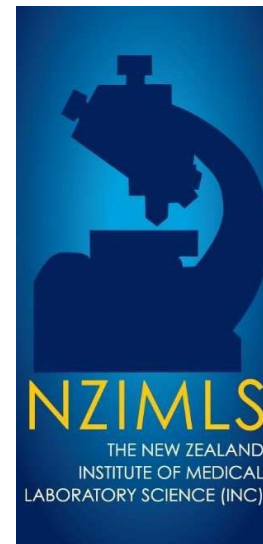


QUALIFIED MEDICAL LABORATORY  
TECHNICIAN

**DONOR SERVICES**

CURRENT PRACTICAL ASSESSMENT



**Candidate Name:** .....

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## CANDIDATE AND LABORATORY INFORMATION

Candidate Name: .....

Candidate Email Address: .....

Laboratory: .....

Laboratory Address: .....

.....

Laboratory Telephone: .....

Supervisors Name: .....

## ENQUIRIES

Any enquiries relating to the use of practical assessments should be sent to:

Executive Officer

NZIMLS

email: [sharon@nzimls.org.nz](mailto:sharon@nzimls.org.nz)

Phone: 03 313 4761

Mobile: 021 229 5454

*The practical assessment to be completed within 12 months either pre or post the successful passing of a QMLT examination.*

**Once complete, scan and email the entire Practical Assessment document to:  
[admin@nzimls.org.nz](mailto:admin@nzimls.org.nz)**

## LIST OF ASSESSORS

Please provide the names, titles and signatures of the staff responsible for the candidate's QMLT training. If part of the training has been undertaken in another laboratory, please indicate the laboratory and reasons for training in an alternative laboratory in the box below.

Please ensure that all the assessor signatures/initials that appear in this document are identified below along with their MSCNZ APC number or equivalent where applicable:

	<b>Name (print)</b>	<b>Title &amp; MSCNZ No.</b>	<b>Signature</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

## INSTRUCTIONS FOR THE USE OF THIS PRACTICAL ASSESSMENT

1. It is recommended that more than one assessor be used (if possible) to avoid bias.
2. Standard Operating Procedures (SOP) must be followed at all times.
3. Unless otherwise stated all assessment criteria **MUST** be met. The comment box on the assessment pages for criteria that are not met is to assist the candidate to meet the criteria on their next attempt.
4. If a procedure or piece of equipment is not routinely performed or used in the candidate's department every effort should be made for the candidate to view and attempt the procedure in another laboratory.
5. In order to give candidates sufficient time to retrain and practice tasks that require reassessment it is recommended that the re-sitting of the tasks be undertaken at least one week post the initial assessment.
6. The successful completion of all assessments is required for the qualification of QMLT.
7. Once complete, scan and email the entire Practical Assessment document to:  
admin@nzimls.org.nz

## CRITERIA FOR ASSESSMENT

The assessment of the candidate's performance will be based on the following criteria:

**Application:** Understanding of the theory and limitations behind the procedure.

**Accuracy:** Ability to perform tasks as per Standard Operating Procedures (SOP).

**Efficiency:** Ability to work accurately within an acceptable time frame.

**Consistency:** Ability to obtain expected (or predetermined) results consistently.

**Quality:** Ability to fulfil the Quality Assurance requirements for all procedures.

## CONDITIONS OF ASSESSMENT

To meet the level of competence required the candidate must be able to demonstrate that they are able to:

1. Apply theoretical knowledge of a procedure.
2. Complete the listed tasks ***without direct supervision as they apply to your laboratory*** under standard working conditions.
3. Refer erroneous or abnormal results to a laboratory scientist.
4. Adhere to an ethically and culturally sensitive practice.

## PROFESSIONAL STANDARDS PERFORMANCE

Please use this form to provide an overall performance of the candidate in your laboratory.

**Discipline:** .....

**Candidate name:** .....

**Laboratory:** .....

**Supervisor's name:** .....

1. The above candidate has complied with rules, regulations and protocols set by the laboratory.
2. Is aware of the importance of culturally sensitive practices.
3. Applies knowledge of informed consent and patient confidentiality.
4. Has demonstrated responsible behavior in relation to ethical and safety issues and staff relationships.
5. Satisfactory performance in practical and relevant theory work.
6. Satisfactory completion of the tasks listed in the practical assessment.

**Comments:**

.....  
.....  
.....  
.....

**Supervisor's signature:** .....

**Date:** .....

**Reference:** Medical Sciences Council New Zealand Code of Competencies and Standards for the Practice of Medical Laboratory Science. (2006).

