



VETERANS ADMINISTRATION MARYLAND HEALTH CARE SYSTEM
BALTIMORE DIVISION
10 NORTH GREENE STREET
BALTIMORE, MD 21201

GEN00028.1

PATHOLOGY & LABORATORY MEDICINE SERVICE

**Selection, Training, Competency Assessment and Education of Pathology and
Laboratory Medicine Service Personnel version 1**

General Procedure Manual# GEN00028

I. EMPLOYEE SELECTION

- A. The High Performance Development Model will be used when interviewing potential PLMS staff as per Network 5 Policy.
- B. All potential new employees are subject to random pre-employment drug screening as per VA policy.
- C. Selection for employment is based on education, experience, attitude, and flexibility within equal employment opportunity guidelines. The Clinical Laboratory Improvement Act of 1988 (CLIA 88) regulations for employment qualifications have been adopted by the Department of Veterans Affairs.
- D. The credentials of all new Medical Technologists and Pathologists are entered into and cleared through VetPro.
- E. New PLMS employees will also be entered into the College of American Pathologist (CAP) qualifications spreadsheet maintained by the lab manager.
- F. This policy does not apply to non-lab staff performing point of care testing.

II. TRAINING

- A. All staff members will be provided a general orientation to the department, receive a copy of their Position Description or Functional Statement and their Performance Appraisal Standards and be given the opportunity to ask questions prior to the completion of their training.
- B. All new staff will receive introductory training for computer use, lab safety, quality management and other general lab policies.
- C. Section/discipline specific training will be accomplished using the appropriate "Training Guidelines and Checklist" (See attachment A) based on the duties to be performed.

The checklist will:

- 1. Provide documentation of relevant duties and responsibilities, and that training occurred. Provide a permanent record of the processes and procedures that an individual is authorized to perform.
- 2. Highlight the major steps in a test system.
- 3. Be updated when a procedure, process, or SOP manual is revised.



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- D. Training will be based on the Test Systems the employee will be expected to perform.
1. A test system is the process that includes pre-analytic, analytic, and post-analytic steps used to produce a test result or set of results. The laboratory must identify the test systems that an employee will use to generate patient test results.
 2. A test system may be manual, automated, multi-channel or single use and can include reagents, components, equipment or instruments required to produce results.
 3. A test system may encompass multiple identical analyzers or devices.
 4. Different test systems may be used for the same analyte.

III. RESPONSIBILITIES:

- A. The supervisor (or designee):
1. Obtains and reviews applicable SOPs/Flow charts pertaining to the process for which the guideline is needed.
 2. Obtains training guideline and checklist template (Attachment A is only a guideline. Other formats may be used as appropriate).
 3. Writes a draft training guideline using the major steps of the system as items to be read, discussed, observed and performed.
 4. Includes all pertinent information necessary to adequately train a new person in this process (ex. Data entry, QC, result reporting, reference ranges, troubleshooting, information specific to the procedure as well as general information and/or safety considerations, as applicable).
 5. After training is complete the supervisor defines the specific area(s) an employee is competent to work in.
 6. The supervisor will develop a (regular annual) schedule to evaluate the competency of their staff. Note: A lead technologist may be designated to perform parts of the competency assessment, but the section supervisor has the ultimate responsibility.
- B. The trainee (staff, volunteer, student) is responsible for:
1. Reading the applicable sections of the appropriate Procedure Manual(s)
 2. Directly observing their trainer at work in the designated area
 3. Discussing each checklist item with the trainer
 4. Satisfactorily performing each checklist process under the direct observation of the trainer
 5. Successful completion of current training and assessments. (The employee must meet minimum acceptable levels required for each duty to be performed).
- C. The trainer (any PLMS employee rated no less than "acceptable" and a minimum of 1 year experience) will be responsible for:



1. Discussing the applicable sections of the SOP Manual with the trainee to ensure comprehension
 2. Observing the trainee perform each task, and making suggestions for improvement as needed.
 3. Signing-off training checklist as applicable
- D. The Laboratory Director is responsible for:
1. Establishment of this policy, ensuring that it is followed and thereby assuring that staff is competent to process specimens, perform tests and report results.
 2. Evaluating the pathologists using Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) tools.
 3. Developing competency assessment tools to evaluate the performance of non-pathologists who assist in gross tissue examinations as well as the performance of the cytotechnologist/cytotechnician on a regular, periodic basis.
 4. In conjunction with the Lab Manager the Laboratory Director or designee will evaluate the supervisors and the Ancillary Testing Coordinator based on their regulatory responsibilities.

