

COMPETENCY ASSESSMENT: WHO, WHAT, WHEN, WHERE AND HOW!

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LEARNING OBJECTIVES

Define Competency

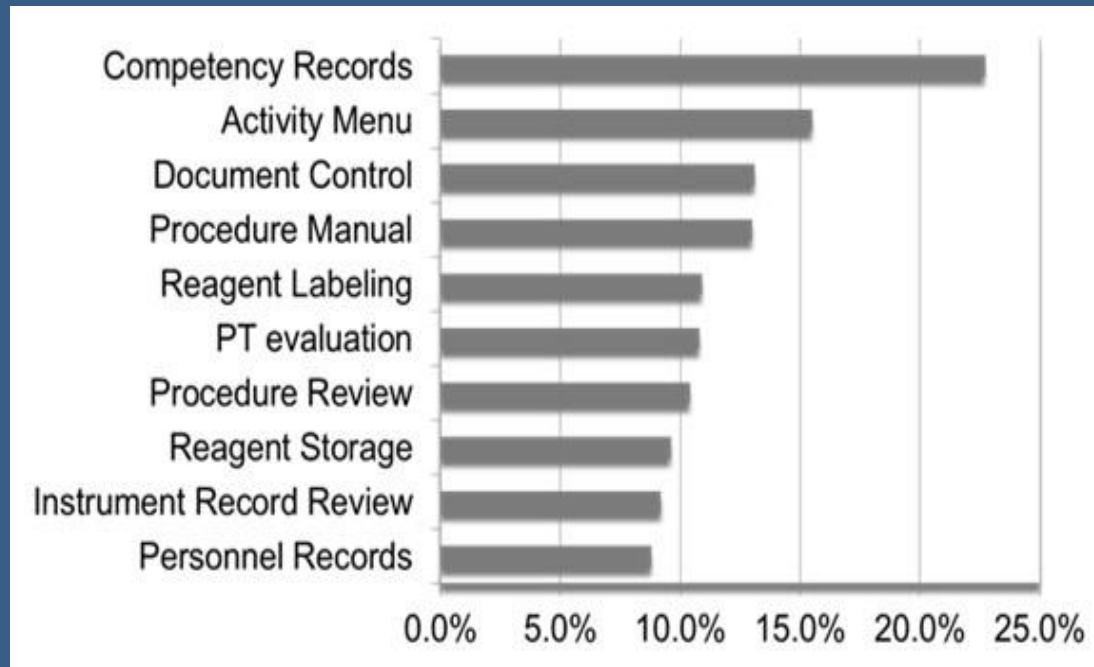
Explain difference between training and competency

List the elements required for competency assessment

Discuss who can perform competency assessments



MOST COMMON DEFICIENCIES



**Top Laboratory
Deficiencies Across
Accreditation
Agencies**

**Problems with
documenting
personnel
competency tops
the list**



COMPETENCY: TOP DEFICIENCY



- See one
- Do one
- Teach one!

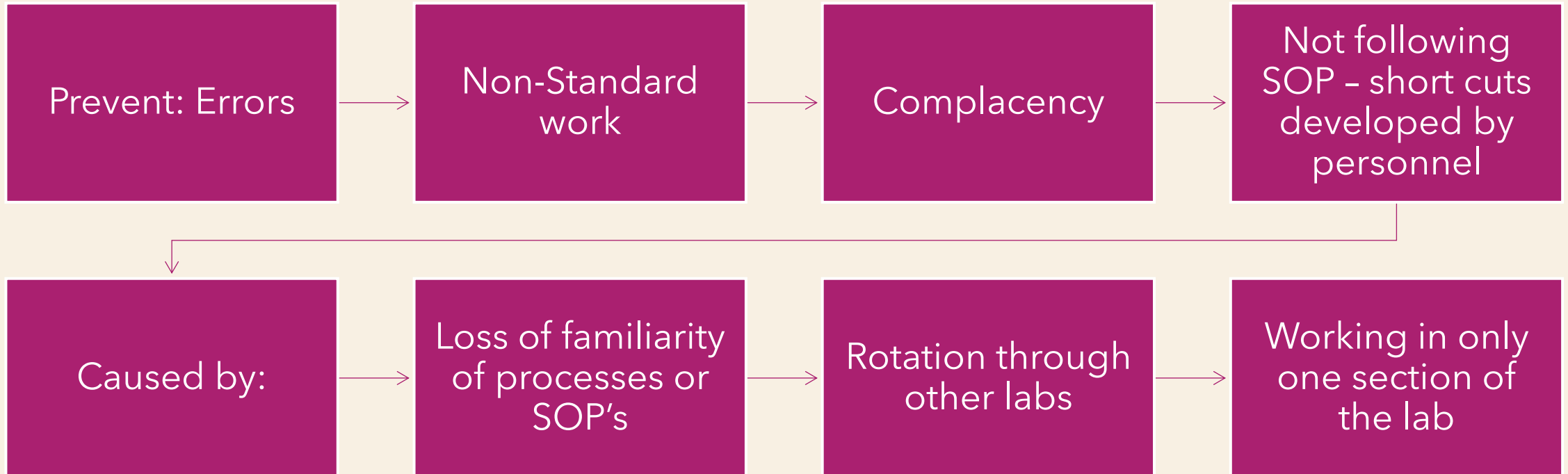




WHO REQUIRES COMPETENCY ASSESSMENT? EVERYONE!

- **AABB**
 - **FDA**
 - **FACT**
 - **Joint Commission**
- CMS**
CAP
State regulations

WHY?



CLIA

Considered a minimum set of guidelines for quality

All clinical labs in the USA must meet these guidelines in order to receive Medicare and Medicaid reimbursement

Most labs try to take beyond and have a Quality Management System



QUALITY MANAGEMENT SYSTEM

- **QSE: Personnel**

“Obtaining and retaining an adequate number of qualified, well trained, and competent laboratory staff to perform and manage the activities of the laboratory.”

