Disclosures

Relevant Financial Relationship(s):
Nothing to Disclose

Off Label Usage:
Nothing to Disclose
Objectives

- Identify training needs based on patient demographics and institutional requirements.
- Identify training methodologies, including academics and clinical rotations.
- Recognize role of clinical preceptor/trainer.
- Design a competency assessment plan.

What do we need?

- Structured program that addresses the needs of the organization
  - Theory (Didactic)
    - Lectures
    - Textbook
    - Laboratory exercises – practice, practice!
  - Clinical
    - Preceptors (qualified trainers)
      - Training the trainers
      - How many hours/sticks?
Developing Theory Content

• Teach the skill sets needed for your organization
• Resources – in house
  • Testing labs
  • Healthcare team (RN’s, physicians)
  • Education staff
• Resources – outside
  • National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) - program requirements
  • Clinical & Laboratory Standards Institute (CLSI)
  • Textbooks
  • Instructional DVDs

Delivering theory

• “Teach and Do”
  • Set up didactics to teach processes that can be used in clinical environment immediately. Teach a process, allow students to practice that process, then teach the next process.

• Teach the “why,” not just skill sets. Include topics related to technique/quality. Examples:
  • Pre-analytical Variables
  • Hematology
  • Transfusion Medicine
Technology

- Consider delivery of didactics/theory online
- Incorporate teaching aids that can be purchased (DVDs, online practice exams)
- Free online teaching tools
  - Social media
  - You Tube
    - Carefully review these for quality. There are a lot of “bad” practices shown.

Assessing Knowledge Base

- In order to know that they know…
  - Worksheets (“open-book”, online, hard-copy?)
    - Multiple choice
    - Essays
    - Scenarios & Case Studies
  - Quizzes
  - Exams – including a Final Exam
  - Laboratory sessions/exercises
Clinical Experiences

• Develop clinical rotations to align with classroom theory and didactics
  • Allow students to practice newly learned skill-sets

• Structured clinical rotations – provide the experiences you require
  • Outpatient
  • Inpatient
  • ICU – E.D.
  • Pediatrics

Clinical Rotations – Trainers/Preceptors

• Qualified training staff – IMPORTANT!
  • Find staff that are knowledgeable
  • Find staff that want to train
  • Develop a team of “core-trainers”
  • Incentive – reward your trainers

• Training the Trainers
  • Teaching skills – training done per SOP
  • Communication skill-sets (appropriate discussion in presence of patient)
  • Resource – “Job-Instruction Training” (“JI”)
Testing Lab Experiences

• Include rotations in testing/processing labs
• This allows to students to “connect the dots” regarding what they have learned. Example:
  • Importance of specimen collection techniques (“hemolysis” – “contamination”)
• Possible lab rotations:
  • Central Processing
  • Hematology
  • Transfusion Medicine
  • Microbiology

Assessing Practical Skills

• Ask trainers/preceptors to evaluate students daily (allowing you to identify potential issues)
• Write an evaluation rubric that includes specific skill-sets/processes, so everyone is evaluated the same. Examples:
  • Hand-hygiene
  • Patient ID
  • Venipuncture technique
    • Tourniquet, site-selection, equipment
  • Computer skills
  • Professionalism
Final Assessments – 3 Parts

• Compose an exam that identifies those skill sets that must be mastered and require 100%
  • Students must correct their mistakes until 100% is achieved

• Final Practical Exam
  • Develop a rubric so all are evaluated fairly
  • Done by a member of education team or management

• Final Written Exam
  • All inclusive – questions on all topics

Competency Assessments – Necessary?

• CAP/CLIA requirements
  • Competency assessment is not required for non-testing personnel (e.g., phlebotomists, accessioning personnel, etc).

• It is considered good laboratory practice to have competency assessments, but the program is up to the individual laboratory.
Waived-Testing (CAP/CLIA)

• If the phlebotomist is required to perform testing, they would then be required to show competency for those tests.

• Examples:
  • Bleeding Time
    • Required since this is a moderate complexity test.
  • POC Testing
    • Waived (CAP POC.06875)
    • Non-Waived (CAP POC.06910)

Testing - CAP GEN.55500 (Phase II)

• The competency of each person to perform his/her assigned duties is assessed.
  • Following Training
  • Semiannually First Year
  • Yearly thereafter
  • Retraining and reassessment when problems are identified.

• Show “Evidence of Compliance”
  • Record of corrective action includes retraining and reassessment
Building a Competency Assessment

• All procedures and processes used in providing care and/or treatment of patients

• Includes:
  • Low-volume
  • High-volume
  • Age-related

• Pay particular attention to:
  • New procedures/processes
  • Changes – especially to “long-standing” processes
  • Historical problem-prone areas (identified by Quality Indicators)

Competency Assessment Components

• Identify all procedures currently performed in the work area
  • Systematically, identify all of the skill sets that are associated with those procedures. These will be utilized when you draft your assessment checklists
    • Manual/Technical (Equipment use)
    • Clerical/LIS (Computers, order entry, receiving, tracking, resulting?)

• Use Quality Indicators – looking for “hot-spots”
  • Redraws – assess “repeat problems”
  • Event management – clerical errors, reporting, etc.
Competency Assessments - When

- Model using the requirements of regulatory and accreditation agencies
  - After initial training and before performance of assigned activities
  - Annually (should be considered a minimum)
  - Periodically: semi-annually, quarterly (institution driven)
  - New or changed work processes, methods, instrumentation or addition to individual’s duties (immediate, including documentation)
  - After prolonged absence (immediate, including documentation)
  - After re-training due to employee performance issues (immediate, including documentation)
  - Documentation (electronic format is suggested, but hard-copy is acceptable)

Competency Assessments - How

- Competency Assessment can be accomplished in a number of ways:
  - Direct Observation
    - “Real-time” or lab/classroom settings
  - Informational
    - Power-Points
    - Charts
      - Quiz assesses understanding
  - Tests/Quizzes
    - Can be electronic
    - May be used for quarterly/semi-annual assessments
Who Can Assess?

• Direct Observation assessments are performed by individuals who are trained to use the applicable assessment tools and meet one of the following three qualifications:
  • Trained and currently competent in the applicable tasks/activities – OR –
  • A trainer who is qualified by virtue of their professional and institutional training, experience, and subject matter expertise – OR –
  • A Laboratory Consultant who is qualified by virtue of professional training, experience, and subject matter expertise

Documentation

• Successful
  • Successful completion of competency assessment needs to be documented; a descriptive listing of all procedures/processes assessed becomes part of the individual’s record.

• Unsuccessful
  • Documentation of unsuccessful assessments is important as this shows remedial action taken to correct the deviations.
  • Documentation would describe resolution, for example:
    • Reviewed SOP and successfully demonstrated process
    • Reviewed SOP and repeated attempt – unsuccessful
      • Supervision informed, technician not allowed to perform task – remedial training required
      • Formal remedial training followed by successful direct observation of competency
Questions & Discussion