



Clinical Process Instruction Manual

On-The-Job Training Tissue - Clinical Staff Process Instruction

Policy:

All clinical Tissue Program staff are provided on-the-job training (OJT), which in combination with the other elements of the training program ensures that staff are trained and qualified to perform functions relevant to their specific job descriptions and responsibilities as per *American Association of Tissue Banks (AATB) Current Standards for Tissue Banking*.

Process:

General

1. The purpose of this procedure is to describe the OJT component of the training program and determination of initial competency for clinical Tissue Program staff.
2. There are three prescribed components of the initial orientation and training of new Tissue Program clinical staff: new employee clinical orientation, Clinical Process Instruction (CPI) training, and OJT.
3. Trillium Gift of Life Network (TGLN) donation and tissue recovery specific role checklists, individual training feedback forms and competency assessment feedback forms are used to document OJT.

On-The-Job Training

4. Training to the job specific tasks is coordinated by the Tissue Program Managers in conjunction with the Clinical Specialists. This phase of training is not as much time driven as it is objective based and is often dependent on the frequency with which an individual performs each job function. The OJT phase may include, but is not limited to, supervised observation, guided practice with trained Tissue Program personnel, demonstrated practice in the presence of a preceptor and a final observation by an authorized individual. The employee in training is expected to demonstrate the ability to perform the task or function proficiently and independently.
5. Performance of the task components is documented on Tissue Program department specific training and/or competency forms. These evaluations are reviewed by the Clinical Specialist. There must be evidence that task components were independently performed at some point during the OJT phase of training.



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6. Evaluation - After completing the above prescribed training activities, the new Tissue Program clinical staff are required to successfully complete the competency evaluations for their specific job title. The minimum score of 80% is considered passing on an initial exam. If the employee does not pass, retraining will be required. Upon completion of retraining, a re-evaluation will be administered with a score of 85% or higher considered passing.
7. The manager shall designate those individuals involved in training new clinical staff. Typically this is assigned to a team lead or a more senior staff member who knows the role well and is skilled at training new staff. The Manager – Tissue, Provincial Resource Center (PRC) or Recovery or designate will assign a preceptor for the trainee and ensure that the trainee is appropriately supervised on each training session. All training is documented on the skills checklists (see Exhibits 1 and 2) or competency assessment forms and accompanying comments sheet.
8. Upon completion of the orientation portion of the clinical staff training, the trainee will generally observe the Tissue Coordinator (TC), Multi Tissue Recovery Coordinator (MTRC) or Tissue Recovery Coordinator (TRC) on their first shift. New clinical staff will then commence performing duties under supervision, until they are ready to be evaluated and deemed competent for independent practice.
9. The preceptor shall document training provided on the applicable skills checklist which must be completed on each buddy shift for each trainee. The preceptor and trainee shall provide feedback by the end of the shift in which the training was received to facilitate knowledge transfer on the types of training and support required on the next shift.
10. The Competency form(s) are filled out concurrently with each task observed or performed for each task (i.e. Enucleation, Pre-& Post Safety or In Situ) These Competency forms are located on Sharepoint.
11. The trainee may complete a *Preceptor Evaluation Form* (see Exhibit 3) for each preceptor involved in the OJT process and save the completed form to employee's training file. This form will be delivered to the appropriate Manager - Tissue or designate. These Preceptor Evaluation forms are located on Sharepoint.



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Rating Scale

13. Using a scale of 1 - 4, rate each performance element of the task and assign the appropriate score in the rating box on the skills checklist.
 - A rating of 1 - Limited knowledge or ability to demonstrate required competency (not competent).
 - A rating of 2 - Demonstrates partial knowledge or ability to demonstrate competency, but not in all required aspects (basic or novice).
 - A rating of 3 - Mostly demonstrates knowledge or ability of competency but needs guidance occasionally (mostly competent).
 - A rating of 4 – No guidance/prompting required to demonstrate knowledge of or ability to perform competency (fully competent).
14. If the trainee scores less than 4 in any of the sections, the preceptor comments in the “Opportunities for Improvement” section.
15. A competency assessment may occur once the overall feedback on all performance elements has reached a level 4 rating (independent practice). In some cases, the competency forms are used as training forms until the trainee reaches a level 4.
16. In cases, where not all performance elements are deemed at a level 4, the trainee may still be deemed competent if there is a minimum of level 3 and they have scored 80% or higher in total.
17. The preceptor shall assess the trainee for competence using the appropriate competency assessment tool.
18. Trainees may perform select duties independently for which they have already been signed off, even if they have not been signed off for all duties of the role.
19. The manager or designate reviews all training forms and discusses readiness for independent practice with the trainee and preceptor as required.
20. The OJT time period may be extended if more time is required to attain competency for independent practice.