GP26-A4

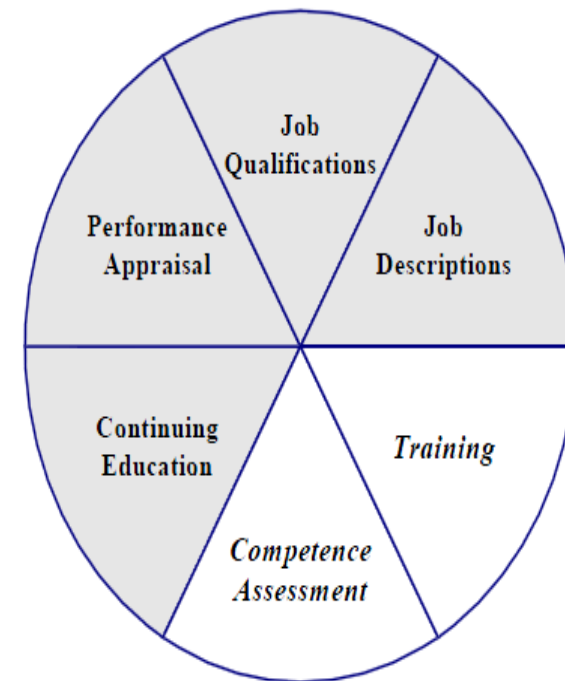


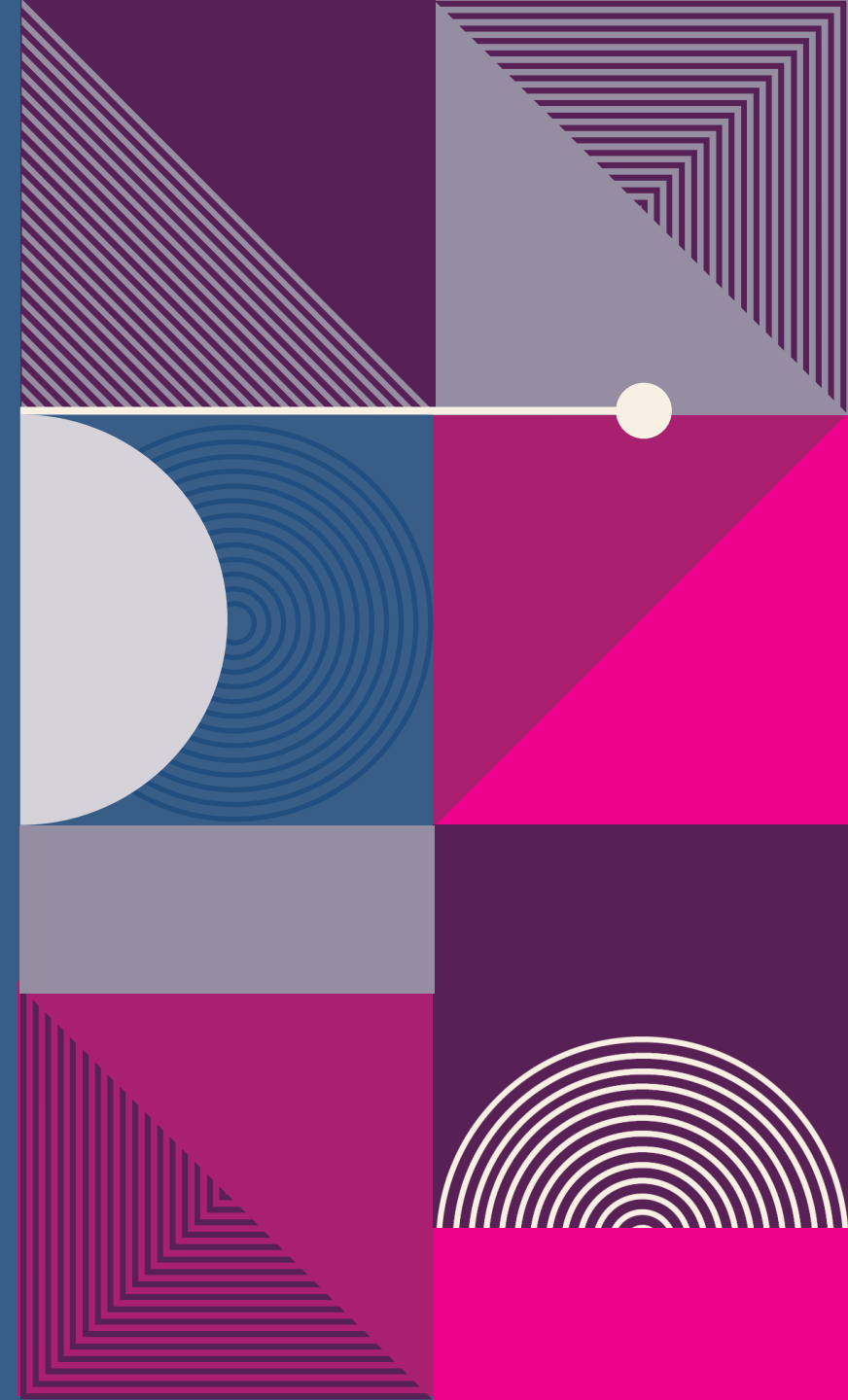
Figure 2. Key Elements of QSE: Personnel

QUALITY MANAGEMENT SYSTEM

The effectiveness of training and competence directly affects the laboratory's ability to meet its quality goals and objectives.

Competence - ongoing assessment is required to verify job performance

Must be documented and different from training





DEFINE

Competency - The ability of personnel to apply their skill, knowledge and experience to perform their laboratory duties correctly.

Assessment - Is used to ensure that the laboratory personnel are fulfilling their duties as by federal regulation.

Centers for Medicare and Medicaid Services



WHY?

“One thing worse than training employees and losing them... is not training them and keeping them.”

-Ed Metcalf

What Are the Requirements?



GEN.55500 = The competency of each person to perform his/her assigned duties is assessed.



Evidence of Compliance:



Records of competency assessment for new and existing employees reflecting the specific skills assessed, the method of evaluation.



*A laboratory must evaluate and document the competency of all testing personnel for each **test system**. 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..*



For nonwaived test systems, six elements must be assessed annually. For waived test systems, the laboratory may select which elements to assess.

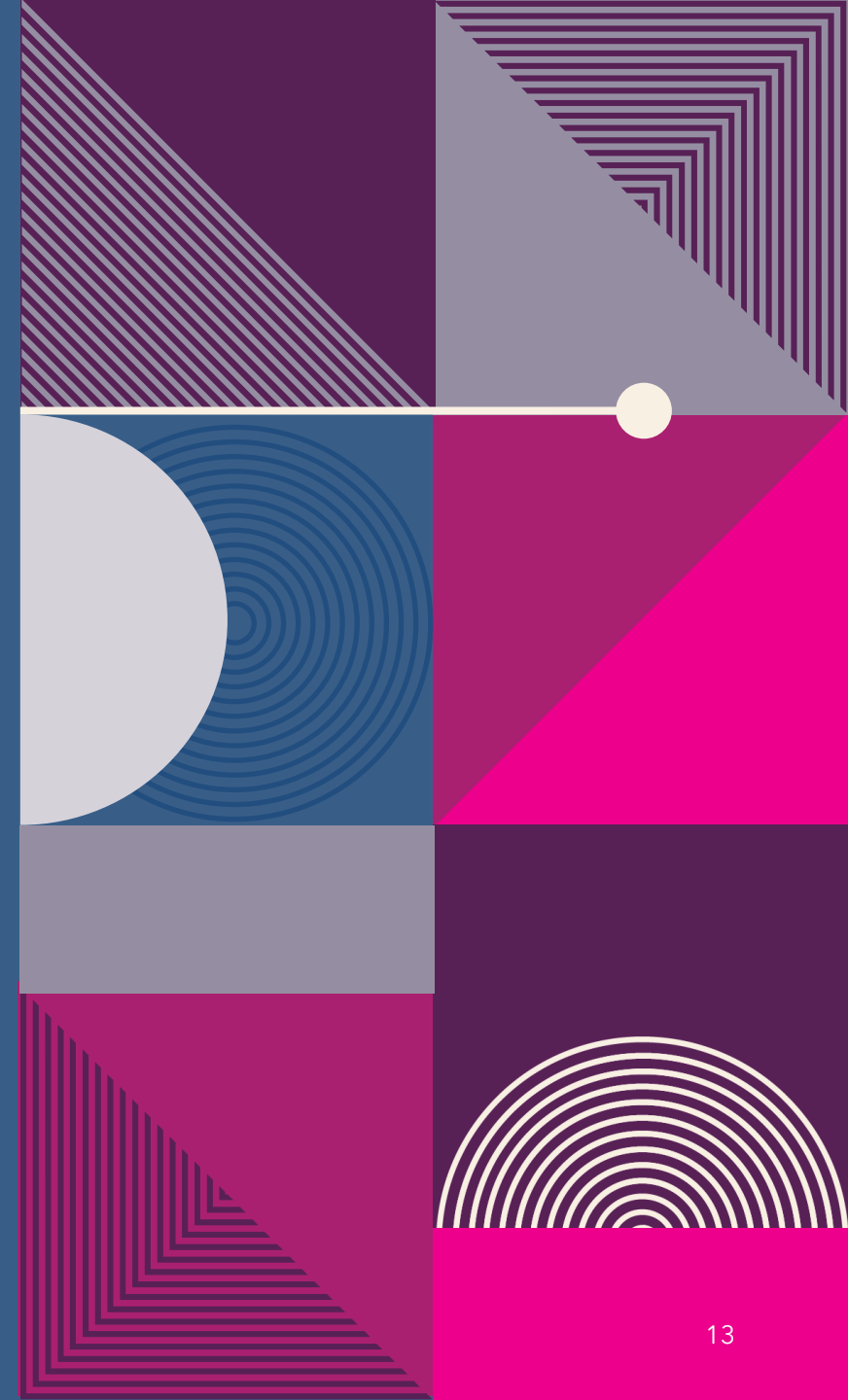
WAIVED TESTS

Waived tests require minimal technical competency and they yield low risk in the event of an erroneous result.

