



Employee Standards and Competency Assessment - Where to begin?

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Back in the early 90's, we lost 3 of our five-member team to retirement. My remaining co-worker, Anita Leader, and I were devastated. We were the 'babies' of the group, and our security blanket was pulled out from beneath us! Then, after the initial shock wore off, we started getting excited. Gosh, we could do or change almost anything we wanted; the possibilities were endless!! So, what did we do?

Anita took on the daunting task of heading the Hurley School of Histology. After much blood, sweat, and tears, her students soon had the highest registry grades in the nation!

Meanwhile, I was promoted to supervisor. Little did I know what work was in front of me. The procedure manual had not been updated since 1969. The same went for the special stains manual. QA documents?? We have to keep TRACK of that stuff?? Competency manual; what was THAT?? I thought it was called proficiency! As you could imagine, I was overwhelmed. Coupled to this was our JCAHO (Joint Commission for Accreditation of Healthcare Organizations, now known as the JC (Joint Commission)) inspection coming in the fall.

Fortunately, we hired some great techs that brought a wealth of knowledge and experience from other great institutions. Most importantly, they were willing to share their knowledge. This was a great help in determining what to put in our manuals. Now all we needed was a format, to use as a basis for all these manuals. Again, we were fortunate. Our new cytotechnologist, who had worked at a variety of facilities, brought us the best from them all. Having a good starting format makes your job so much easier!

All of these memories came flooding back to me the day I was asked to come up with a Competency Handbook at one of the MSH board meetings. The MSH receives a number of inquiries regarding competency. Where do I begin? Is there a guideline available? Where do I get the information for competency that I need? Formats. But what type of format would everyone want? What would work best for everyone? Where could I get it? Many people still were calling it "Proficiency". Did this need redefining?

What is the difference between proficiency and competency? According to Wikipedia, the online encyclopedia, proficiency is the state or quality of being proficient; competence. Competency is defined as the state or quality of being adequately or well qualified; ability. A specific range of skill, knowledge, or ability. Now, this sounded more like it. Competency it is!

When looking at the CAP (College of American Pathologists) accreditation checklists, both terms are used, but in a different manner. **PROFICIENCY** is the assessing of the *LABORATORY'S* ability to meet a *national* standard. If a lab participates in a Proficiency program such as HistoQIP for the histology laboratory, or HER2 testing by IHC or FISH, the lab is assessed against a national standard on such areas of quality of sectioning, processing, and staining. It does not matter to CAP as to *who* did the sectioning or staining. **COMPETENCY**, on the other hand, is the lab's evaluation of EACH PERSON as to whether each person can meet the *laboratory* standard – sectioning (speed, quality), staining (quality, ability to multitask), operate equipment, attitude, etc.

Next, I began asking, OK, begging, all my old histo buddies, fellow Hurley Grads, and new MSH friends for samples of their competency evaluations. Everyone was very kind. But I wanted more! I looked online to see what the NSH offered. Then, off to the Histonet I went (an email listserv for

histotechs). I put my request out on Histonet, and the response was even bigger! I had many responses from Michigan, Illinois, Florida, Canada, and even the United Kingdom!

Goals and Measures

Upon reviewing, I found that the competency evaluations basically had four goals: Accountability; Work quantity; Work quality; and Reducing negative impact on employees.

- **Accountability** is a measurable goal. By direct observation or verbalization of knowledge, the employee will exceed standard performance, have acceptable standard performance, or have unsatisfactory performance. If the employee displays unsatisfactory performance, additional training is required, followed by further documentation.
- **Work quantity** is also a measurable goal that will vary with consideration to each institution's staffing, type of work, deadlines, and workloads. A small hospital laboratory will have different requirements from a large offsite laboratory that receives large volumes of specimens from outside locations.
- **Work quality** is also a measurable goal. It can be measured by looking at deficiencies from QC/QA logs, incident reports and documented awards and commendations.
- **Reducing negative impact on employees** is accomplished by measuring all the employees equally. Measuring everyone equally will communicate consistent work behavior to all staff. If there is an unsatisfactory employee, having documentation of the competency measures will be fair and consistent.

Which leads us to the competency measures: Technical equipment; Manuals; Data entry; Technical procedures; and Safety.

