**Definitions:**

* Competency is the ability of personnel to apply their skill, knowledge and experience to perform their duties correctly.
* Competency assessment is the tool used to ensure that personnel fulfill their duties as required by the regulatory agencies.

**Questions relating to CAP competency:**

**CAP GEN.55450**

Initial Training

There is documentation that all staff has satisfactorily completed initial training on

all instruments/methods applicable to their designated job.

Note: The records must show that training specifically applies to the testing performed

by each individual.

**CAP GEN.55500**

The competency of each person to perform his/her assigned duties is assessed.

Note: The competency of each person to perform the duties assigned must be

Assessed following training before the person performs patient testing. Thereafter,

During the first year of an individual’s duties, competency must be assessed at least

Semiannually. After an individual has performed his/her duties for one year,

Competency must be assessed annually. Retraining and reassessment of employee

Competency must occur when problems are identified with employee performance.

Elements of competency assessment include but are not limited to:

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 testing results, including as applicable, reporting critical results.
3. Review of intermediate test results or worksheets, quality 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.

**Important Points:**

* The Winchester Hospital Laboratory Competency Assessment Program is comprised of Initial Training and ongoing Competency Assessment. Initial Training is performed and documented on the Initial Training Checklist for new employees and for a new process. This can be a work area, an instrument or method of testing. This is separate and distinct from competency assessment which is done twice in the first year after an employee has been trained and has started performing patient testing and annually after that. All employees who perform testing must successfully participate in this program.
* When assessing and documenting competency all “6” of the elements stated in the question CAP GEN.55500 must be addressed. All 6 elements do not have to be addressed at the same time. They can be done throughout the year. Take advantage of unusual events when they occur e.g. a strong cold agglutinin specimen or an unusual specimen in microbiology comes in. Have a quick huddle with the staff that are present and review it then.

1. Direct Observation: The observation must be documented. You should make sure the important steps in a procedure are all done in accordance with the written procedure. When applicable the preanalytical, analytical and post analytical steps should be observed. Consider if the specimen acceptable. Is testing performed within the correct time frame, is the specimen acceptable or compromised etc. Is the specimen labeled correctly? Ask questions. Have someone explain what they are doing.
2. Monitoring of records:

-Check a test report. Where the results handled correctly? Were the results called?

and documented if the test was stat or has a critical result?

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1. Review of worksheets, QC, proficiency testing results, PM records.

-Review applicable worksheets. Where they resulted correctly? Where the controls run and are they acceptable. If control results are not acceptable is appropriate corrective action taken.

-Are CAP surveys handled correctly? Review the results from completed surveys. Are they acceptable? Is there there documentation and appropriate corrective action taken when they are not?

-Look at exception reports. Review to see if stats and critical called and documented.

1. Observe instrument maintenance: Watch someone running an instrument. Do they operate and do maintenance on an instrument according to the procedure manual or do they deviate and take shortcuts which could affect the accuracy of results or dependability of the instrument.
2. Assessment of test performance: This can be accomplished by running a CAP survey initially or through the use of blind samples. Blind samples can be patient samples or old surveys which are given “fake ID’s” so they cannot be identified by the person performing the testing. Remember to not share proficiency test samples among the staff until after the final results have been received from CAP.
3. Evaluation of problem solving skills:

-The person who is being evaluated can provide examples of problems they dealt with.

-Problems that arise in the department can provide opportunities for discussion e.g. The refrigerator alarms because it is out of range, there is a shift in a control range and it is out of 2 SD range etc. Everyone that participates can document this discussion on their competency form.

-Include scenarios of opportunities to utilize problem solving skills on an MTS test. This can be used for documentation.

* If there is a problem with an individual’s competency assessment, retraining and reassessment must be done before an employee is allowed to perform testing.
* Remember each assessment must be documented and must be traceable. Look at the documentation through an inspector’s point of view. They want to review a competency form and be able to track the documentation and see who performed the testing. They want to be able to look at a patient or QC result. They want to be able to look at the appropriate maintenance log etc. all from the information on the competency form. Recording a “check” mark is not sufficient.

-Record the name and date of all worksheets and reports used for documentation.

-Record the name of a test or quiz used for documentation.

-Record the title, date and sample ID if using proficiency testing material.

-Record the specimen ID or QC ID when applicable.

Example of Competency Form Documentation

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Elements** | **Location** | **Method of Evaluation**  **(Give date and specific examples if possible)** | | | | | | **Competency Level** | **Evaluator’s Initials/Date** |
|  | 1=hospital  2=core  3=onc  4=fmc  5=ucwo | **Direct**  **Observation Patient testing** | **Monitoring/Review**  **Reports** | **Review QC/ Proficiency/pm records** | **Direct Observation of Instrument maintenance/function check** | **Performance of unknown/blind specs** | **Evaluation of problem Solving Skills** | **S1=satisfactory, comp**  **to perform testing & assess others**  **S2=satisfactory, comp to perform testing**  **NI = Needs Improvement**  **U = Unsatisfactory**  **NA = Not Applicable** |  |
| **MONO** | **2** | **3/4/16 mf** | **S batch 1**  **3/4/16**  **mf** | **0304;S1**  **mf** | **na** | **Survey**  **S-A 2015**  **IM-01,02**  **JS** | **MTS quiz-**  **Heme 2016**  **1/6/16**  **SS** | **S1** |  |
| * **Has read and understands procedure.** | **2** |  |  |  |  |  |  |  |  |
| * **Warms kits and follows sample and reagent application as indicated** | **2** |  |  |  |  |  |  |  |  |
| * **Correctly interprets agglutination** | **2** |  |  |  |  |  |  |  |  |
| * **Document findings** | **2** |  |  |  |  |  |  |  |  |
| * **Calls positive findings** | **2** |  |  |  |  |  |  |  |  |