Any individual can perform a waived test in a physician office or their home and no educational or professional training is required.

If the test is performed in a physician's office, the office must apply for a CLIA certificate and the facility that performs the test must comply with all the manufacturer recommendations.

CLIA doesn't demand any other regulations for waived tests.





ISSUES WITH WAIVED TESTING

- **In the waived test environment, the methodology or the instrument used is very good.**
- **It's in the pre-analytic and post-analytic phases—for example, human errors that occur while the test sample is being gathered, or after the test has been run—that industry-wide, no matter what the test classification is, there are issues involved with quality.**
- **Most laboratories in the United States now are using waived testing devices that have pre-analytic and post-analytic problems**

These sites are generating problem data that are being used in the diagnosis and treatment of patients.

WHAT HAPPENS WHEN YOU ADJUST HOW A TEST IS PERFORMED.

Devices used outside of the manufacturer's requirements are considered to be **test modification/off label use**.

This is not a new CLIA regulation!

Test modification/off label use

Any change to a test system/device or manufacturer's instructions or intended use that affects the test's performance specifications for accuracy, precision, sensitivity or specificity.

Modified tests become high complexity tests under CLIA

NON WAIVED TESTS

- **Non-waived tests are defined as either moderate or high complexity.**
- **Unique educational and professional experience are required to perform non-waived tests. CLIA and the Food and Drug Administration (FDA) determines the complexity of the test, using specific criteria.**
- **Healthcare facilities that perform non-waived tests must obtain a CLIA certificate and abide by CLIA regulations.**
- **In addition, the facility must be inspected periodically and provide proof that they comply with the CLIA quality requirements.**
- **All Laboratory Developed Tests (LDT), and non-FDA approved tests are classified as high complexity tests and CLIA requirements are more rigorous for these kinds of tests.**

WHAT DOES THAT MEAN?

Intended use—This section of the product insert describes the purpose of the test, what is being measured by the test, the type of specimen for which it is approved, and whether it is a quantitative or qualitative measurement.

Performance characteristics—test's accuracy, precision, sensitivity, specificity and interferences.

Patient population—Some tests have not been evaluated for use in specific age groups (e.g. pediatric patients).

Test system—operating the test, length of time to obtain a result (turn around time) and the level of technical support, special training requirements, development of a quality assurance program.

COMPETENCY REQUIREMENTS: 6 ELEMENTS ARE THE MINIMAL REQUIREMENTS

1. Direct observation
(handling, preparation,
processing, testing)

2. Monitoring the
recording and reporting
of testing

3. Review of intermediate
test results or worksheets,
QC, records, PT results,
and PM records

4. Direct observation of
performance of
instrument maintenance
and function checks

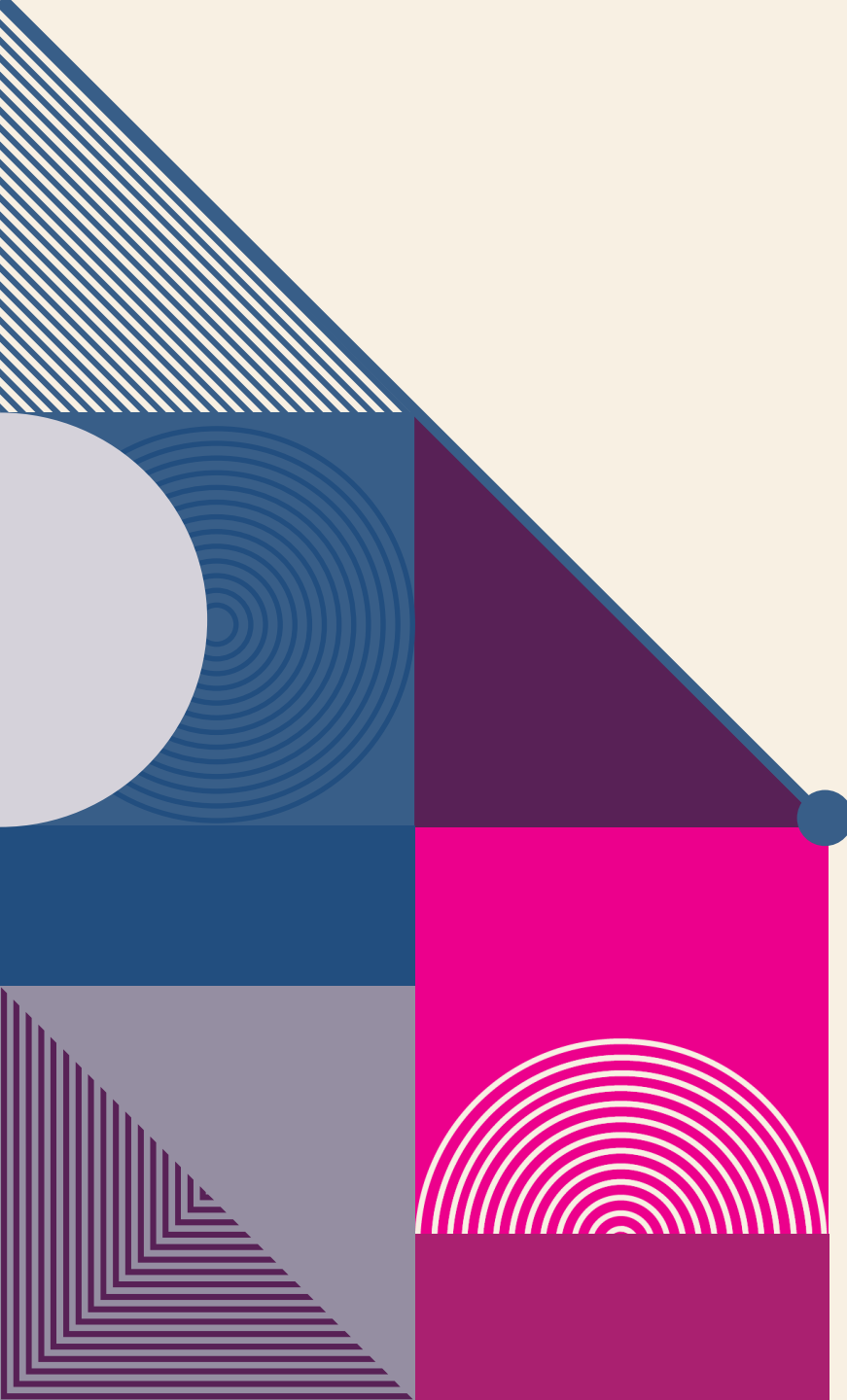
5. Assessment of
problem-solving skills,
case studies, quizzes

6. Assessment of test
performance using
previously tested
specimens, blind
specimens and external
proficiency samples

NEW YORK STATE: (IN CASE YOU PERFORM TESTING FROM NYS)

7. NYS has added a 7th. Requirement of observation of compliance with safety protocols

8. "Assessment of competency of any delegated supervisory functions" - recently added by NYS



THE DIFFERENCE BETWEEN TRAINING AND COMPETENCY IS THAT TRAINING HAPPENS BEFORE SOMEONE BEGINS TESTING AND COMPETENCY ASSESSMENT CONFIRMS THAT THEY ARE DOING THE TESTING CORRECTLY.