IV. COMPETENCY ASSESSMENT

- A. All staff who is involved in testing process must undergo competency assessment. Competency must be assessed for all major platforms/test systems that a person is authorized to perform patient testing on. (i.e. is in their scope of practice). Staff who performs patient testing must be assessed under all 6 elements (see Attachment B). Personnel who perform only pre and post analytic activities (such as, histology processing or data entry) are not subject to the 6 elements listed below, however the laboratory must ensure that these employees are competent to perform *their tasks* and remain competent.
1. Per CLIA/CAP requirements, General Supervisors and the Ancillary Testing Coordinator are also held to the competency requirement and it must be performed on an annual basis. However the extent of this competency can be determined by the Medical Director. Competency assessment for this staff must be able to exhibit the level of expertise needed to perform their responsibilities (i.e. signing off on competency for General Supervisors, or training and performing competency assessments for the Ancillary Testing Coordinator). If they perform patient testing, even once a year, then they must be assessed with all six elements of competency as applicable.
- B. How often: During the first year that a lab staff member performs non-waived testing on patient samples, competency must be assessed at least semi-annually and then annually thereafter. For waived testing only annual competency assessment is required.



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- C. Any staff member required to perform a procedure infrequently due to low volume or staffing situations may be assessed more often on that particular procedure in order to remain competent. These frequencies will remain at the discretion of the supervisor of the procedure in question.
- D. **Elements of competency assessment** include but are not limited to the following elements as applicable to the person's duties. For non-waived testing all six elements must be assessed annually for each test system that an employee uses to generate patient test results. (For waived testing, it is not necessary to assess all six elements at each assessment event: the laboratory may select which elements to assess but TJC requires at least 2).
1. Direct observations of routine patient-test performance. Depending on the staff member's scope of practice this element may assess the pre-analytic or analytic phase. For example: patient identification and preparation; specimen collection and handling; and sample processing and testing.
 2. Monitoring the recording and reporting of test results including manual entry and/or critical calls as applicable.
 3. Review of intermediate test results or worksheets, QC records, proficiency testing results and maintenance logs, etc.
 4. Direct observation of performance of instrument maintenance and function checks
 5. Assessment of test performance through external proficiency testing (ex. CAP), previously analyzed specimens or internal blind testing samples.
 6. Evaluation of problem-solving skills through:
 - a) Quizzes-locally developed or from Talent Management System (TMS) which has several useful competency assessment quizzes.
 - b) Review of documentation following resolution to actual issues such as demonstration that appropriate corrective actions were taken on failed QC, or occurrence reporting.
 - c) Employee self- documentation
- E. Each supervisor may develop their own section/system specific competency assessment checklist to assist with documentation. (See Attachment C for example).
- Ongoing quality surveillance activities that are conducted throughout the year by the supervisor encompass many of the elements of competency assessment.
1. Routine daily activities that can be used to demonstrate competency may include as applicable-review of: critical value documentation, patient results, temperature logs, instrument maintenance logs, worksheets, QC, troubleshooting and calibration records.
 2. Documentation must include the test system being evaluated, date of the assessment, initials/signatures and how each element was assessed



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- F. Staff will be assigned to technical areas on a rotational basis in order to maintain competency. Each supervisor will determine the number of shifts per month that is needed to maintain competency in their respective areas.
- G. Retraining must occur following a change in test methodology or instrumentation changes. Affected employees must all be re-assessed before reporting test results.
 - 1. Retraining/re-education will occur on an "as needed" basis if assessment shows deficiencies, or if problems or errors are discovered during routine QA monitoring. Prior to proceeding determine whether or not:
 - a. All work processes are fully documented, clear and easy to understand
 - b. The employee had been sufficiently trained in the process and that the effectiveness of the training was determined
 - c. The employee was the only person with this performance problem
 - 2. Applicable sections of the "Training Guidelines and Checklist" will be used for remedial training.
 - 3. Personnel may not perform unsupervised until successful competency can be demonstrated and documented.

V. CONTINUING EDUCATION PROGRAM

A. Objective

- 1. The objective of the education program in Pathology and Laboratory Medicine is to meet the changing needs of the laboratory, to improve staff job performance and improve job satisfaction. The lab education program serves all staff members in PLMS. Additionally, some components of this program are extended to other services, particularly ancillary testing sites.

B. Documentation

- 1. Documentation of mandated educational activities takes place via facility education tracking software (VA Talent Management System-TMS). TMS may also be used to document non-mandated continuing education.
- 2. Supervisors can generate reports that detail the amount of time spent and the educational activities for each employee. These can be used to review the employee's educational record during performance reviews.
- 3. Med Training is the laboratory web based continuing education program available for competencies, training, updates to new /updated policies and procedures. Supervisor and users are able to add custom training and assign them to specific staff. Also, supervisors are able to generate reports for all assigned competencies.