## GUIDELINES FOR THE TEST PROCEDURES ASSESSMENT

Identify any safety precautions associated with any given procedure relating to correct handling of samples and reagents and identify potential hazards.

1. **Ensure specimen is appropriate for the procedure:**
  - Correct specimen identification.
  - Checks specimen is correct type of sample.
  - Checks specimen is appropriate for the procedure.
  - Correct processing and storage.
2. **Selects and where relevant, prepares reagents and materials:**
  - Collects and returns reagents to their appropriate storage location.
  - Prepares reagents according to the Laboratory Procedure Manual.
  - Chooses the correct reagent e.g., chemical, diluent etc.
  - Uses appropriate equipment if applicable.
3. **Follows approved quality assurance procedures for reagents and materials:**
  - Checks reagent integrity e.g., expiry, date contamination. label, pH etc.
  - Checks new reagents according to Laboratory Procedure Manual.
  - Checks and records Batch number of reagents according to Laboratory Procedures Manual.
  - Understands the importance of storing reagents at the appropriate temperature.
4. **Selects appropriate assay controls and standards:**
  - Chooses appropriate standards and controls according to Laboratory Procedures Manual.
  - Checks the integrity of standards and controls.
5. **Performs Procedure**
  - Verifies specimen identity, worksheet numbers, specimen/control/standard position in batch.
  - Performs the procedure according to the Laboratory Procedures Manual.
  - Maintains accurate and legible worksheet documentation.
6. **Calculates and determines results.**
  - Accurately determines the result i.e., assigns qualitative value (positive/negative).
  - Obtains quantified results according to the Laboratory Procedures Manual.
7. **Correlates test data against quality control data.**
  - Recognizes and refers to supervisor faults in relevant processes.
  - Identifies the Quality Control (QC) results and records date and any action taken.
  - Identifies control values outside the target range and refers to the Supervisor for corrective procedures.

8. **Recognizes and refers to supervisor faults observed during the test procedure, in relevant instruments and processes.**

- Is familiar with the procedure and/or normal instrument function.
- Demonstrates the ability to recognize a fault and inform the Supervisor.
- Consults appropriate manuals and records.
- Works through a logical trouble shooting process under supervision.
- Records faults together with the action taken.

**Note:** While initiative and trouble shooting ability is to be encouraged, a technician should recognize their limit of competence and know when or where to refer to the supervisor.

9. **Recognizes and refers to Supervisor abnormal and anomalous results.**

- Identifies abnormal and anomalous results i.e. recognizes results outside the reference range.
- Refers to Supervisor and under supervision, takes action according to Laboratory Procedures Manual.
- Records action taken.

## CONFIRMATION OF PRACTICAL ASSESSMENT COMPLETION

Candidate Name: .....

Candidate Email Address: .....

Laboratory: .....

Laboratory Address: .....

.....

Laboratory Telephone: .....

Supervisors Name: .....

Number of assessors: .....

## CERTIFICATION PRACTICAL ASSESSMENT COMPLETION

This is required to be completed by the supervisor or equivalent who must be a Medical Laboratory Scientist or other approved person e.g., a Pathologist both of whom must hold an Annual Practising Certificate (APC).

The NZBS Charge Nurse or Clinical Nurse Leader must have a current Annual Practising Certificate.

**I certify that the above candidate has successfully completed the QMLT Donor Services Practical Assessment.**

Print name: .....

MSCNZ Registration No: 30- .....

Signature: .....

Date: .....

**Email to: [admin@nzimls.org.nz](mailto:admin@nzimls.org.nz)**

***The practical assessment to be completed within 12 months either pre or post the successful passing of a QMLT examination.***

## PRACTICAL ASSESSMENT TASKS

<b>Assessment 1</b>	Temperature Monitoring
<b>Assessment 2</b>	Internal quality control
<b>Assessment 3</b>	Blood collection – from a whole blood donor
<b>Assessment 4</b>	Plasma collection via apheresis
<b>Assessment 5</b>	Blood Collection with an Evacuated Collect Device
<b>Assessment 6</b>	Donor Registration
<b>Assessment 7</b>	Linking the collected unit to the donor
<b>Assessment 8</b>	Verbal Instructions

*All assessments must be completed within 12 months of successfully passing the QMLT examination.*

**QUALITY ASSURANCE**

**Assessment 1: Temperature Monitoring**

Name of Assessor	
The Assessor is to confirm that the exercise given below have been completed to a satisfactory standard.	

