
	<b>Orientation/Competency Procedure</b>  <b>Lab Admin 4</b>	<b>Dept:</b>	<b>Pathology</b>
		<b>Effective Date:</b>	<b>January 1996</b>
		<b>Revised Date:</b>	<b>11/16/2018</b>
		<b>Contact:</b>	Lab Compliance, QA Manager
<b>Name &amp; Title: Gregory J. Pomper, MD</b>		<b>Date:</b>	<b>11/14/18</b>
<b>Signature:</b> 			

**1) General Procedure Statement:**

- a. **Scope:** Defines the orientation/competency process for the Department of Pathology in order to hire and maintain competent employees in all sections of the laboratories in accordance with TJC, CLIA, CAP and other regulatory agency guidelines.

This procedure applies to all sections of the Department of Pathology and is in addition to the Hospital Human Resources Policy, New Employee Orientation.

- b. **Responsible Department/Party/Parties:**
- i. Procedure owner: Department of Pathology
  - ii. Procedure: Clinical and Anatomic sections of the Department of Pathology
  - iii. Supervision: Clinical and Anatomic section managers.
  - iv. Implementation: Department of Pathology Section Medical Directors, Section Managers, Department of Pathology Administrative Director and CLIA Laboratory Director.

**2) Definitions:** Competency Assessment – must included:

1. Direct observations of routine patient test performance, including as applicable, patient identification and preparation; and specimen collection, handling, processing and testing
2. Monitoring the recording and reporting of test results, including as applicable, reporting critical results
3. Review of intermediate test results or worksheets, quality control records, proficiency testing results and preventive maintenance records
4. Direct observation of performance of instrument maintenance and function checks
5. Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples; and
6. Evaluation of problem-solving skills

### 3) Procedure:

#### a. Orientation and Initial Training

- All employees beginning work in the Department of Pathology will receive job training before they begin working independently.
- Each laboratory section will develop and follow a program of training and evaluation for every task performed in their section.
- The Section Manager or their designee will work one on one with the new employee following the training checklist developed for their specific section.
- A section checklist will be used which will include: employee name, work start date, trainer, list of tasks including Proficiency Testing (PT) handling (using the Power Point module and test scoring 92% or better), date training completed for each task, task competency assessment and comments (such as “more training needed”) and follow up action for unsatisfactory performance. If manuals are to be read, there should be a check-off area for that. There should be a place for employee and manager sign-off and date after review.
- Risk Management safety and infection control training verification are maintained in the employee record in PeopleSoft or Health Stream.
- Training documents, when completed are forwarded to the employee file to be maintained in the laboratory department.

#### b. Competency Assessment

- During the first year of an individual’s employment, competency must be assessed at least semiannually.
- For new hires competency assessment will occur at or near the 6 month employment date and again at the end of the first year.
- The competency process will include assessment of all moderate and high complexity tasks performed using six points of evaluation. The competency process may include the following tasks:
  - Review of procedure manuals, lab safety manual, exposure control plan, etc.
  - The Section Manager or their designee will observe testing procedures of each employee including as applicable:
    1. Patient identification and preparation, specimen collection, handling, processing and testing.
    2. Monitoring the recording and reporting of test results, including as applicable, reporting critical results
    3. Review of intermediate test results or worksheets, quality control records, proficiency testing results and preventive maintenance records

4. Direct observation of performance of instrument maintenance and function checks
  5. Evaluation of problem solving skills
    - Employees may perform testing on unknowns, previously tested samples or proficiency samples.
  - A section competency checklist will be used which will include: employee name, date of observation, task competency assessment follow-up action for unsatisfactory performance and other assessment comments. The checklist will be maintained in in the employee file in lab administration.
  - The competency activities will also include continuing education and training. Documentation of continuing education and training will be the responsibility of the employee to ensure that is it routed appropriately to their file in lab administration.
- c. **Competency Assessment Analysis and Improvement Process**
- Successful completion of orientation, training or competency assessment requires no follow-up.
  - Unsuccessful completion of orientation, training or 6 month competency assessment could result in dismissal during probation period or an extension of the probation period with an action plan for improvement and additional follow-up. The employee may be required to retrain, attend continuing education programs, etc.
  - Unsuccessful completion of the annual competency assessment will be addressed on the Annual Performance Evaluation. An action plan for the process improvement and follow up being put in place is included. The employee may be required to retrain, attend continuing education programs, etc.
  - Continuous unsuccessful competency assessment results will lead to the disciplinary process and/or dismissal.
- d. **Assessing Competency**
- Individuals assessing competency of others must meet the minimum qualifications of a Technical Consultant under CLIA and CAP personnel standards and have appropriate delegation by the CLIA Laboratory Director.
- 4) **Review/Revision/Implementation:**
- a. Review Cycle: 2 years
  - b. Office of Record: Department of Pathology
- 5) **Related Policies:** N/A
- 6) **References, National Professional Organizations, etc.:**

College of American Pathology Standards for Competency Testing

## Clinical Laboratory Improvement Amendments

7) **Attachments:** N/A

8) **Revision Dates:**

**Revised 7/14**

**February 15, 2018**

**November 6, 2018** – revised wording under orientation and training section, updated definition of individuals qualified to assess competency, formatting changes.