C. Educational Activities

- 1. Mandated Programs
 - a. New Employee Orientation



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- (1) All personnel new to the Department of Veterans Affairs Maryland Health Care System (VAMHCS) will attend a 3 day orientation program formulated by the Staff Training and Educational Section of Human Resources Management. The program includes but is not limited to education regarding benefits, ethics, conduct, military diversity and smoking policies.
- (2) PLMS supervisors will orient new staff members to their service specific functions and expectations.
Safety Training a PLMS Safety Committee member provides all staff members a safety in-service on an annual basis.
- b. All staff members must complete the programs mandated for designated hospital personnel at the frequencies indicated. These hospital mandates include but are not limited to privacy, infection control, safety, and Safe Medical Device Reporting and may be accessed through TMS.
2. Lab sponsored educational activities:
 - a. Lab administration continually assesses the educational needs of staff based on staff feedback, new technologies, hot topics, and changes in practice, etc.
 - b. Various methods are used to educate staff including but not limited to:
 - (1) Teleconferences/Audioconferences
 - (2) Reading material placed into section education centers
 - (3) Conferences both on an off-site
 - (4) In-services
 - (5) Computer based learning
3. Staff meetings are held on a regular basis. All staff is responsible for meeting contents regardless of attendance. Staff meetings will be used to disseminate information such as:
 - a. A review of problems/errors/trends.
 - b. An introduction of new procedures, forms, or techniques.
 - c. In-service presentations by other hospital staff or customer service representatives (e.g. Infection Control, Nursing Service, or equipment manufacturers, etc.)
 - d. Training for new or revised techniques/procedures.
 - e. Dissemination of facility/network information may also be distributed through email (e.g. Pulse Points, network goals, facility updates).
 - f. Review of workflow/workload.
 - g. Any additional topics necessary



VI. PERFORMANCE APPRAISALS

- A. The critical elements of all staff members' performances are unique to the Position Description or Functional Statement of his or her job and will be used for his or her evaluation.
 - 1. This method seeks to measure the employee's work effectiveness using objective criteria.
 - 2. Additionally, a performance appraisal takes many corporate requirements into account
- B. The section supervisor will evaluate each staff member annually.
- C. Performance is monitored throughout the year by the supervisor and a mid-year review of each staff member's performance is conducted.
- D. Failure to maintain successful performance at any time will result in the staff member being placed on a Performance Improvement Plan (PIP). The PIP is a tool that will enable the supervisor to systematically assist the staff member in improving performance to a successful level.
- E. Failure of the staff member to maintain a successful level of performance following completion of the PIP could result in transfer, demotion or termination.

VII. REFERENCES

- A. AABB Technical Manual 15th Edition, 2005
- B. Assessment Of Employee Competence (512-05/HR-005)
- C. College Of American Pathologists Standards for Laboratory Accreditation
- D. Disciplinary and Major Adverse Actions Title 38 U.S.C. Employees (512-05/HR-003)
- E. Performance Appraisal Program Title 5 (Incl. FWS and NAF) and Title 38 Hybrid Positions (512-05/HR-015)
- F. The Joint Commission (TJC)
- G. Performance Management for Title 38 Employees (512-05/HR-017)
- H. VAMHCS Orientation Program (512-05/HR-022)


VIII. ATTACHMENTS

- A. Training guideline and checklist –template
- B. Performance Appraisal Program Title 5 and Title 38 Hybrid (512-05/HR-015)
- C. Competency Assessment Evaluation- example

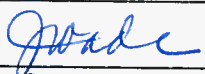
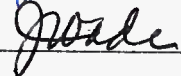


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DATE ADOPTED	Author of Procedure/Policy	Chief of Service
09/04/2015	Karla Peralta BS MT (ASCP)	Signature:  Dong H. Lee M.D.

Policy/Procedure(s) Retired:		Date retired:
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Review Date	Version Number	Signature of reviewer
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11/13/17	1	

REVISION HISTORY

Date revised	Revision #	Changes made	Signature
5/25/17	1	Included Med Training Education Program	
11/12/17	N/A	Reformatted, changed document control from GEN00029	

Training Guideline and Checklist Template (continued)

I have been sufficiently trained in, have thorough knowledge and understanding of, and am fully competent to perform these processes in the _____ Section.

Trainee Signature: _____ Date: _____

Trainer Signature #1: _____ Date: _____

Trainer Signature #2: _____ Date: _____

The technician/technologist is trained and authorized to perform testing with / or without supervision in _____ areas of the _____ Section.