Training vs. Competency

Training

- Occurs before patient testing begins
- Usually once unless employee fails successful demonstration of skill to trainer and retraining require.
- Does not require use of six competency assessment elements

Competency

- Occurs after independent patient testing begins
- Does require use of six competency assessment elements for non-waived testing

TRAINING CHECKLIST

TRAINING

NAME: _____

DATE: _____

TRAINER: _____

Training completed: _____ by _____

I understand the procedure and feel confident to perform the testing.

Sign _____ Date _____

Training	Trainee	Trainer
Understands the intended use of the test.		
Overview of principle of procedure		
Specimen requirements: collection and storage		
PPE requirements		
Reagent preparation		
Pull pending log and worksheet		
Additional materials required		
Review of the SOP		
Quality control samples		
Preparation of blood smear		
Storage and stability of smears		
Drying the smear		
Fixing the smears		
Staining the smears		
Using the microscope		
Identifying the granules		
Scoring the samples		
Reference range		
Recording of results		
Interpretation of Results		
Reporting results in Cerner		

New York-Presbyterian Hospital / Columbia University Medical Center
DEPARTMENT OF CLINICAL LABORATORIES

ANNUAL COMPETENCY ASSESSMENT CHECKLIST

Employee Name: **Test Employee**

Dept: **Laboratory**

Year:

Policy: **HR-9i**

Competency Assessment is used to ensure that the laboratory personnel are fulfilling their duties as required by the department and federal regulation.

Method of assessment:

- 1) direct observation;
- 2) observation for compliance with safety protocols;
- 3) periodic review of work product for compliance with standard operating procedures and applicable workload limits;
- 4) monitoring the recording and reporting of test results;
- 5) direct observation of performance of instrument maintenance and function checks;
- 6) assessment of test performance through testing of previously analyzed specimens, internal blind or external proficiency testing samples;
- 7) assessment of problem solving skills.
- 8) assessment of delegated functions

Evaluate the competency of staff for all tasks for which he/she is responsible. Indicate evaluation for each task as: YES (competent) or NO (not competent). Areas that the employee is not responsible will be marked NA (not applicable). If the staff is not competent, a corrective or remedial action should be initiated and documented and filed with this document.

Roche Analyzer		1) Direct Observation	2) Safety Compliance	3) Compliance w/ SOP	4) Review test results	5) Instrument Maintenance	6) Unknown/PT Samples	7) Problem Solving	8) Delegated functions
<input type="checkbox"/> Check If Task Is Not Applicable Assessed By: _____ Date: _____	Specimen requirements.	[X] YES [] NO	[X] YES [] NO	[X] YES [] NO	[X] YES [] NA If YES, date of event: _____	[X] YES [] NA	[] YES [] NA If YES, date of event score: _____	[X] YES [] NO	
	Sample Handling and Stability	[X] YES [] NO		[X] YES [] NO		[X] YES [] NA		[X] YES [] NO	
	Processing	[X] YES [] NO		[X] YES [] NO		[X] YES [] NA		[X] YES [] NO	
	Measurement methodology	[X] YES [] NO		[X] YES [] NO		[X] YES [] NA		[X] YES [] NO	
	Quality Control	[X] YES [] NO		[X] YES [] NO		[X] YES [] NA		[X] YES [] NO	
	Reporting Results	[X] YES [] NO		[X] YES [] NO		[X] YES [] NA		[X] YES [] NO	
	Reagent Handling and Storage	[X] YES [] NO		[X] YES [] NO		[X] YES [] NA		[X] YES [] NO	
	Maintenance	[X] YES [] NO		[X] YES [] NO		[X] YES [] NA		[X] YES [] NO	
	Delegated QC Review							[X] YES [] NA	
	Delegated Staff Training							[X] YES [] NA	
	Delegated Regulatory Tasks							[X] YES [] NA	
	Delegated Scheduling							[X] YES [] NA	
	Radiometer ABL 800 Blood Gas Analyzer			1) Direct Observation		2) Safety Compliance		3) Compliance w/ SOP	
<input type="checkbox"/> Check If Task Is Not Applicable Assessed By: _____ Date: _____	Specimen requirements.	[] YES [] NO	[] YES [] NO	[] YES [] NO	[] YES [X] NA If YES, date of event: _____	[] YES [] NA	[] YES [] NA If YES, date of event score: _____	[] YES [] NO	
	Sample Handling and Stability	[] YES [] NO		[] YES [] NO		[] YES [] NA		[] YES [] NO	
	Processing	[] YES [] NO		[] YES [] NO		[] YES [] NA		[] YES [] NO	
	Measurement methodology	[] YES [] NO		[] YES [] NO		[] YES [] NA		[] YES [] NO	
	Quality Control	[] YES [] NO		[] YES [] NO		[] YES [] NA		[] YES [] NO	
	Reporting Results	[] YES [] NO		[] YES [] NO		[] YES [] NA		[] YES [] NO	
	Reagent Handling and Storage	[] YES [] NO		[] YES [] NO		[] YES [] NA		[] YES [] NO	
	Maintenance	[] YES [] NO		[] YES [] NO		[] YES [] NA		[] YES [] NO	
	Delegated QC Review							[X] YES [] NA	
	Delegated Staff Training							[X] YES [] NA	
	Delegated Regulatory Tasks							[X] YES [] NA	
	Delegated Scheduling							[X] YES [] NA	
	Miscellaneous Tasks			1) Direct Observation		2) Safety Compliance		3) Compliance w/ SOP	
Centrifuges	Operation	[X] YES [] NO	[X] YES [] NO	[X] YES [] NO	NA	[X] YES [] NA	NA	[X] YES [] NO	[X] YES [] NO
Pipettes	Operation	[X] YES [] NO	[X] YES [] NA	[X] YES [] NO	NA	[X] YES [] NA	NA	[X] YES [] NO	[X] YES [] NO

I have read the above competency assessment. I understand that by signing this statement, I agree that I have been trained in the areas noted in this assessment and I am approved to perform the tests/procedures independently. I also feel competent to perform this list of tests/procedures, and processes independently as indicated by the above assessment.

Employee Signature _____	Date _____
Employee Signature / Date _____	Supervisor Signature / Date _____

Requirements:

Direct observation of routine patient testing --

- Watch employee perform routine work processes and procedures including patient preparation, specimen handling, processing, and testing.
- use of a checklist as guidance for evaluation and to document that all required procedural steps are completed.

Monitoring the recording and reporting of test results -

-
- Review worksheets, computer printouts, or manual test logs for results or entries that are incorrect or incomplete.
- The worksheets, logs, and printouts should be compared to final test reports, evaluated turnaround times, and for compliance with policies and procedures.

REQUIREMENTS

Review of intermediate test results, records, and proficiency testing results --

- Review testing documentation, to include test results or worksheets, documentation forms, QC logs, proficiency testing documentation, and other applicable documentation for completion of proper policies and procedure.
- Documentation of review will include follow up of corrective action related to problems in the laboratory.



Direct observation of instrument maintenance and function checks --

- Watch employee perform instrument maintenance and function checks as compared to documentation for completeness and correctness of process and expected outcome.
- Record observations on checklist for documentation of inclusion and completion of all steps.

REQUIREMENTS:

Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples --

- Assessment of previously tested samples; internal blind samples or external proficiency testing samples.
- Use of checklist for documentation of blind sample performance.