Select an item of thermo-regulated equipment in your laboratory (this may include blood bags, or other consumables).

- Following the procedure of your laboratory, record the temperature for 10 days (10 days need not be consecutive).
- Plot your values on a suitable chart showing the allowable limits of performance specified for that piece of equipment. Attach a copy of your chart to this assessment.
- Where any of the values are outside the allowable limits, outline any actions undertaken in response, or reasons for not taking action.
- List three possible circumstances that may cause values to fall outside the allowable limits and what actions should be taken in those circumstances.
- Discuss with your supervisor the reason why the item you chose is monitored and what the consequences of out of limit temperatures are.

Assessment 1: Record of temperature readings	
#	Date of reading
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Comments on actions to be taken:
----------------------------------

**I confirm that the above criteria and conditions of Assessment are met:**

Date: / / Assessors Name: ..... Assessors Signature: .....

**QUALITY ASSURANCE**

**Assessment 2: Internal quality control**

Name of Assessor	
The Assessor is to confirm that the exercise given below have been completed to a satisfactory standard.	

Utilising the data you collected from Assessment 1:

- Construct a Levy-Jennings chart indicating the previously established target and limits of performance and plot the values on the chart. Note any values that exceed 2 and 3 standard deviations on the chart. Attach a copy of your chart to this assessment.
- Discuss with your supervisor whether the results indicate any issue with accuracy and/or precision and the reason for your answer

As a separate exercise, use the data from Assessment 1 to calculate the running mean, standard deviation (SD) and coefficient of variation (CV).

Calculations and discussion points

**I confirm that the above criteria and conditions of Assessment are met:**

Date: / / Assessors Name: ..... Assessors Signature: .....

**Assessment 3: Blood Collection from a Whole Blood Donor**

Name of Assessor	
The Assessor is to confirm that the range of tests given below have been completed to a satisfactory standard.	

Competencies	Comments
<b>Pre-venesection</b>	
Approaches, greets, and identifies the donor appropriately.	
Cleanses hands with antiseptic hand wash and displays good hand cleansing technique.	
Checks phlebotomy code and takes necessary equipment including blood bag, accreditation tubes, barcode labels 48-hour card to the donor bed.	
Positions donor safely. Provides donor with AMT card and provides verbal guidance	
Applies the cuff, ensures the patient's hand is closed, and selects the venesection site.	
Attach donation barcode labels to the DSR, 48-hour card, blood bags, eProgesa Linking Form and accreditation tubes.	
Perform Barcode reconciliation on used donation barcode labels and record appropriately on the DSR.	
Positions blood bags on the blood mixer.	
Cleanses the venepuncture site using double swab technique and allows to air dry between swabs.	
<b>Draw</b>	
Encourages donor to perform AMT prior to needle insertion. Performs the venepuncture inserting needle, bevel up, with a safe, correct method. Once blood flow begins requests donor to open hand, deflates the cuff to the correct pressure.	
Secures collection tubing and covers needle with sterile gauze.	
Collects blood in accreditation tubes and mixes appropriately.	
Uses the blood mixer correctly.	
Completes documentation on DSR.	
For mobile chairs, adjust to semi-recumbent position.	

<b>Post Draw:</b>	
Places the gauze pad lightly over the puncture site without applying pressure. Encourages donor to perform AMT.	
Removes the needle, activating any safety feature according to manufacturer's instructions.	
Releases and removes the cuff.	
Asks donor to apply pressure for 3 minutes (5 minutes for new donor). Sets timer.	
Completes all relevant details on DSR including remaining donation barcode labels and reconcile.	
Cuts up remaining barcodes and discards into appropriate container at the bedside.	
Takes the DSR, properly labelled accreditation tubes and blood unit to packing area.	
Heat seals unit and disposes of tubing and needle in a sharps container.	
Packs blood unit, accreditation tubes and DSR correctly into bag.	
When timer rings applies pressure dot or bandage. Ensures donor receives follow-up advice for any potential complications.	
<b>Communication skills:</b>	
Displays active listening skills including answering questions appropriately.	
Asks questions appropriately to clarify or find out more information.	
Gives clear verbal instructions.	
Writes clearly and concisely.	
Displays a warm, empathetic manner with donors.	
Copes well with interruptions.	
<b>Quality focus</b>	
Maintains donor privacy and confidentiality.	
Checks work for accuracy by paying attention to detail.	

**I confirm that the above criteria and conditions of Assessment are met:**

Date: / / Assessors Name: ..... Assessors Signature: .....