Section Supervisor Signature: _____ Date: _____

Department of Veterans Affairs VAMHCS POLICY MEMORANDUM 512-05/HR-015
VA Maryland Health Care System
(VAMHCS)

April 2016

**PERFORMANCE APPRAISAL PROGRAM
TITLE 5 (INCL. FWS AND NAF) AND TITLE 38 HYBRID POSITIONS**

1. **PURPOSE:** To outline VHA and VAMHCS procedures for individual employee performance evaluation. This policy covers all Title 5 General Schedule and Federal Wage System (FWS) employees in the VAMHCS. Also all full-time, part-time, and intermittent hybrid Title 38 employees appointed under 38 U.S.C. 7401(3) or 7405(a)(1)(B) and non-appropriated fund (NAF) Veterans Canteen employees are covered by this policy. Temporary and term employees, except for those whose employment is not expected to exceed 90 days in a 12-month period, are also included. Supervisors and managers are covered by the Executive Career Field (ECF) Appraisal Program (VAF-3482e).
2. **POLICY:** The Performance Appraisal Program will be administered and utilized effectively at appropriate levels of management in order to promote and ensure a high degree of individual and organizational effectiveness. A performance appraisal under this system shall take into account individual performance. It shall be based on such factors as improvements in efficiency, productivity, timeliness, customer service, and quality of work or service. The performance appraisal is to be used as a tool to communicate and clarify agency goals and objectives; to identify individual accountability for the accomplishment of organizational goals and objectives; and to evaluate and improve individual and organizational accomplishments. The appraisal cycle is October 1 through September 30 of each year (Veterans Canteen Service employees – February 1 through January 31).
3. **DEFINITIONS:**
 - a. **Achievement Level (for Elements)**. The overall level of accomplishment for each element as measured against the pre-established performance standards. Achievement levels are defined as follows:
 - (1) **Exceptional**. All fully successful performance standards for the element are significantly surpassed. This level is reserved for employees whose performance in the element far exceeds normal expectations and results in significant contribution to the organization.
 - (2) **Fully Successful**. Performance standards for the particular element when taken as a whole are being met. This level is a positive indication of employee performance and means the employee is effectively meeting performance demands for this component of the job.
 - (3) **Unacceptable**. A level of performance that does not meet the standards established for the fully successful level. Assignment of this achievement level means that performance of the element is not acceptable.
 - b. **Appraisal**. The process under which performance is reviewed and evaluated.

c. **Appraisal Cycle**. The specific dates that mark the beginning and ending of an appraisal period.

d. **Appraisal Period**. The established period of time for which performance will be reviewed and a rating of record will be prepared.

e. **Approval Official**. The designated official, occupying a higher management level than the Rater, who reviews and approves all minimally satisfactory and unsatisfactory ratings. Individual Services/Clinical Centers may decide that outstanding ratings are also subject to review by the Approval Official.

f. **Days**. Calendar days, unless otherwise specified.

g. **Element**. A component of a position sufficiently important to warrant appraisal. The element may be either critical or non-critical and is defined as follows:

(1) **Critical element**. Any element that contributes toward the accomplishment of organizational goals and objectives, and is of such importance that "Less Than Fully Successful" performance of it would result in unacceptable performance in the position.

(2) **Non-critical element**. Any element that does not meet the definition of a critical element but is still sufficiently important to warrant written appraisal.

h. **Minimum Appraisal Period**. The 90-day period during which an employee must have performed under communicated performance elements and standards which result in a performance rating.

i. **Performance Plan**. All written or otherwise recorded critical and non-critical performance elements and standards that identify expected performance.

j. **Performance Standard**. The management-approved expression of the performance thresholds, requirements, or expectations that must be met to be appraised at a particular level of performance. A performance standard may include, but is not limited to, factors such as quality, quantity, timeliness, and manner of performance. It should also include specific recurring and non-recurring goals, program plans, priority programs, etc., since accomplishment of organizational objectives should be reflected in a performance plan when appropriate.

k. **Progress Review**. Communication with employees, at least once during the appraisal period, about their performance.

l. **Rater**. The official, usually the immediate supervisor, who is responsible for developing performance plans, providing feedback and progress reviews, appraising employee performance, and recommending a performance rating.

m. **Overall Rating**. Documentation of the appraisal, and the assignment of a performance rating for each element. This constitutes the official rating of record. The ratings will be assigned in accordance with the following criteria.

(1) Outstanding. The achievement levels for all elements (critical and non-critical) are designated as Exceptional.

(2) Excellent. The achievement levels for all critical elements are designated as Exceptional. Achievement levels for non-critical elements are designated as at least Fully Successful (some, but not all, non-critical elements may be designated as exceptional).

(3) Fully Successful. The achievement level for at least one critical element is designated as Fully Successful, as opposed to Exceptional. Achievement levels for all other critical and non-critical elements are designated as at least Fully Successful or higher.

(4) Minimally Satisfactory. The achievement levels for all critical elements are designated as at least Fully Successful. However, the achievement levels for one or more non-critical element(s) are designated as unacceptable.

