p> | |
| <p>8. Education/Development: Attends department staff meetings, in-service programs, and completes Silver Chair Learning assignments on a regular basis.
 95-100% = 5 85-95% = 4 80-85% = 3 70-80% = 2 Below 70% = 1
 Remarks: _____
 _____</p> | |
| <p>9. Attendance/Reliability: Absence/Tardy occurrences are within policy guidelines:
 90 day: Perfect Attendance = 5 Annual: Perfect Attendance = 5
 1 or less day = 3 2 or less days = 3
 2 days = 1 3 - 5 days = 2
 3 days = possible termination 6 or more days = possible termination
 Remarks: _____
 _____</p> | |

TOTAL SCORE:

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PART THREE - DETERMINING THE OVERALL EVALUATION

Add the Total Scores of the performance level for each criteria in Parts One and Two.
Divide the Total Scores from Parts One and Two by the total number of criteria (15) to determine the average or Overall Evaluation Score.

Indicate the Overall Evaluation Score here: _____

Strengths/Accomplishments: List areas of job performed well during the past year

Goals for coming year:

Skills Improvement/Performance Improvement Plan

List areas for improvement and identify resources available or needed to attain improvement

Manager/Supervisor Comments

Manager/Supervisor's Signature: _____ **Date:** _____

Please sign on the line below to indicate that you have had an opportunity to review and discuss your performance evaluation with your supervisor. Your signature will also indicate that you are aware of and have discussed the Performance Improvement Plan which has been established and will be reviewed in your next performance evaluation.

Employee's Comments:

Employee's Signature: _____ Date: _____

Your signature does not indicate that you agree with the performance evaluation.

**SUPERVISOR: PLEASE RETAIN A COPY OF THIS APPRAISAL
FOR YOUR RECORDS**