- **Technical equipment** should include any and all equipment that is encountered in an employee's workday. Examples are equipment used for embedding, microtomy/frozen sections, staining (routine, special and IHC), special procedures (muscle or kidney for EM or IF), tissue processing and instrumentation. Does the tech know how to run and maintain this equipment? Does the tech know what quality control this equipment requires? Does the tech know how to troubleshoot and resolve problems with the equipment?
- **Manuals:** Every employee is required to know the location of all manuals and be familiar with the contents of all-departmental procedure manuals, emergency preparedness manuals, policy manuals, safety manual, and MSDS's. Documentation of familiarity of contents and knowing the locations need to be measured and included in the competency evaluation.
- **Data Entry:** Most laboratories are equipped with some type of computer system, or, more likely, will have several. For example, in our hospital, we have six different systems:
 - ⇒ Anatomical Pathology System (CoPath)
 - ⇒ Clinical Laboratory System (Sunquest)
 - ⇒ Hospital wide system (Cisco)
 - ⇒ Registration system (Invision)
 - ⇒ MRIS (to access & copy facesheet)
 - ⇒ Healthstreams (HMC online training)

Each of our employees need to be proficient in all six of the systems, and therefore all of these are measured for competency.

- **Technical procedures** will also need to be measured and specific procedures will also vary with each institution. Whatever procedures your institute performs need to be measured for competency this includes special stains, immunoperoxidase procedures, cytology preparation, frozen sections and send-out protocols. You could list each procedure individually, such as gram stain, iron stain, etc., or the special stains could be grouped by specialty such as the 'liver stains' or 'muscle stains'. The same could also be applied for immunoperoxidase staining. Does the tech know why these procedures are performed? Can the tech identify the staining properties of the procedure? Can the tech troubleshoot the procedure and resolve the problem?
- **Safety:** The last measure of competency should include safety. Does the employee observe proper biohazard disposal? Do they consistently and properly use PPE? Do they know the location and proper use of the chemical spill kit, safety shower, eyewash station and fire blanket/extinguisher?

It is up to each laboratory to set "how fast", "how accurate", "how well stained" or "how able to troubleshoot". These numbers vary from laboratory to laboratory, and even by tasks within a laboratory. The histotech sectioning lots of skins and GI biopsies with levels (steps) on each block will be microtoming fewer blocks per hour than a histotech who has very few steps/levels. A new histotech may stain a fewer number of special stains at one time than an experienced histotech. Histotechs who have to stop microtoming and do frozen sections for the pathologist will section fewer blocks per hour than a histotech at a facility where the pathologists do their own frozen sections. This is why there are never any numbers provided in any competency statements or charts available through organizations or societies, as to "how many" or "how fast" or "how accurate". It is up to each laboratory to arrive at their own "competency numbers". The purpose of this article is to help you come up with the "lists" of tasks, and to assist you with creating charts and documents.

Frequency of Assessment

Next you need to consider when do you perform these assessments? How often? Again this varies from one laboratory to another. One suggestion is to do the assessment after the initial orientation of a new tech. Then repeat the assessment at the six month anniversary, again at the one year and then yearly after that. Any time a new procedure or equipment is introduced in the lab, the person needs to be assessed after training. Both CAP and JC suggest the previous assessment intervals.

CAP General Laboratory checklist for Personnel (GEN.55500) states that every duty does *not* have to be assessed every year. CAP suggests that the supervisor should determine which duties are most "pertinent" to the lab tests being done in that facility, and do the competency assessment on these tests.

JC states that all tasks are to be assessed within a three (3) year time frame.

Many labs are both JC and CAP accredited. These labs often take all of their tasks, divide them equally over the 3 year time period, and assess the competency yearly or quarterly, with emphasis on the "pertinent" tests.

Some suggestions to set up a competency assessment in your lab?

- Assess each tech on their anniversary date.
- Assess one tech each month.
- Assess certain tasks each month.

The documents are filed in the employee file and in the department indefinitely. Again, this process can be modified to each laboratories' needs and/or requirements.

Standards, Wordage, and Charts

Where can you begin to get an idea of areas to measure? What should beginning histotechs be expected to do, compared with experienced histotechs? Where can I get some of the correct terminology? National organizations are often a good place to begin.

ASCP BOR (American Society for Clinical Pathology Board of Registry) sets certification standards for HT and HTL candidates. These same standards could be used as a starting point for your own lab's competency assessment. One suggestion is that your new employees have to strive within a time frame set by your lab, to meet the standards in the HT exam content guidelines. Those employees who have more experience, or those employees who have additional responsibilities, could strive to meet the standards (those chosen for your lab) found in the HTL exam content guidelines. These are given to all HT and HTL candidates, and can be found for free on the ASCP BOR website.