(5) Unacceptable. The achievement levels for one or more critical elements are designated as unacceptable.

n. Special Rating of Record. A performance rating prepared at the end of the minimum 90-day period of performance, used in limited circumstances to document current performance as a basis of a personnel action.

o. Annual Rating. A type of rating prepared at the end of the rating cycle (with a minimum 90 day period of performance), used to document the overall performance throughout the rating cycle.

p. Summary Rating. A type of rating prepared when an employee or rater changes positions before the end of the rating cycle (with a minimum 90 day period of performance), used to document the overall performance during the specified timeframe.

4. ACTION:

a. Planning Performance:

(1) A performance plan will be developed to measure the performance requirements of each employee's position. Each element will include performance standards used to measure performance.

(2) Solicitation of input from employees in the development and revision of performance plans is encouraged. Performance plan input may be sought from multiple sources, including customers, peers, and others involved in the supervision of the employee. Unless an employee is working more than one position, the employee will normally not have more than one supervisor.

(3) The local union shall be given reasonable written advance notice (no less than 15 calendar days) when the Department changes, adds to, or establishes new elements

and performance standards. Prior to implementation of the above changes to performance standards, the Department shall meet all bargaining obligations.

(4) Performance plans should be established in conjunction with the creation of and classification of new positions.

(5) Each performance plan must include all elements that will be used in assigning an overall rating level.

(6) Performance plans must contain at least one critical element and one non-critical element that address individual performance (three to five elements is typical).

(7) Performance standards are required to be written only at the Fully Successful achievement level. However, it is recommended that standards be written to include criteria for meeting the Exceptional level of achievement.

(8) Performance plans must support organizational goals and objectives, be linked to overall program results, and include standards that address customer service.

(9) The performance plans of supervisors and managers with hiring responsibility must include standards for recruiting and hiring qualified employees; appraising and rewarding employees; and addressing performance and conduct deficiencies.

(10) The performance plans of supervisors must include a standard requiring them to ensure that subordinates complete all mandatory training timely.

(11) Performance standards must be understandable, realistic, attainable, fair, objective and sufficient to permit accurate measurement of the employee's performance. They should be expressed in terms that promote an understanding of how the employee's individual performance links to organizational and/or strategic goals.

(12) While standards must, to the maximum extent possible, permit appraisals purely on the basis of objective criteria, they are not intended to replace supervisory judgment. A standard should be sufficiently precise and specific so as to invoke a general consensus of the meaning and content; however, there is no requirement that standards contain numerical measurements. Raters should also consider the quality of work, efficiency, productivity, timeliness, and accomplishment of goals as viable performance measures.

(13) Of three possible achievement levels, only one may be assigned for each element. While each element may have multiple performance standards, it is the overall performance for all these standards that establishes the one achievement level for each element. Supervisors may give added weight to some performance standards versus others. Employees shall be made aware of weighted differences in when the standards are reviewed by them.

(14) When a performance plan needs to be changed during the appraisal period due to changes in work assignments, achievement of group or team objectives, or other

February 2016

VAMHCS POLICY MEMORANDUM 512-05/HR-015

circumstances that render standards inappropriate, the employee and employee's representative should be involved in revising and/or redefining elements and standards.

(15) Raters will ensure each employee receives a performance plan each rating cycle and will obtain the employees signature verifying receipt as soon as practical, but not later than 60 days from either the beginning of the appraisal period, appointment to a new position, or when a performance plan is changed.

(16) Each rater will use VA Form 0750, Performance Appraisal Program, for documenting the approved performance plan for Title 5 and Title 38 Hybrid employees. VA Form 3482e Executive Career Field (ECF) Performance Appraisal Program, will be completed via the electronic performance system and is used for documenting the approved performance plan for supervisors and managers. Additional documentation may be attached to the form.

(17) Raters will ensure that each employee receives a competency review assessment at the end of each rating cycle and will attach a copy of this assessment to the performance appraisal evaluation form for scanning purposes only. The competencies are not used for performance evaluation, nor are they used as replacements for or additions to the performance standards.

b. Monitoring Performance:

(1) The minimum appraisal period is 90 calendar days under a performance plan.

(2) Each employee must receive and have documented at least one progress review during the appraisal period. This progress review will be documented on VA Form 0750, Performance Appraisal, or its electronic equivalent. Additional informal communication about an employee's progress in meeting performance standards is encouraged and may be conducted as appropriate.

(3) Employees whose performance is Unacceptable in one or more critical elements must be notified in writing and be given a reasonable opportunity to improve their performance to the Fully Successful Level. Contact Labor and Employee Relations in HRMS for appropriate procedures to follow for employees whose performance is less than fully successful. A Performance Improvement Plan may be issued after this process.