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The Employee Training Record

21. Once an employee is oriented, trained, and competent to practice independently, the employee training record may be forwarded to the manager or designate of the functional area of the Tissue Program for review and approval. This may be evidenced by a summary report in the employee training record.
22. Employee specific training records are maintained for all Tissue Program clinical personnel. The records contain documentation of, but are not limited to, the following:
 - training checklists for new employee and/or an employee with newly assigned tasks.
 - delineation of functions that each employee is authorized and trained to perform.
 - review and training prior to implementation of new and/or revised CPIs.
 - annual review of policies and procedures for which the employee has been trained, including safety procedures.
 - attendance at workshops, seminars, meetings, or other continuing education programs.
 - Authorized Tissue Staff Signature Record (CSF-9-237)

In-Service Training

23. TGLN provides ongoing training as needed for CPI revisions, new CPIs, donor criteria changes, and administrative changes or updates. Ongoing training to CPI revisions and new CPIs is tracked and documented as part of the CPI revision process. Initial review of these policies is documented upon review of new CPIs in iTransplant. Classroom training (if applicable) shall be documented and stored in the employee's training file. These records are maintained in Education and Professional Practice training file.



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Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Tissue Coordinator Training Form	CSF-9-172	Education and Professional Practice	Training File	16 years from end of employment
Tissue Recovery Team Lead Training Form	CSF-9-175	Education and Professional Practice	Training File	16 years from end of employment
Preceptor Evaluation Form	CSF-9-165	Education and Professional Practice	Training File	16 years from end of employment
Tissue Recovery Coordinator Training Log - Clinical Experience Tracking	CSF-9-177	Education and Professional Practice	Training File	16 years from end of employment
Authorized Tissue Staff Signature Record	CSF-9-237	Quality/ Education and Professional Practice	Training File	16 years from end of employment

References:

- Standards for Tissue Banking, American Association of Tissue Banks, United States, 14th edition, 2017. J2.400.



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Exhibit 1: Tissue Coordinator Training Form

CSF-9-172



Tissue Coordinator Training Form

Name: _____ Date of Hire: _____

Tissue Donation Coordination Training						
Tissue Donation Coordination Training consists of the core skills necessary to perform all essential job functions in the PRC as a Tissue Coordinator. An individual at this level of training should perform all applicable tasks on every referral. Once the employee in training is proficient in a task (receives a 4), no more entries for that task are necessary.						
Task	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating	Date/Initial Rating
Professional Communication/Interaction and Initial Intake (section 1 of 2)						
Appropriate Introduction						
Displays Professional and Courteous Tone and Language						
Informs Call Recipient of Recorded Line Status						
Obtains Purpose of Incoming Calls						
Provides Purpose of Outgoing Calls						
Engages in Active Listening						
Proficient Use of Phone: Warm Transfer, Use of Hold vs. Mute, Conferencing						

Ratings:

1 = Observation 2 = Requires assistance/monitoring
3 = Preceptor dependent, minimal guidance required
4 = Proficient, performs task independently



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Exhibit 2: Tissue Recovery Team Lead Training Form



CSF-9-175

Competency Assessment		
Procedure: Tissue Recovery Team Lead Training Form		
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.		
<input type="checkbox"/> Initial Training <input type="checkbox"/> Annual Competency <input type="checkbox"/> Other: Click or tap here to enter text.		
Case Number: Click or tap here to enter text.		
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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Exhibit 3: Preceptor Evaluation Form