Assessment of problem solving skills -

- Include review of problem logs, incident reports, and QC failures; Review corrective actions employed to resolve the problem.
- Personnel interviews (staff narrative) may also be included for documentation.
- Exams (include pre-analytical, analytical and post analytical)

In God we trust, all others must provide data



The easiest way to document problem solving is with a quiz



It should cover the elements of specimen requirements, sample handling and stability, processing, methodology, QC and reporting results



Case studies work very well

FREQUENCY

- At least semiannually during the first year the individual tests patient specimens
- At least annually thereafter unless test methodology or instrumentation changes - then 6 months and annually
- Prior to reporting patient test results, the individual's performance must be reevaluated to include the use of the new test methodology or instrumentation

WHAT IS THE TIMELINE?

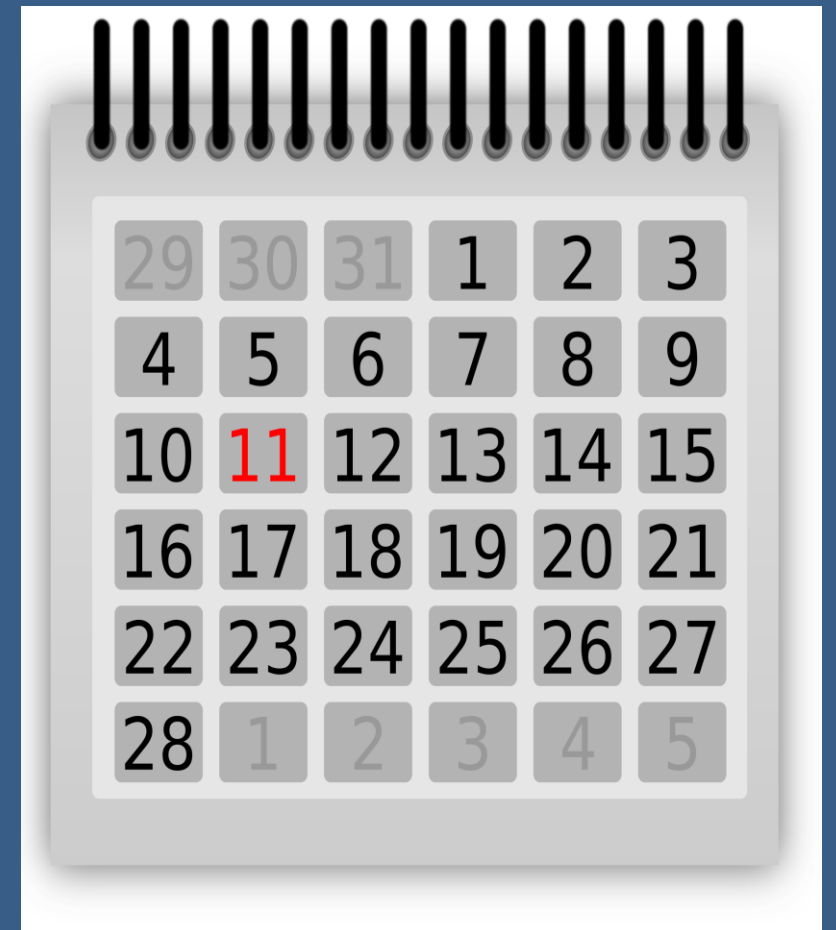
If you are hired on January 1-

You are trained in hematology from January 2- March 2

And you are assessed competency on performing a CBC on March 3rd

When is your 6 month competency assessment performed:

- June 1
- June 3
- September 3
- Anytime before the end of the year





ANSWER: C SEPTEMBER

New employees

Competency assessment separate from training

Assessed twice in the first year

Annual assessment

Documentation for staff that work on all shifts

Tests being evaluated

Is there any distinction made for testing that may be provided on day shift vs after hours

Special testing



CASE STUDY

- An employee goes out on maternity leave and is gone for a period of 6 months
- She comes back and immediately begins working on the bench and reporting out results
- Is this acceptable?
- She has worked in her position previously for 10 years



WHAT DO THE REGULATIONS SAY?

Not much

There are currently no defined regulatory or accreditation requirements for this situation

It is a defined laboratory policy-whatever you state in your policy, you must follow

Our laboratory used 3 months:

- 1. Re-assess competency**
- 2. if there is a failure, person will be retrained**
- 3. Then re-assessment of competency**

If an employee has minimal previous experience, or they are uncomfortable at their workstation, a full training and competency should be performed.

CASE STUDY

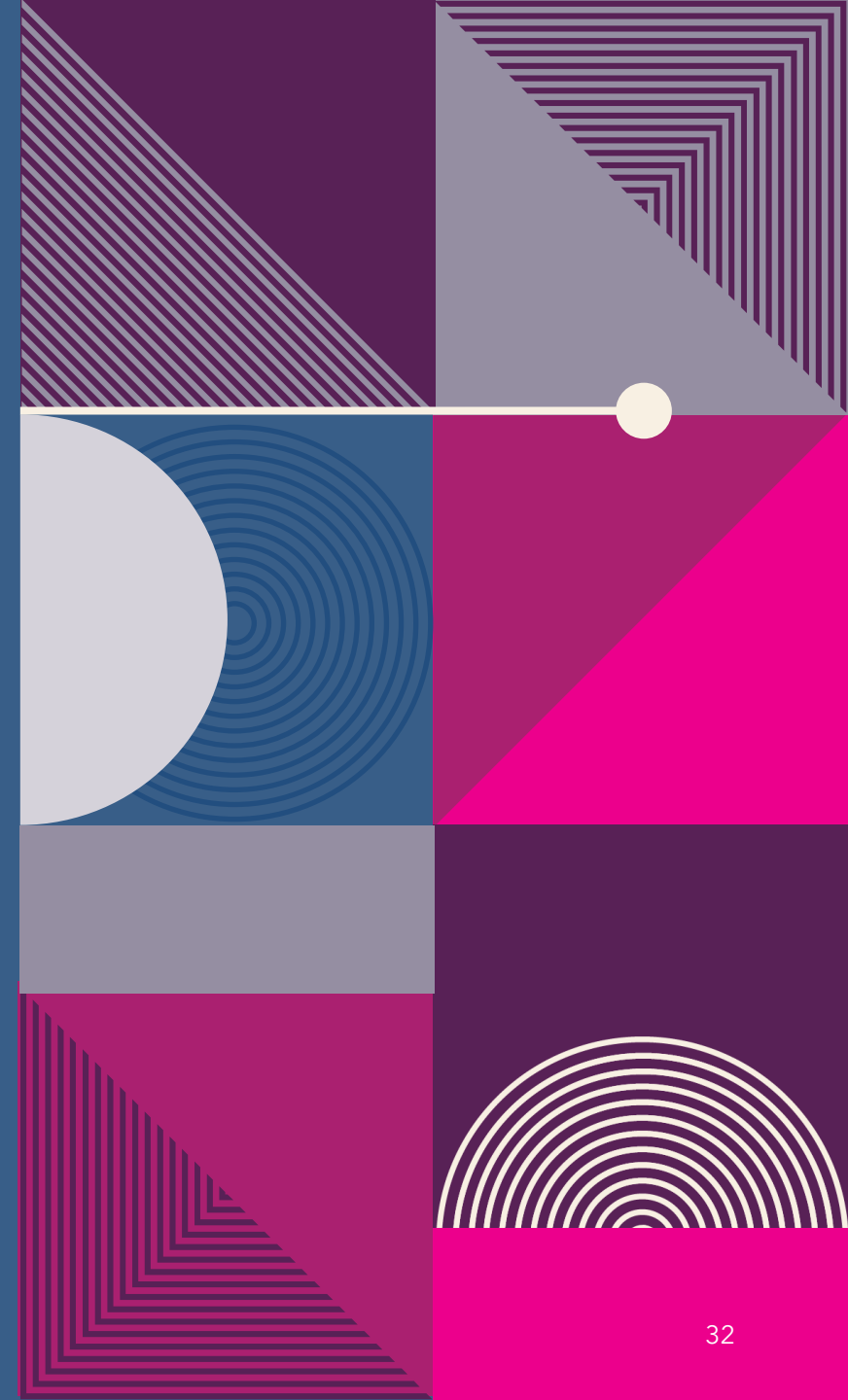
Inspector is conducting a tracer audit of a sample performed on April 10, 2017