(4) Employees who improve their performance to the Fully Successful Level during the opportunity period must sustain Fully Successful performance for one year in the critical element(s) on which they were provided an opportunity to improve. The one-year time period starts from the beginning of their opportunity period. If, during that one-year period, the employee's performance become Unacceptable again, in the same critical elements, a performance-based adverse action may be proposed without the benefit of an additional opportunity to improve.

(5) Unless reassigned, employees whose performance is determined to be unacceptable at the conclusion of the opportunity period shall be reduced in grade or removed.

c. Appraising Performance:

(1) Employees will be appraised at the end of the appraisal period using VA Form 0750, 3482e, or the electronic equivalent. The employee's competency checklist will also be reviewed at the end of the appraisal period and attached to the appropriate appraisal form for scanning purposes only.

(2) Raters will consider feedback from multiple sources, including customers, peers, or other appropriate sources, and should also consider improvements in efficiency, productivity, timeliness, quality of work or service, accomplishment of goals, as well as any other relevant information in appraising performance. Employees should be advised to keep records and notes related to their accomplishments during the appraisal period and encouraged to submit a voluntary self-assessment that will also be considered in developing the employee's rating.

(3) Employees must receive a written or otherwise recorded rating of record no later than 60 days following the end of the appraisal period.

(4) Higher level approval is required for Minimally Satisfactory and Unacceptable ratings.

(5) Within 10 workdays after the conclusion of the appraisal period, employees may submit to the Rater a self-assessment or other information related to their performance during the appraisal period. Such information will generally relate to the established performance plan. The rater will consider this information, if submitted and all other information relevant to the employee's performance that is available and assign one achievement level for each element.

(6) An achievement level must be assigned for each critical and non-critical element of the performance plan on which the employee has had a chance to perform. If an employee submits a self-assessment and the Rater can verify its accuracy and completeness, the self-assessment can be used as the justification for an assigned rating. Otherwise, if an achievement level other than Fully Successful is assigned, specific examples supporting that level must be documented in the portion of the VA Form 0750 provided for this purpose. When an achievement level of Fully Successful is assigned, a description or documentation of performance is not required.

(7) Annual Rating of record will be assigned in accordance with the criteria as stated in paragraph 3.m. of this policy

(8) Approval officials will ensure that all ratings documented on the correct version of the VA Form 0750 are forwarded to HRMS for processing. The approval official is responsible for ensuring that the rater provides the employee with a copy of the completed VA Form 0750 no later than 60 days following the end of the appraisal period, and discusses the basis for the rating with the employee. At this time, the rater may distribute performance plans for the up-coming year. If the employee is dissatisfied with the appraisal/rating, the employee may informally discuss the matter with the rater and/or approval official. If still dissatisfied, the employee may formally grieve the rating through the Administrative Grievance Procedure or the AFGE grievance procedure (AFGE bargaining unit employees only).

(9) HRMS will code approved performance ratings and awards into the PAID system as soon as possible but not later than 90 days following the end of the rating period.

d. Procedures for details, transfers, and other circumstances:

(1) The intent of the performance appraisal is to appraise an employee's performance covering an entire rating period. To do so, the following procedures will be used to assure continuity throughout the appraisal process:

(a) *Employee Position Changes.* When an employee changes positions within VA, a performance (summary) rating will be prepared by the rater, shared with the employee, and forwarded to the gaining organization within VAMHCS and to HRMS.

(b) *Rater Leaves or Changes Positions.* Before a rater leaves or changes positions, he/she will prepare a summary rating for each employee under his/her supervision, share the rating with the employees, and forward the completed VA Form 0750 to the higher level management official within the organization and to HRMS.

(c) *Employee Transfers to Another Agency.* Before an employee transfers to another Federal agency, the rater will complete a performance summary rating on VA Form 0750 and forward it to HRMS for inclusion in the employees electronic Official Personnel File.

(d) *Employee Not Under Performance Plan for Minimum Appraisal Period.* When an employee has not served under a performance plan for his/her position of record for 90 days by the end of the appraisal period because of a position change, career promotion, appointment or any other reason, either:

1. The appraisal period will be extended to provide for the minimum appraisal period and a rating of record will be prepared at that time. The rater may take into consideration any summary ratings provided by the employee's previous raters in determining the rating of record; or

2. The rater may utilize any performance rating prepared by a previous rater as the rating of record by concurring with it.

(e) *Employee Changes Performance Appraisal Programs in VHA.* When an employee changes performance appraisal programs in VHA, e.g., Executive Career Field (ECF), a performance (summary) rating will be prepared by the rater, shared with the employee, and forwarded to HRMS.

(f) *Rater Not in Position for Minimum Appraisal Period.* As long as sufficient information is available on which to appraise an employee's performance that covers a 90-day minimum period, there is no requirement that a rater occupy their position for a specific length of time. However, if a performance rating is not available or is not sufficiently developed to permit an appraisal, the appraisal period will be extended to provide for performance under the rater for the minimum appraisal period.

