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| **Competency Assessment** | | |
| Procedure: Tissue Recovery Team Lead Training Form | | |
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| Employee Name: Click or tap here to enter text. | | |
| Date of Assessment: Click or tap here to enter text. | | |
| Assessor Name/Title: Click or tap here to enter text. | | |
| Assessment Technique: (e.g. case review, test, observed procedure etc.…): Click or tap here to enter text. | | |
| Initial Training Annual Competency Other: Click or tap here to enter text. | | |
| Case Number: Click or tap here to enter text. | | |
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| **Task** | **Score** | **Comments** |
| Pre-Recovery | | |
| Verify consent, review med/soc and referral detail | Select Score | Click or tap here to enter text. |
| Review, assess and approve the required iTransplant tabs | Select Score | Click or tap here to enter text. |
| Confirm with circulator that the hospital chart has been reviewed, determined acceptable for recovery (if applicable) and hemodilution has been completed | Select Score | Click or tap here to enter text. |
| Verify recovery facility assessment and documentation was completed | Select Score | Click or tap here to enter text. |
| Ensure recovery team honours family’s special requests and coroner’s considerations. Ensures time out is completed (moment of silence, verify donor's identity). | Select Score | Click or tap here to enter text. |
| Physical Assessment | | |
| Ensure confirmation of donor identification by all staff | Select Score | Click or tap here to enter text. |

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| Verify physical assessment of donor findings | Select Score | Click or tap here to enter text. |
| Ensures photos of donor taken when appropriate - If applicable | Select Score | Click or tap here to enter text. |
| Understands process for consults (TOC/MD/tissue bank) | Select Score | Click or tap here to enter text. |
| Post Recovery | | |
| Verify paperwork, blood samples for coroner were left in the appropriate place (if applicable) | Select Score | Click or tap here to enter text. |
| Inspect donor for proper reconstruction and donor identification | Select Score | Click or tap here to enter text. |
| Inspect recovery location for cleanliness | Select Score | Click or tap here to enter text. |
| Confirms that PRC was notified of case completion | Select Score | Click or tap here to enter text. |
| Completion of Case | | |
| Confirms that necessary paperwork was sent to the tissue banks | Select Score | Click or tap here to enter text. |
| Confirms appropriate paperwork is with tissues for shipment | Select Score | Click or tap here to enter text. |
| Confirms tissue transportation was booked (i.e., couriers) | Select Score | Click or tap here to enter text. |

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| Comments: Click or tap here to enter text. | |
| 1= Limited knowledge or ability to demonstrate required competency (not competent)  2= Demonstrates partial knowledge or ability to demonstrate competency, but not in all required aspects (basic or novice)  3= Mostly demonstrates knowledge or ability of competency but needs guidance occasionally (Mostly Competent)  4= No guidance/prompting required to demonstrate knowledge of or ability to perform competency (Fully competent) | |
| If a trainee shows a score lower than the previous assessment, a training plan may be implemented. The plan must be executed, and the precepting TRC may be assigned this task. The Clinical Specialist or designate will determine what type of assessment is required and who is responsible for completing it. | |
| Assessor:  Click or tap here to enter text. | Date:  Click or tap here to enter text. |