Notes that the technologist that performed and signed off on the testing is a relatively new employee

Asked to see their files

Competency for this procedure was assessed on April 29, 2017- employee was trained on April 1, 2017

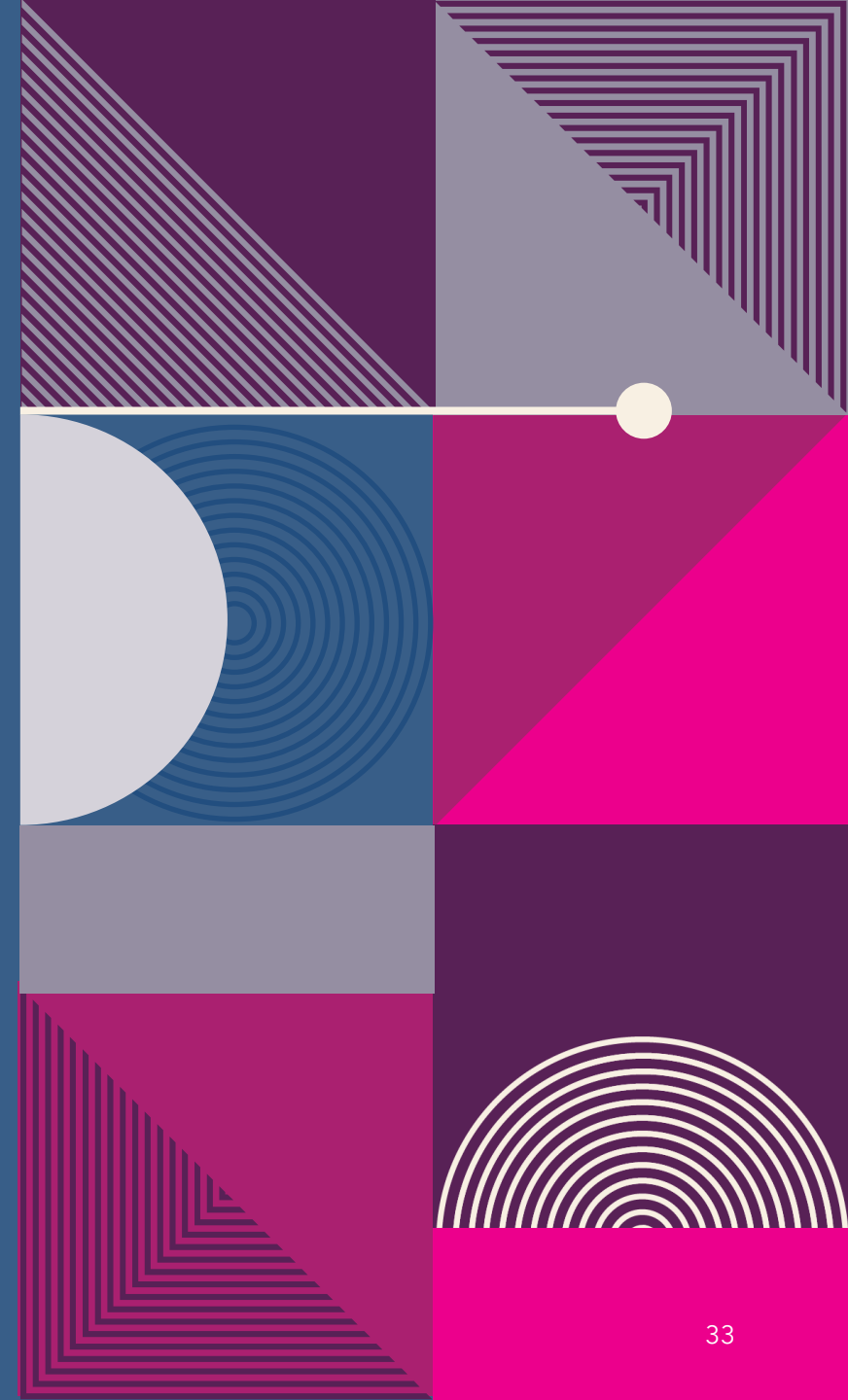
Is this within compliance



NO! CAP/CLIA REQUIREMENT

Gen. 55500 competency assessment - the competency of each person to perform his/her assigned duties is assessed. This must be addressed following training before the person performs patient testing.

College of American Pathologists - ref. CLIA elements

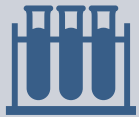


WHAT ABOUT STATE REGULATIONS?

NYS Human Resources Sustaining Standard of Practice 8 (HR S8): *Competency Assessment - Non-Supervisory Staff*

Laboratory management shall have written procedures for performing and documenting competency assessment for all staff. The competency of staff shall be evaluated for all tasks for which they are responsible at least semiannually during the first year the individual tests patient specimens and thereafter annually unless test methodology or instrumentation changes, **in which case, prior to reporting patient test results**, the individual's performance must be reevaluated to include the use of the new test methodology or instrumentation.

Case study



In the Special Coagulation laboratory, the Star Evolution and the Sta-Max are used for testing



The technologists are assessed for competency on factor assays, AT testing, von Willebrand testing, mixing studies



Since they are on the same platform is this necessary?

Yep!

- May I combine for competency purposes, all tests performed simultaneously on the same testing platform?

As long as there are no unique aspects, problems or procedures associated with any test on the testing platform, all tests performed simultaneously on the same testing platform may be combined.

- ***However, any test with unique aspects, problems or procedures within the same testing platform should be assessed separately to ensure that staff maintain their competency to report test results promptly, accurately and proficiently.***

So: Factor assays are clot based, AT is a chromogenic assay

Mixing study requires intervention; incubation; manual dilution, Von Willebrand testing is complex and immunoturbidimetric assay.

All different methodologies but on the same platform!

CASE STUDY

Inspector is reviewing competency assessment for unknown or proficiency testing sample

It is filled out as: Yes

August 12, 2019

100% score

The inspector doesn't want to accept this

All the boxes are filled out

What is wrong



IF IT'S NOT DOCUMENTED IT'S NOT DONE!

Insufficient information

Information must be retrievable

“Documentation of the event used for the assessment of the staff’s test performance must contain enough specific detail so that the evaluation can be substantiated”

Should have PT name (challenge 1,2 or 3) date testing was performed/signed by tech and score.

Or if a previously analyzed specimens were used- must indicate the date and the result of both the original testing and testing performed by the staff member.

If no supporting data is attached to the document

This documentation shows the directive was fulfilled

What happens if it doesn't match

- You cannot accept it as a fulfillment of that requirement
- Check for error due to sample instability
- Repeat the exercise
- If results still do not match what do you do?
- **GEN.57000 Competency Corrective Action**

If an employee fails to demonstrate satisfactory performance on the competency assessment, the laboratory has a plan of corrective action to retrain and reassess the employee's competency.