(g) *Employee Detailed or Temporarily Promoted.* When an employee is detailed or temporarily promoted, a performance plan will be provided for the position to which he or she is detailed or promoted. If the detail or temporary promotion lasts for 90 days or more, a performance rating will be prepared at the conclusion of the detail or temporary promotion that appraises the employee's performance while in the temporary position. This rating should be shared with the employee and then forwarded to HRMS or the employing organization for consideration at the end of the appraisal period. For employees temporarily assigned outside VA, every effort will be made to obtain similar information about the employee's performance.

(h) *Employee Service on a Performance Improvement Plan (PIP).* Employees, who have been given a notice of unacceptable performance and an opportunity to improve performance, will have their ratings of record postponed until the performance improvement period expires.

e. **Rewarding Performance:**

(1) Eligibility for performance awards and quality step increases will be based on annual ratings of record. These awards are described in VA Handbook 5017, Employee Recognition and Awards.

(2) Performance appraisal information will be considered in merit promotions, reassignments, or other placement actions, to the extent that performance elements are related to the knowledge, skills, abilities and other characteristics of the position being filled.

f. **Grievances and Appeals:**

(1) These procedures apply to performance ratings that are not covered by a negotiated procedure. Employees who are covered by a bargaining unit must utilize the negotiated grievance procedure contained in the applicable union agreement. A non-bargaining unit employee who is dissatisfied with an assigned performance rating may grieve the rating and/or elements at issue using this administrative grievance procedure.

(2) **Informal Stage:**

(a) Consistent with the principle that grievances should be resolved at the lowest level possible, an employee who is dissatisfied with an unacceptable rating may grieve the rating and/or elements at issue to the rating Approval Official within 15 calendar days after receipt of the rating. The employee and his/her representative, if any, will be provided the opportunity to explain the grievance.

(b) After exploring the grievance, the Approval official will provide a written answer to the employee, through his/her representative, if any, within 10 calendar days. The response will include the decision on the grievance and supporting reasons. The response will also include the employee's right to present an administrative grievance.

(3) Administrative Grievance Procedure:

(a) If the employee is not satisfied with the answer at the informal stage, the employee may present the grievance in writing through supervisory channels within 10 calendar days from receipt of the informal response to the next highest management official.

(b) The administrative grievance will contain the date of the performance rating, the elements at issue and the reasons for seeking reconsideration for each element at issue, the performance rating desired, and the decision at the informal stage.

(c) A grievance file will be established in Human Resources that will contain a copy of the performance rating, a copy of the administrative grievance, a copy of the informal decision and related documentation, and any additional information that is appropriate for consideration in making a decision based on the record; but any document that is not available to the employee and/or the employee's representative for review will not be included.

(d) The grievance file will be forwarded to the appropriate official to consider the grievance for a decision based on the record. A written decision will be forwarded through channels to the employee, through his/her representative (if any) usually within 10 workdays.

(e) If the performance rating or narrative justification on the appraisal is changed as a result of the decision, all official records will be amended or reissued, with the employee being notified.

5. **RESPONSIBILITIES:**

a. **The Director VAMHCS** will assure that VA policy and guidance are followed to manage and ensure that meaningful distinctions are being made among employees based on differences in job performance on a timely basis.

b. **Management officials, Clinical Center Directors, and Service Chiefs** will develop proper performance plans that include individual and organizational goals for employees under their authority, timely communicate performance plans and evaluations, and initiate personnel actions that reward excellence and improve deficiencies. VHA Directives are available on the OHRM Webpage at <http://vaww.va.gov/OHRM/Directives-Handbooks/Documents/5013.pdf>.

c. **The Human Resources Management Officer (HRMO)** will provide training, information, and guidance on the performance appraisal system for all employees and supervisors. The Chief, HRMS will also analyze and evaluate the effectiveness of the program periodically and make recommendations as appropriate.

d. **Supervisors** are responsible for developing required performance plans and competencies for each position description. Supervisors will familiarize themselves with Department policy and negotiated agreements related to the appraisal process and adhere to timeline and guidance as referenced in this policy. The immediate supervisor will encourage employee participation in the development of performance plans

e. **Employees** are responsible for participating in the development of their performance plans, including updates to the plan, and adhering to the performance standards and competencies.

6. **REFERENCES:** VAMHCS Policy Memorandum No. 512-05/HR-005, subject:
Assessment of Employee Competence
Master Agreement between the Department of Veterans Affairs
and the American Federation of Government Employees,
Articles 10 and 27
VA Directive and Handbook 5013, subject: Performance
Management Systems
Title 5 Code of Federal Regulations, Chapter I, Part 430
Title 5 Code of Federal Regulations, Chapter I, Part 432

7. **RESPONSIBLE OFFICE:** The Human Resources Management Office (05/HR) is responsible for the contents of this memorandum.