**Assessment 4: Plasma collection via apheresis**

Name of Assessor	
The Assessor is to confirm that the range of tests given below have been completed to a satisfactory standard.	

Competencies	Comments
<b>Pre-venesection</b>	
Set-up plasma machine appropriately.	
Check the appointment list and plan appropriately for the apheresis donor appointment schedule.	
Select the correct donor file and interpret what product is to be collected from the donor.	
Check file notes for donation information and blood results. Understand blood testing criteria.	
Greet donor in friendly and appropriate manner, giving them their full attention and introduce self (and role in donation process), if unknown to donor.	
Complete correct identification process to ensure all documentation matches donor by verbally requesting donor name and date of birth, visually checks against DSR.	
Check that the Donor information on the DSR matches the information recorded on 107F091 Plasma Donor Record Sheet.	
Ensure the Anticoagulant 4% Sodium Citrate solution is double checked and has been signed by an appropriate staff member.	
Spike anticoagulant, ensure drip chamber is in situ and PRIME the installed set as instructed by plasma machine.	
Attach donation barcode labels appropriately and record used labels on DSR.	
Check and modify machine parameters prior to procedure for collection targets and donor values as required – use Nomogram.	
Attach cuff to preferred arm for venesection -- adjust cuff pressure between 60 - 80mmHg.	
Select suitable vein.	
Venesection Site Preparation – double swab technique.	

Inflate cuff prior to venesection.	
Carries out appropriate hand hygiene techniques at the 5 moments of hand hygiene.	
<b>Draw:</b>	
Perform the venepuncture using AV Fistula Needle with correct technique (also encourages AMT prior to venesection.)	
Secure the needle to the donor's arm and cover the venepuncture site with sterile gauze.	
Modify the cuff pressure to between 40 mmHg.	
Release end cap of fistula needle to allow blood to flow down and fill the needle line, close and clamp line after blood has reached end of needle line.	
Attach vacutainer to AV fistula needle and open clamp on needle line.	
Collect the accreditation tubes and any other necessary tests.	
Close clamp on needle line, disconnect vacutainer and discard in sharps bin, connect donor line tubing to fistula needle line. Press CHECK button and then START button.	
Attend to all documentation – DSR, phlebotomist signature, start time and clinical notes.	
Ensures donor comfort and safety. Identify and rectify any issues as required during procedure, completing appropriate documentation when required	
<b>Post Draw:</b>	
Completion of collection procedure –apply blue haemostat clamp adjacent to top of Transfer bag on the plasma line and close needle clamp, remove needle safely. Heat seal and discard needle in sharps bin	
Ask donor to apply pressure to site for 3 minutes to make sure bleeding has stopped.	
Correctly capture donation statistics and record donation information in clinical notes and plasma donor record sheet. Complete all relevant details on DSR including number of remaining barcodes and reconcile.	
Cut up remaining donation barcode labels and discard into appropriate container at the bedside.	
Attend to donor aftercare, applying pressure bandage.	
Once donor has left donation area remove product and correctly “burp” product.	

Dismantle and dispose of disposable set/kit.	
Documentation, product and accreditation tubes correctly put together in plastic bag and place in linking area.	
<b>Communication skills:</b>	
Displays active listening skills including answering questions appropriately.	
Asks questions appropriately to clarify or find out more information.	
Gives clear verbal instructions and tests understanding.	
Writes clearly and concisely.	
Displays a warm, empathetic manner with donors.	
Copes well with interruptions.	
<b>Quality focus</b>	
Maintains donor privacy and confidentiality.	
Checks work for accuracy by paying attention to detail.	

**I confirm that the above criteria and conditions of Assessment are met:**

Date: / / Assessors Name: ..... Assessors Signature: .....

**Assessment 5: Blood Collection with an Evacuated Collect Device**

Name of Assessor	
The Assessor is to confirm that the range of tests given below have been completed to a satisfactory standard.	

Competencies	Comments
<b>Pre-draw:</b>	
Approaches, greets and identifies the donor appropriately.	
Carries out appropriate hand hygiene techniques at the 5 moments of hand hygiene.	
Assembles necessary supplies including cuff and selects appropriate tubes according to tests requested on the request form/DSR.	
Applies the cuff, ensures the donor's hand is closed, and selects the vein site.	
Cleanses the venepuncture site, using double swab technique and allows to air dry.	
Labels tubes appropriately.	
<b>Draw:</b>	
Performs the venepuncture inserting needle bevel up with a safe correct method. Once blood flow begins requests donor to open hand. Fills syringe gently as full as required for all tubes to be filled.	
Fills tubes as recommended using correct order.	
Mixes tubes by gently inverting three times.	
<b>Post Draw:</b>	
Places the sterile gauze lightly over the puncture site without applying pressure.	
Removes needle. Releases and removes the cuff.	
Applies pressure to the site, making sure bleeding has stopped, and then applies pressure dot or bandage.	
Records all relevant details.	