- Evidence of Compliance:

Records of corrective action to include **evidence of retraining** and **reassessment of competency**

CASE STUDY

Annual competency is due for a technologist
The analyzer working that she needs to be
evaluated on is not really well understood by
the supervisor

Another technologist who is familiar with the
procedure does the competency assessment
Is this allowed



WHO CAN ASSESS COMPETENCY?

Competency must be assessed by a supervisor (person must meet supervisor qualifications- make sure they are competency assessed as a supervisor!)

It is no longer train the trainer

Can another tech train people?

Yes, as long as they are competent on that procedure- they can train

They cannot assess competency

Who is Responsible for Performing Competency Assessment ?

- **Technical Consultant** – Moderate complexity

Responsible for performing and documenting but can also be others who meet the TC requirements.

- **Technical Supervisor** – high complexity

Responsible for performing and documenting but can be delegated in writing to a GS as long as they meet the regulatory requirements as a GS for high complexity testing.

- **General Supervisor** – High complexity

Provides day to day supervision and has access to personnel, monitors analyses and examinations, take remedial actions, report deviations, provide orientation to personnel, and annually evaluate performance of testing personnel

Who, con't.

Peer testing personnel who do not meet the regulatory qualifications of a TC, TS, or a GS cannot be designated to perform competency assessments.

Ultimately, the Lab Director is responsible to ensure all testing personnel are competent and maintain competency.

WHO IS REQUIRED TO HAVE COMPETENCY ASSESSED??

All individuals fulfilling the duties as outlined in Subpart M of CLIA regulations: (Anyone who performs testing on patient specimens)

- Clinical Consultant
- Technical Consultant
- Technical Supervisor
- General Supervisor
- Testing Personnel

BUT ALSO:

- Managers
- Quality Managers
- Directors
- Lab attendants
- IT personnel

Supervisor done by manager, manager by director

COMPETENCY ASSESSMENT SUPERVISORY STAFF

Initial

Six Months Post Hire Date

Annual

Staff Name: _____ Job Title: _____

Supervisory Functions Assessed:

- Day-to-day supervision of test performance by testing personnel;
- Monitoring examinations to ensure the acceptable levels of analytic performance are maintained;
- Assuring that all remedial actions are taken whenever test systems deviate from the laboratory's established performance specifications;
- In the event of non-conformances, ensuring that results of test examinations are not reported until all corrective actions have been taken and the test system is properly functioning;
- Providing training to personnel;
- Evaluating and documenting the performance of all testing personnel annually;
- Compliance with policies and procedures;
- Communication, including bringing problems and non-conformities to the attention of the laboratory upper management team;
- Leadership and problem-solving capabilities;
- Allocation of resources; maintaining staff schedules, equipment and supplies providing effective and efficient workflow;
- Personnel management.

Method of Assessment:

- Direct observation of performance of duties
- Periodic review of work product for compliance w/ SOP

Evaluation:

- Met (The staff is competent and can perform his/her task(s) independently)
- Partially Met (The staff requires additional training)
- Not Met (Re-education/In-service required)


Comments:

Staff Signature: _____ Date: _____

Evaluator/Observer
Signature: _____ Date: _____

NEW PROCEDURES

Changes in test methods or instrumentation



Prior to reporting patient test results, the individual's performance must be re-evaluated to include the use of the new test methodology or instrumentation

POCT TESTING

POCT may be waived or non-waived.

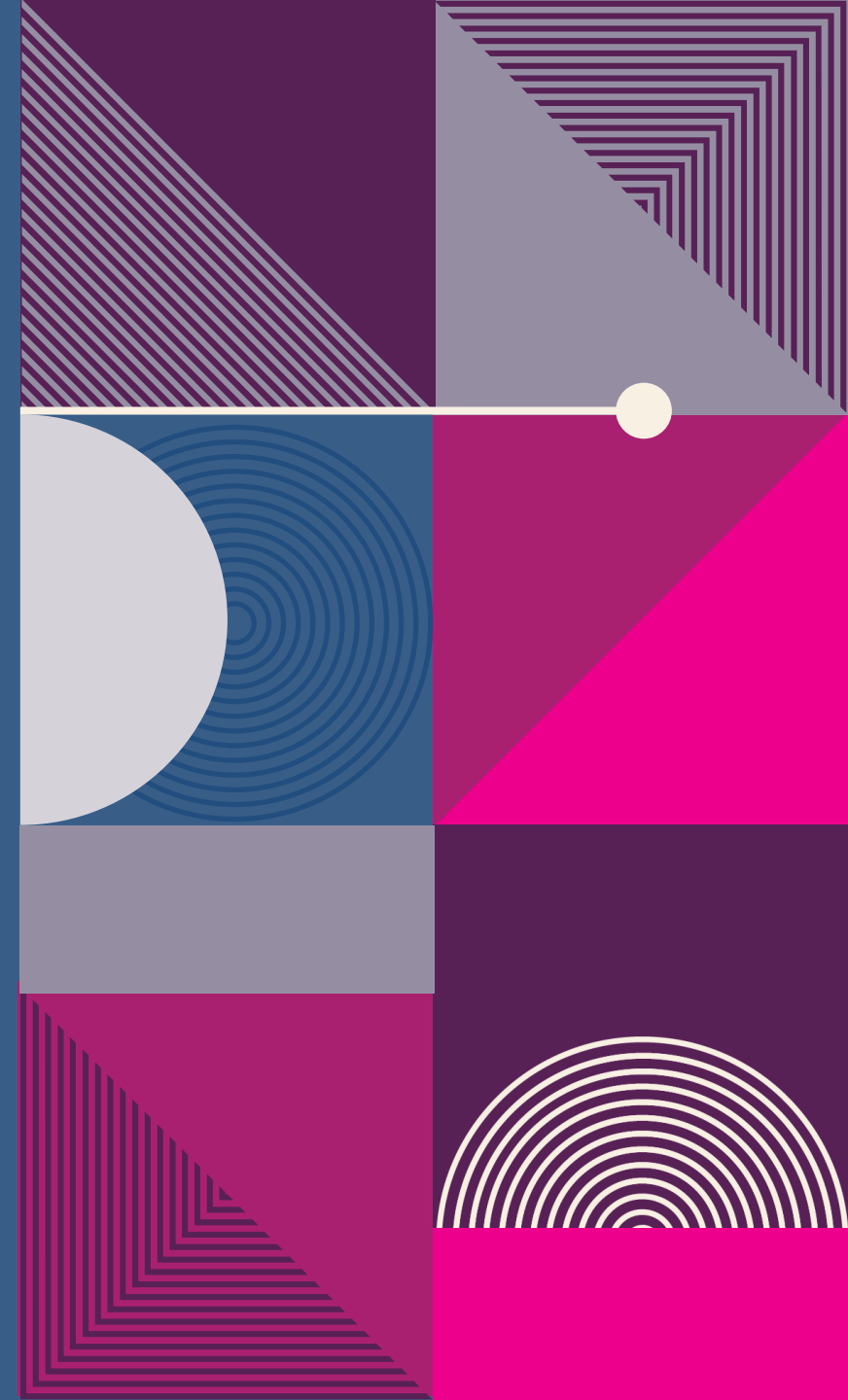
CMS does not require competency testing of waived testing.

Some states and accreditation agencies do include this requirement in their regulations.

If the POCT is waived, performing competency assessment is good laboratory practice.

The POCT coordinator or evaluator may choose which evaluation types are to be included and should document all activities performed and evaluated.

If the POCT is non-waived or moderately complex, competency assessment must be performed and documented. **All six CLIA evaluation types** must be included in the assessment, for each employee, for each POC test performed



Requirements - POC

POC.06900 = There is a documented program to ensure that each person performing POCT maintains satisfactory levels of competence.