8. **RESCISSION:** VAMHCS Policy Memorandum 512-05/HR-015, subject:
Performance Management for Title 5 and Title 39 Hybrid
Positions, dated November 2010.

9. **RECERTIFICATION:** This document is scheduled for recertification on/before the last working day of April 2019.

Adam M. Robinson, Jr., M.D.

ADAM M. ROBINSON, JR., M.D.
Director, VA Maryland Health Care System

Employee: _____

ATTACHMENT C

Section: **HEMATOLOGY DEPARTMENT**

VAMHCS - Baltimore
 Department of Pathology and Laboratory Medicine
 Laboratory Testing Personnel (MLT, MT)

- Initial
 Semiannual
 Annual
 Re-assessment

Methods of Validation:

<input type="radio"/> (O) Observation	<input type="radio"/> (PR) Peer Review	<input type="radio"/> (W) Written Assessment	<input type="radio"/> (D) Demonstration	<input type="radio"/> (V) Verbal
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In each box, **CIRCLE** the assessment method of validation (more than one method may be used); write your initials and date.

	Test system - HEMATOLOGY	Test system - COAGULATION	Test System - URINALYSIS
Competency Assessment Criteria			
Direct observations of routine patient test performance, including, as applicable, patient/specimen identification and preparation; and specimen collection, handling, processing and testing	Direct (O) Observation Initial & Date _____ (O) (PR) (W) (D) (V) Initial & Date _____	Direct (O) Observation Initial & Date _____ (O) (PR) (W) (D) (V) Initial & Date _____	Direct (O) Observation Initial & Date _____ (O) (PR) (W) (D) (V) Initial & Date _____
Monitoring the recording and reporting of test results, including, as applicable, reporting critical results	(O) (PR) (W) (D) (V) Initial & Date _____	(O) (PR) (W) (D) (V) Initial & Date _____	(O) (PR) (W) (D) (V) Initial & Date _____
Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records	(O) (PR) (W) (D) (V) Initial & Date _____	(O) (PR) (W) (D) (V) Initial & Date _____	(O) (PR) (W) (D) (V) Initial & Date _____
Direct observations of performance of instrument maintenance or function checks.	Direct (O) Observation Initial & Date _____ Maintenance/Function check _____	Direct (O) Observation Initial & Date _____ Maintenance/Function check _____	Direct (O) Observation Initial & Date _____ Maintenance/Function check _____
Assessment of test performance through testing previously analyzed specimens, internal blind testing samples, external proficiency testing samples, or participation in department competency program.	(O) (PR) (W) (D) (V) Initial & Date _____ Material assessed _____	(O) (PR) (W) (D) (V) Initial & Date _____ Material assessed _____	(O) (PR) (W) (D) (V) Initial & Date _____ Material assessed _____
Demonstrates ability to perform Laboratory General procedures & policies. Reports patient safety related incidents	(O) (PR) (W) (D) (V) Initial & Date _____	(O) (PR) (W) (D) (V) Initial & Date _____	(O) (PR) (W) (D) (V) Initial & Date _____

Section: HEMATOLOGY DEPARTMENT

Employee:

Competency Assessment Criteria	Test system - HEMATOLOGY (O) (PR) (W) (D) (V) Initial & Date _____	Test system - COAGULATION (O) (PR) (W) (D) (V) Initial & Date _____	Test System - URINALYSIS (O) (PR) (W) (D) (V) Initial & Date _____
Demonstrates ability to perform Vista Computer procedures	(O) (PR) (W) (D) (V) Initial & Date _____	(O) (PR) (W) (D) (V) Initial & Date _____	(O) (PR) (W) (D) (V) Initial & Date _____
Recognize and exhibit good safety practices; complies with published and communicated safety procedures; immediately reports observed safety infractions and unsafe working conditions.	(O) (PR) (W) (D) (V) Initial & Date _____	(O) (PR) (W) (D) (V) Initial & Date _____	(O) (PR) (W) (D) (V) Initial & Date _____
Provide an example of how the employee solved a problem for each Hematology Test System assessed:			
Test System Passed? If NO, include Corrective Action Plan below	Yes or No	Yes or No	Yes or No
This individual is trained and authorized to perform specimen processing, test performance and result reporting.	Supervision necessary? Yes or No	Supervision necessary? Yes or No	Supervision necessary? Yes or No
Observer/Assessor Signature and date:			
Rating Official (Supervisor) signature/date:			
Employee signature/date:			

Corrective Action Plan

Retraining Needed?

If YES complete the following:

YES NO

Test system:	Date of Retraining:	Date of Reassessment
Initials of reassessing observer:	Employee's initials:	