CSF-9-165



Preceptor Evaluation Form

Information		
Preceptor name: Click or tap here to enter text.		
Date of evaluation: Click or tap here to enter text.		
Name of coordinator: Click or tap here to enter text.		
All preceptor evaluation ratings and comments will be confidential and only reviewed by the department manager		
Rating Scale and Instructions		
Using a scale of 1-4, assign the appropriate score in the rating box. If you score a 4 in any of the sections, please comment in the "Opportunities for Improvement" section. 1 = Always met expectations 2 = Frequently met expectations 3 = Sometime met expectations 4 = Never met expectations		
Performance Element	Rating (1-4)	Opportunities for Improvement
The preceptor was knowledgeable and competent	Select Score	Click or tap here to enter text.
The preceptor gave me feedback on a regular basis	Select Score	Click or tap here to enter text.
The preceptor behaved professionally at all times	Select Score	Click or tap here to enter text.
The preceptor was always readily available	Select Score	Click or tap here to enter text.
The preceptor provided feedback and learning opportunities to improve my performance	Select Score	Click or tap here to enter text.
The preceptor communicated professionally and gave clear explanations	Select Score	Click or tap here to enter text.
The preceptor was enthusiastic about my learning	Select Score	Click or tap here to enter text.
The preceptor managed time effectively	Select Score	Click or tap here to enter text.
The preceptor contributed to a teamwork environment	Select Score	Click or tap here to enter text.
The preceptor communicated information in a timely and effective manner	Select Score	Click or tap here to enter text.
The preceptor oriented me to the rotation and expectations of my role	Select Score	Click or tap here to enter text.
The preceptor provided problem-solving activities to enhance my learning	Select Score	Click or tap here to enter text.
Overall, my learning needs were met during my orientation	Select Score	Click or tap here to enter text.
Strengths / Areas for Improvement		
What did your preceptor do that was most helpful? Click or tap here to enter text.		
What would you have liked your preceptor to do differently? Click or tap here to enter text.		
How many preceptors did you have? (if only one, skip this question.) Did having more than one preceptor help your orientation? Please explain. Click or tap here to enter text.		
Any other suggestions for improvement of the orientation process? Click or tap here to enter text.		



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Exhibit 4: Tissue Recovery Coordination Competency Form – Enucleation



CSF-9-159

Competency Assessment		
Procedure: Enucleation		
Employee Name: <input type="text"/>		
Date of Assessment (DD/MM/YYYY): <input type="text"/>		
Assessor Name: <input type="text"/>		Title: <input type="text"/>
Assessment Technique: (e.g. case review, test, observed procedure etc.): <input type="text"/>		
Training Type (Initial Training, Annual Competency, Other - Specify): <input type="text"/>		
Case Number: <input type="text"/>		
Other pertinent assessment info: Enucleation in adherence with CPI-9-512		
Task	Score	Comments
Inserts speculum so as not to damage epithelium or surrounding ocular structures	Select Score	<input type="text"/>
Performs peritomy and blunt dissection of conjunctiva	Select Score	<input type="text"/>
Clamps medial rectus muscle to gain control of eye during removal of whole globe (optional)	Select Score	<input type="text"/>
Uses muscle hook to locate and identify the 4 rectus muscles (medial rectus, superior rectus, lateral rectus and inferior rectus). Severs rectus muscles with scissors	Select Score	<input type="text"/>
Uses enucleation scissors to sever optic nerve leaving ¼ - ½ inch stump	Select Score	<input type="text"/>
Lifts globe using hemostat and cuts any remaining connective tissue if necessary	Select Score	<input type="text"/>
Carefully transfers whole eye to sterile container using hand-under-whole eye technique in case tissue is dropped	Select Score	<input type="text"/>
Segregates contaminated instruments or instrument parts from sterile instruments throughout procedure	Select Score	<input type="text"/>
Performs Donor reconstruction as per CPI-9-512	Select Score	<input type="text"/>



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<p>Comments: Click or tap here to enter text.</p>	
<p>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)</p>	
<p>Competency Assessment: The manager or designate will determine if a trainee's score meets expectations for independent practice.</p>	
<p>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.</p>	
<p>Assessor: Click or tap here to enter text.</p>	<p>Date (DD/MM/YYYY): Click or tap here to enter text.</p>
<p>Manager: Click or tap here to enter text.</p>	<p>Date (DD/MM/YYYY): Click or tap here to enter text.</p>

Exhibit 5: Tissue Recovery Coordination Competency Form – Pre- recovery/ Post-Recovery and Safety- Ocular



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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.



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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.



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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.		
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