**Purpose**:

To describe the process for preparing, administering and reviewing competency testing in the Transfusion Service Laboratory.

**Policy**

Competency tests will be prepared and administered to all staff in TSL based on applicable regulations and job description. This includes but is not limited to

* At completion of initial training
* Semiannually in the first year
* 6 months after training on new method or processes
* Annually in the second and subsequent years of employment.

**Process:**

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| **Step** | **Action** |
| **Competency Coordinator** | |
| 1 | TSL Competency Coordinator will be selected by the TSL Manager. |
| 2 | The Competency Coordinator will serve a two year term. |
| 3 | Selection will be by application of interest and interview with the TS Manager. |
| 4 | The Quality Coordinator, TS Manager, and Training Coordinator will serve as advisors. |
| **Regulations** | |
| 1 | Competencies for technologists will include all of the following activities annually in order to comply with CLIA regulations:   * Direct observation of routine patient test performance, including patient preparation, if applicable, specimen handling, processing and testing. * Monitoring the recording and reporting of test results * Direct observation of performance of instrument maintenance and function checks * Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventative maintenance records * Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples * Evaluation of problem-solving skills   All six elements of CLIA will be assessed for CLIA-regulated tests which are;   * ABO and Rh * Antibody Screen * Antibody Identification * Crossmatch   Non- CLIA regulated tasks will have competency assessment based on written assessment and/or direct observation |
| **Step** | **Action** |
| **Regulations (continued)** | |
| 2 | While CLIA regulations do not specify competency assessment for clinical laboratory technicians:   * TSL will perform competency testing on the same schedule as technologists. * Regulations applicable to the job description will be met where possible. |
| 3 | TS Manager review of competency testing will analyze aggregate competence assessment data for the purpose of identifying staff learning needs as required by Joint Commission. |
| **Competency Coordinator Responsibilities** | |
| 1 | The Competency Coordinator is responsible for   * Administering semiannual competencies for new hires and 6 months for staff trained in a new area or on a new and/or revised task. * Revising the existing 6-month competencies as needed for SOP revisions and job scope. * Developing and administering annual competency assessment to TSL staff * Developing and administering annual cGMP training. * Maintaining records of competency performance and completion electronically * Respecting the private nature of competency results * Maintaining secrecy of competency contents prior to administration to applicable staff   Note: Annual compliance training is the responsibility of the Facility and is not included in TSL competency testing. |
| 2 | Working with the TS Leads, the Competency Coordinator is responsible for scheduling and administering competencies. |
| 3 | Working with the Quality/Compliance analyst and TS Manager, the Competency Coordinator will identify areas of competency assessment based on quality incidents. |
| 4 | Working with the TS Safety Officer, the Competency Coordinator will identify safety issues to be covered in periodic competency assessment. |
| 5 | Working with personnel responsible for process implementation and revision, the Competency Coordinator will develop appropriate competency assessment. |
| 6 | The Training Coordinator will provide training completion dates for staff so the Competency Coordinator can schedule the competency assessment. |
| 7 | The Competency Coordinator is responsible for forwarding completed competencies to a MLS Lead or TS Manager for grading and evaluation. |
| **MLS/CLT Responsibilities** | |
| 1 | MLS/CLT are responsible for   * Completing competencies on time * Tracking competencies in the tracker * Reviewing the direct observation checklists ahead of time * Not copying answers from other staff |
| 2 | Peer direct observations   * May be required to perform direct observation for annual competency * Do not interfere or help the tech who is being observed during the competency * Do not provide the direct observation checklist to the tech to use as reference |

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| **Competency Formats and Available Delivery Systems** | |
| 1 | Competency formats are varied and should be explored by the Competency Coordinator for application to the topic. Formats might include but are not limited to:   * Direct Observations * Paper Exercises * MTS reading and testing * Catalyst testing * Presentation to staff * On-line materials |
| 2 | Direct Observations   * Initial and semiannual competencies must have direct observations with a Lead or assigned trainer * Annual competencies can be performed by MLS staff who have atleast 2years of experience with high complexity testing in Blood Bank * Direct observations on reassessments, corrective actions must be with a Lead or assigned trainer |
| 3 | Utilization of on-line delivery systems should be coordinated with the TS Manager or Training Coordinator. |
| **Development** | |
| 1 | The Competency Coordinator will maintain confidentiality of topics to be covered in the competency and the contents of the competency exercise. |
| 2 | Request field testing of competencies prior to issue to appropriate staff. Field Testers are:   * Quality Coordinator * MLS Leads * Other staff as selected by the Competency Coordinator |
| 3 | The Competency Coordinator is responsible for preparing a key for the competency including acceptable answers and alternative answers. |
| 4 | The TS Manager is responsible for defining minimum acceptable performance.   * Staff must pass competency with at least 80% score * Steps identified as critical with Direct Observations will require a corrective action * Final review of all training and competency documents |
| **Review and Corrective Action** | |
| 1 | * Review will be performed initially by the TSL Leads. * Results will be tabulated and presented to the TS Manager prior to staff notification of results. |
| 2 | Corrective action will be determined by the TS Manager:   * Scope: number of staff * Activity: re-training and re-assessment of competency * Second Review: measurement of competency is met |
| 3 | TSL Manager or Lead will follow up with staff for re-training and reassessments |
| 4 | All staff will provided an opportunity to review their competency paperwork once the review has been completed |
| **Documentation of Competency Activity** | |
| 1 | The Competency Coordinator will maintain records of competency performance and completion electronically |
| 2 | The Training Coordinator is responsible for filing the competency paperwork in the employee’s training folder. |

**References:**

Standards for Blood Banks and Transfusion Services, Current Edition. American Association of Blood Banks. AABB Press, Bethesda, MD.

Technical Manual, Current Edition

“Regulations A to Z for Blood and HCT/PS”, 9th Edition, AABB Press

Code of Federal Regulations, 42 CFR and 21 CFR