- www.ascp.org/bor, Click on Certifying Examinations, then click on US Certification, then scroll down and click on Examination Content Guidelines. Chose either HT or HTL.

In addition, the ASCP BOR webpage has the criteria that they used to grade the practical exams for HT and HTL. If you need a good starting point (and verbiage) as to what constitutes a good section vs. one with sectioning artifacts, or the difference between a poorly stained slide and one that is good, look into these criteria.

- http://www.ascp.org/certification/pdf/grading_criteria_2007.pdf

NSH has two reference packets that can be useful:

- Histology Task Analysis: Used to evaluate the knowledge and skills required to work in histology.
- Histology Standards of Performance & Competency: Information and wording for your lab to set its own standards.

Both of these are available free of charge to NSH members, and can be found on the NSH web page

- www.nsh.org, Highlight NSH Market Place on the left, then click on Free Materials

NAACLS (National Accrediting Agency for Clinical Laboratory Sciences) is the accrediting agency for clinical laboratory schools/training programs, such as MT, MLT, HT and HTL. All NAACLS accredited schools must train their students to meet the NAACLS standards. So this again would be a good place to obtain lists of what your histotechs should be able to do, and to obtain nicely worded statements.

- Go to <http://www.naacls.org>. On the left, click on either HT or HTL, then click on Standards.

Starting on the second page is a "Description of the Histotechnology Profession". These two paragraphs are the same on both the HT and HTL Standards, however the next "Description of Career Entry" is different between the HT and HTL Standards. Again, remember, these are for *career entry*, so possibly the HT Standards are what your new employee that you are training should be striving for, but all of your experienced histotechs should be able to do right now. And some of the HTL Standards could be used for your experienced HT certified histotechs.

MSH (Michigan Society of Histotechnologists): Now after obtaining such helpful information from literally all over the world, I want to share it with everyone! The newly created MSH Competency Handbook will include samples of different forms and formats that various institutions use, which were submitted to me from various labs. It is however, very important that these should be used as *guidelines* only. You will want to individualize these formats to your institution's requirements. These

forms may contain procedures that your institution does not perform or may be missing some procedures. The forms that are in the handbook will be 8.5 x 11 documents so that you can scan them into your computer and customize them to your specific lab. The handbook will be available to mail out in May 2008; the cost will be \$5. Employee competency is an important tool and yet there is so little information available on the subject. It is for this reason that the MSH is putting this handbook together. We hope it will be a valuable tool for members of our profession.

- <http://www.mihisto.org>

Summary

Documentation of these competency measures will help supervisors in attaining accountability for all their employees. In my research, I found a quote from the NSH that was very fitting; "While 'perfect' performance is always the goal, life is certainly not; there is always the need to address and evaluate error rates and quality problems in a statistical or patterned way."

References: All Accessed 03/04/08

American Society of Clinical Pathology Board of Registry: <http://www.ascp.org/bor>

College of American Pathologists: <http://www.cap.org>

Histonet: <http://lists.utsouthwestern.edu/mailman/listinfo/histonet>

HistoQIP (Histology Quality Improvement Program): <http://www.nsh.org> Click on "HistoQIP" on left side

Joint Commission: <http://www.jointcommission.org>

Michigan Society of Histotechnologists: <http://www.mihisto.org>

National Accrediting Agency for Clinical Laboratory Sciences: <http://www.naacls.org>

National Society for Histotechnology: <http://www.nsh.org>

Wikipedia: <http://www.wikipedia.org>

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MSH contact hours can be used for CMP required by ASCP BOR to maintain certification.**

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1. When doing a competency evaluation, which of the following can be easily assessed by looking for deficiencies in the QC/QA logs or incident reports?
 - A. Accountability
 - B. Negative impact
 - C. Work quality
 - D. Work quantity

2. Competency assessment is used to evaluate the skills of:
 - A. All computer programs
 - B. An entire laboratory
 - C. Each individual person
 - D. The technical equipment

3. Laboratory personnel be assessed for competency in all of the following situations ***EXCEPT:***
 - A. After being trained on a new procedure
 - B. On a yearly basis
 - C. When the supervisor is mad at someone
 - D. Within 6 months of starting

4. TRUE or FALSE (circle one): Troubleshooting and resolving problems should be included in competency assessment.

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