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| University of Texas Medical Branch | Effective Date: | Nov 90 |
| Pulmonary Function Clinic | Revised Date: | Jul 23 |
| Policy 02-02 Assessment of Competencies | Review Date: | Jul 23 |

Assessment of Competencies

Audience All personnel in the Pulmonary Laboratories: Pulmonary Function Clinic, and Center for Pulmonary Rehabilitation.

Purpose The purpose of competence assessment and evaluation is to assure safe patient care and to validate performance and proficiency. Competence evaluation confirms and documents that staff are able to complete their job duties according to standards. Competence is defined, maintained and validated through job descriptions, performance standards, employee evaluations, competency-based orientation, educational activities, and clinical practices.

Policy Competence is evaluated and documented per Job Description, Job Specific Performance Standards, Competency Skills Checklists, and Performance Management Program (PMP). Educational components designed to assist staff to meet the competencies of their roles include: UTMB Orientation, UTMB, area and unit orientation, in-services, continuing education offerings mandatory Institutional Annual On-line trainings.

Key Components

Job Description:

Each position has a written job description that defines the function, scope, duties and educational and experience requirements. At the time of hire, the new staff's educational background, prior experience, and current licensure or certification are considered in assigning a position.

Job Specific Performance Standards:

Standards have been established to ensure that patient care provided throughout UTMB Clinics is consistent and continuous. Each specialty area also utilizes standards to guide the delivery of patient care. Staff utilizes standards to guide the delivery of service to patients and access to care. These standards serve as guidelines for clinical practice and assist in measuring the outcome and quality of care/service provided.

Competency Skills Checklist:

Competence evaluation or validation is defined as the individual's ability to demonstrate and meet all job expectations. Competency Skills Checklists Tools, appropriate to the job role and responsibilities, are initiated in orientation and completed prior to the end of the probationary period. Validation of performance criteria must occur before unsupervised assignment. Evaluation is completed at least annually or at other intervals as appropriate. Competency Skills checklist include PFT and ABG procedures. ABG audits are done quarterly. The Technical Consultant will observe and sign ABG competencies. The Manager and/or Senior personnel with PFT credentials will observe and sign PFT competencies.

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Institutional Annual On-line Training

Institutional Annual On-line training is assigned to each staff and is completed on initial employment, and an annual basis, or as necessary. Staff transcripts will reflect required trainings.

Performance Management Program (PMP)

Competency assessment is defined as the collection of data regarding an individual's capability to perform job expectations. Assessment begins at the initial interview and continues throughout employment. The Performance Management Program is the tool for competence assessment and is completed at initial, 6 months, one year of employment, and annually thereafter.

Procedure The following delineates the procedure of competence assessment and evaluation:

Responsibilities of the Manager:

At the start of employment, the employee is given a job description to sign, and it is placed in their personnel file.

At the end of their initial probation period, the employee is given the Performance Management Tool to sign, and it is placed in their personnel file.

At the end of the initial probation period, the employee is given the appropriate competency skills checklist to complete, and it is placed in their personnel file. The competency skills checklist will be kept in the personnel file and staff work assignments will be made accordingly. The checklist will be updated during their annual performance evaluation.

The manager will also do the following:

- Identify areas needing improvement and time frames for improvement.
- Assist in developing action plans and provide guidance.
- Conduct performance management program evaluations annually on each staff member and a 6-month evaluation on all new hires.
- May perform corrective actions for employees not meeting or completing training and/or competency expectations.
- Annual Safety training for PFT laboratory staff will be kept in employee file.

Responsibility of the Staff:

- Complete the self-assessment of competence during the General Orientation and for performance appraisals.
- Set orientation and annual goals (obtainable).
- Communicate learning needs to supervisor/educator.

At the end of their initial probationary period, obtain appropriate area specific competency skills checklist from your Supervisor, Manager and/or Director. Competency skills checklist will be validated with date, signature, and title or

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person assessing performance. Communicate learning needs to supervisor.
Update annually.

Technical Consultant & Assessment

The minimum qualifications for a *Technical Consultant* are a bachelor's degree in a chemical, physical or biological science or medical technology AND at least 2 years of experience in non-waived testing in the designated specialty or subspecialty. An individual with a bachelor's degree in Nursing or Respiratory Therapy with the two years of experience in the specialty being assessed does qualify as a Technical Consultant in the State of Texas. The Medical Director does performance assessment of the Director (technical consultant). This assessment complies with State of Texas regulations allowing the Technical Consultant to be assessed by Medical Director for competency of assessment of the Pulmonary Lab personnel.

References See Institutional Policies (IHOP) Policy 5-1 for listing of trainings.

This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.

| Date | Approved by: | Signature |
|-------------|---|------------------|
| 11/07 | V. Cardenas, MD Medical Director Pulmonary Laboratory | |
| 6/09 | V. Cardenas, MD No changes to the policy | |
| 7/10 | V. Cardenas, MD No changes to the policy | |
| 2/12 | A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes to the policy | |
| 5/14 | A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes to the policy | |
| 8/16 | A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes to the policy | |
| 11/17 | A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes to the policy | |
| 8/19 | A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes to the policy | |
| 3/21 | A. Duarte, MD Medical Director Pulmonary Function Laboratory | |

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Changes to the policy

- 12/21** **A. Duarte, MD**
Medical Director Pulmonary Function Laboratory
Changes to the policy

- 8/22** **A. Duarte, MD**
Medical Director Pulmonary Function Laboratory
Changes to the policy

- 7/23** **A. Duarte, MD**
Medical Director Pulmonary Function Laboratory
Changes to the policy