|  |
| --- |
| **Competency Assessment** |
| Procedure: Pre-Recovery/Post-Recovery and Safety – Ocular |
|  |
| Employee Name: Click or tap here to enter text. |
| Date of Assessment (DD/MM/YYYY): Click or tap here to enter text. |
| Assessor Name: Click or tap here to enter text. 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. |
| Training Type (Initial Training, Annual Competency, Other - Specify): Click or tap here to enter text. |
| Case Number: Click or tap here to enter text. |
|  |
| **Task** | **Score** | **Comments** |
| Pre-Recovery |
| Locates and reviews donor referral case information on DMS | Select Score | Click or tap here to enter text. |
| Identifies proper authorization and special considerations | Select Score | Click or tap here to enter text. |
| Assembles supplies and equipment necessary for enucleation and in situ recovery. Documents supply list information appropriately | Select Score | Click or tap here to enter text. |
| Confirms that all supplies are within expiry dates and that all supply packaging is not damaged | Select Score | Click or tap here to enter text. |
| Reviews all available donor medical records and documents required details in DMS or other documentation and follows-up where necessary (i.e. contacting Tissue Consultant or EBC consultant) | Select Score | Click or tap here to enter text. |
| Verifies with donor chart that referral hemodilution calculation is correct or completes a new calculation | Select Score | Click or tap here to enter text. |
| Evaluates potential recovery site and makes corrections to recovery conditions and/or escalates issues where applicable | Select Score | Click or tap here to enter text. |
| Documents donor cooled and uncooled times | Select Score | Click or tap here to enter text. |
| Confirms identity of donor and demonstrates knowledge of how to escalate and resolve discrepancies | Select Score | Click or tap here to enter text.  |
| Secures special considerations requested by the patient, patient’s substitute and/or coroner | Select Score | Click or tap here to enter text.  |
| Donor physical assessment: demonstrates ability to perform physical assessment in accordance with CPI-9-510 | Select Score | Click or tap here to enter text.  |
| Communicates chart and/or physical finding escalations for medical consultation appropriately | Select Score | Click or tap here to enter text.  |
| Collects post mortem blood labels and packages blood in accordance with CPI-9-511 | Select Score | Click or tap here to enter text.  |
| Sets up supplies on a clean work surface and pours sterile liquids appropriately (i.e optisol into viewing chamber for in situ retrieval) | Select Score | Click or tap here to enter text.  |
| Performs surgical prep and draping of donor orbital area in accordance with CPI-9-518 | Select Score | Click or tap here to enter text.  |
| Establishes a worksite sterile field and develops surgical conscience to protect sterile field. Creates and maintains sterile field | Select Score | Click or tap here to enter text.  |
| Scrubs hands and arms using an approved waterless or water-based scrub technique in accordance with CPI-9-519 | Select Score | Click or tap here to enter text.  |
| Applies two sets of sterile gloves in a manner consistent with CPI-9-519 | Select Score | Click or tap here to enter text.  |
| Dons sterile sleeves over first set of gloves as per CPI-9-519 without exposing skin  | Select Score | Click or tap here to enter text.  |
| Identifies and documents relevant pre-recovery information appropriately on DMS or on equivalent Eye Recovery Form (CSF-9-80) | Select Score | Click or tap here to enter text.  |
| Post Recovery |
| Labels, verifies and packages ocular tissue and blood as required | Select Score | Click or tap here to enter text. |
| Performs donor reconstruction as per CPI-9-512 | Select Score | Click or tap here to enter text. |
| Ensures all packaging of tissue and blood samples conform to CPI requirements and are appropriately stored in transportation medium with wet ice prior to leaving site | Select Score | Click or tap here to enter text. |
| Performs thorough clean-up of recovery area including appropriate sharps management, cleaning of all "soiled" surfaces, and appropriate disposal of garbage and biohazard waste | Select Score | Click or tap here to enter text. |
| Arranges transport of tissue | Select Score | Click or tap here to enter text. |
| Performs Donor reconstruction as per CPI-9-512 | Select Score | Click or tap here to enter text. |
| Completes eye recovery note and ensures it is left with patient’s hospital chart or follows equivalent process | Select Score | Click or tap here to enter text.  |
| Documents relevant post-recovery information on DMS or on equivalent Eye Recovery Form (CSF-9-80) | Select Score | Click or tap here to enter text.  |
| Safety |
| Dons appropriate personal protective equipment prior to, during and after recovery | Select Score | Click or tap here to enter text. |
| Performs safe patient movements | Select Score | Click or tap here to enter text. |
| Identifies and demonstrates safe handling of sharps (recovery supplies) including safe disposal of sharps | Select Score | Click or tap here to enter text. |
| 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) |
| **Competency Assessment:** The manager or designate will determine if a trainee's score meets expectations for independent practice. **Annual Competency Assessment:** If a trainee shows a score lower than the previous assessment, a training plan may be implemented. The plan must be executed, and a TRC Preceptor may be assigned this task. The manager or designate will determine what type of assessment is required and who is responsible for completing it. The coordinator must show improvement prior to beginning or continuing the performance of ailing skills. |
| Assessor: Click or tap here to enter text. | Date (DD/MM/YYYY): Click or tap here to enter text. |
| Manager:Click or tap here to enter text. | Date (DD/MM/YYYY):Click or tap here to enter text. |