For EACH test system
For ALL testing personnel



POCT MANAGEMENT CHALLENGES

- New instrument evaluation
- Compliance of users
- Testing environments
- Data management
- Managing inspections
- Handling quality control failures
- Correlations to core lab
- Managing competency assessments



POC checklist

3. TEST SYSTEM : HEMOCHRON System

YES NO	Describe the Policy and Procedures
YES NO	Describe the Purpose of the Test
YES NO	Describe the Test Complexity (W= Waived MC= Moderately Complex)
YES NO	Describe Use of Test
YES NO	Store Reagents and Testing Supplies appropriately
YES NO	Perform and Document Instrument Maintenance
YES NO	Comply with Standard Precaution
YES NO	Perform Safety Procedures
YES NO	Describe Specimen Collection and Handling
YES NO	Describe Patient verification/identification
YES NA	Describe Specimen Labeling
YES NO	Describe Limitation of the Procedure
YES NO	Describe Alternative Testing Method
YES NO	Perform Quality Control Testing
YES NO	Compare QC to QC Reference Range
YES NO	Document Corrective Action for out of range QC
YES NO	Perform Patient Testing
YES NO	Compare Patient Results to Reference Range
YES NO	Describe where to find Patient Reference Range
YES NO	Describe Results Interpretation
YES NA	Document Results
YES NO	Download and Upload Results
YES NO	Describe Corrective Action for Critical Values
YES NO	Describe READ-BACK Verification of Critical Values
YES NO	Perform Waste Disposal

POL TESTING

Most of the lab tests done in physician offices and at the bedside, including popular, frequently performed tests like pregnancy tests and rapid strep tests, are considered "waived," or exempt from government oversight.

But that doesn't mean that they should be exempt from quality control

Unless there is some focus on quality in laboratory medicine, outcomes can lead to misinterpretation, misdiagnosis and possibly inappropriate treatment



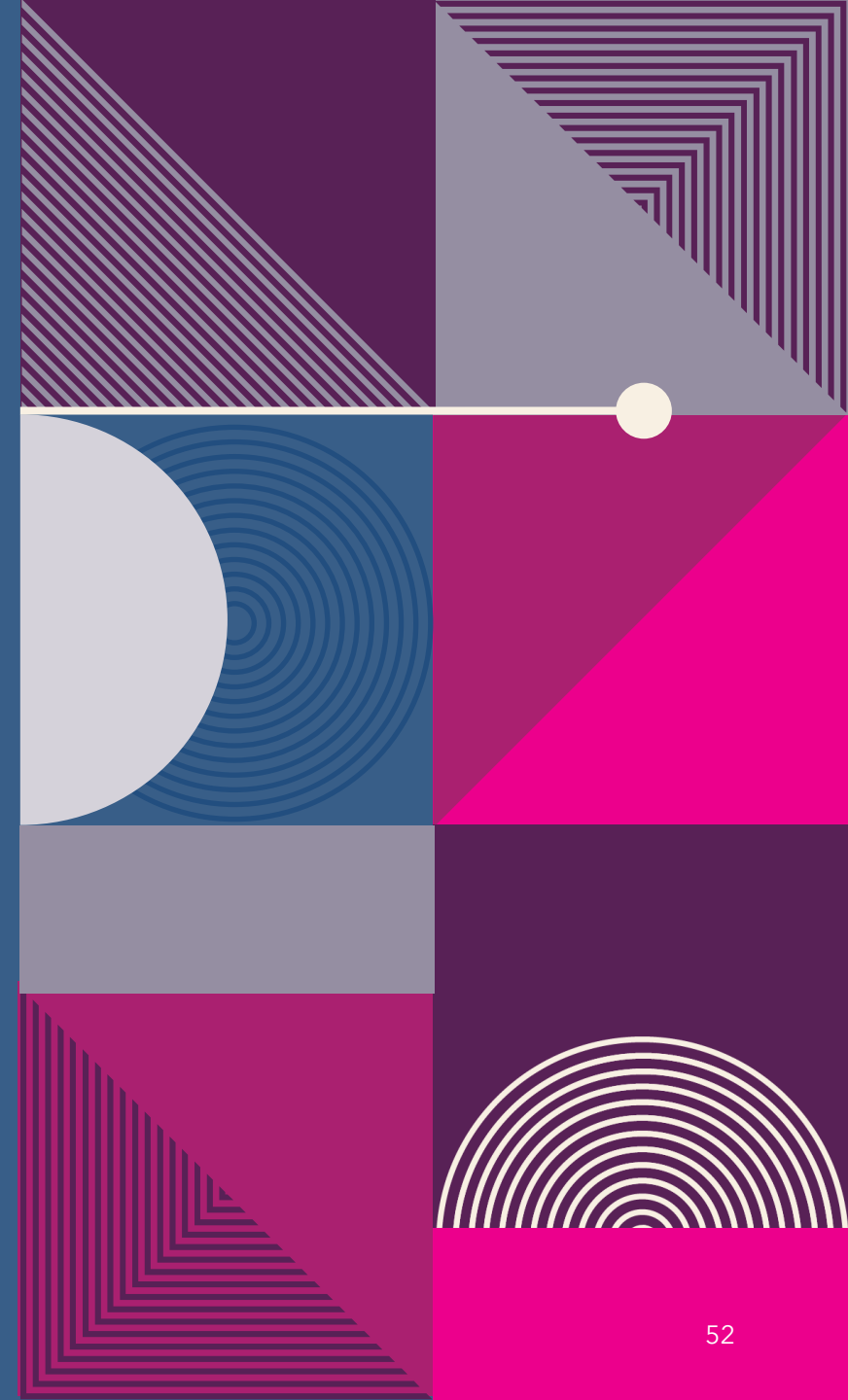
CLIA COMPETENCY ASSESSMENT

Studies indicate that more education & training produce higher quality results.

The means to confirm training effectiveness is competency evaluation.

In CLIA, laboratory director's qualifications are stringent due to overall quality responsibility.

But qualifications for testing personnel are minimal, based on test complexity.



CAN A NURSE MANAGER PERFORM COMPETENCY ASSESSMENT OF POCT PERSONNEL?

It is acceptable for the nurse manager to perform the competency assessment of these individuals if the nurse manager meets the regulatory requirements to qualify as a TC and you have **delegated this responsibility in writing.**





ARE WRITTEN POLICIES FOR ASSESSING PERSONNEL COMPETENCY REQUIRED FOR WAIVED TESTING

CLIA does not require policies for assessing personnel competency for waived testing.

Even though CLIA has no specific requirements for personnel performing waived testing, you need to ensure that patient testing results are correct to assist in making an accurate patient diagnosis.

You will need to ensure that testing **personnel are following all manufacturers' instructions.**

Testing personnel who are properly trained and performing the test correctly will aid the physician/provider in making an accurate patient diagnosis.

If your laboratory is accredited, you may need to consult your accrediting organization's standards.

SUGGESTION:

- **Create a file on each employee, in particular if they are assessed at different times of the year which is kept by them or in a central place.**
- **Anytime they perform a PT test a copy of results should be filed as well as any unknown samples they may run for correlation/studies**
- **For each test, they should file a test result they entered, which can be reviewed by the supervisor**
- **Any quiz or case study given should be placed in the file.**
- **It is a lot of work in the beginning, but much easier for the overall process**
- **Remember, you should evaluate competency for a specific methodology, so you don't have to perform it for every single test, unless a test has very specific processes or interpretations**



CONCLUSION

Competency assessment is complicated

It needs to be done

Try to incorporate it into the work load as much as possible

The only basis to make sure things are being performed correctly

Use quizzes as an easy problem solving tool

Stick to the time intervals

This is all part of a quality system!