Disposes needle as per protocol.	
Cleanses hands.	
Sends properly labelled blood collection tubes to the appropriate testing laboratory with regard to temperature requirements.	
Ensures donor receives follow-up advice for problems.	
<b>Communication skills:</b>	
Displays active listening skills including answering questions appropriately.	
Asks questions appropriately to clarify or find out more information.	
Gives clear verbal instructions and tests understanding.	
Writes clearly and concisely.	
Displays a warm, empathetic manner with donors.	
Copes well with interruptions.	
<b>Quality focus</b>	
Maintains donor privacy and confidentiality.	
Checks work for accuracy by paying attention to detail.	

**I confirm that the above criteria and conditions of Assessment are met:**

Date: / / Assessors Name: ..... Assessors Signature: .....

**Assessment 6: Donor Registration**

Name of Assessor	
The Assessor is to confirm that the range of tests given below have been completed to a satisfactory standard.	

Competencies	Comments
<b>Identification:</b>	
Enters Venue, phlebotomy type and printer in eProgesa fields.	
Greets and welcomes the donor appropriately.	
Crosses name off appointment list or changing status of booking on DRM365 to 'arrived'.	
Asks for identification.	
<p>For existing donors with Donor cards, verifies full name, date of birth and address details.</p> <ul style="list-style-type: none"> <li>• If ID or information given by donor does not match eProgesa record, does not proceed with registration and alerts nursing staff.</li> <li>• For donors without any ID, and those who are known to NZBS staff, follows appropriate process.</li> </ul>	
When a donor is not able to produce any form of ID alerts nursing staff to discuss - does not register these donors.	
<b>Registration:</b>	
<p>For new donors or existing donors without a donor card:</p> <ul style="list-style-type: none"> <li>• Uses donor details form where appropriate.</li> <li>• Follows correct process for searching in eProgesa.</li> <li>• Can explain how to confirm when a potential match is found.</li> <li>• Prints DSR.</li> </ul>	
<p>Existing Donors with donor card:</p> <ul style="list-style-type: none"> <li>• Scans or enters Donor ID number.</li> <li>• Asks donor to confirm full name, DOB and address.</li> <li>• Checks that information given matches info within eProgesa.</li> <li>• Confirms and prints DSR.</li> </ul>	

Follows procedure when flags arise and alerts Clinical Nurse Leader/floor coordinator/senior nurse.	
Signs DSR in the appropriate place.	
Scan donor ID from DSR into SAHH tablet and write tablet identifier at top DSR. Hand tablet to donor	
Asks donor to read the mandatory pamphlets (as appropriate) and return tablet when completed.	
When tablet returned checks that all information has been completed, signs in appropriate place on DSR.	
Highlights DSR for appropriate appts i.e. whole blood or apheresis.	
Directs donor to waiting area and places DSR in appropriate "Interview Box".	
For name changes for existing donors asks for proof confirming existing record as well as evidence of name change.	
Follows correct procedure for printer or eProgesa outage.	
Follows correct procedure if a registration error is made.	
Manages flow of appointment and walk-in donors.	
<b>Communication skills:</b>	
Displays active listening skills including answering questions appropriately.	
Asks questions appropriately to clarify or find out more information.	
Gives clear verbal instructions.	
Writes clearly and concisely.	
Demonstrates patience with donors.	
Displays a warm, empathetic manner with donors.	
Copes well with interruptions.	

Quality focus	
Maintains donor privacy and confidentiality.	
Checks work for accuracy by paying attention to detail.	

**I confirm that the above criteria and conditions of Assessment are met:**

Date: / / Assessors Name: ..... Assessors Signature: .....

**Assessment 7: Linking the Collected Unit to the Donor**

Name of Assessor	
The Assessor is to confirm that the range of tests given below have been completed to a satisfactory standard.	

Competencies	Comments
<b>Pre-linking:</b>	
Checks that tubes, blood and DSR are labelled with same barcode number.	
Places accreditation tubes in rack.	
Checks the finished bleed time is recorded on the bag.	
Checks front and back of DSR.	
<b>Linking:</b>	
Enters correct information at top of Linking Screen.	
Scans in pack batch and barcode from bag then places unit in blood rack.	
Scans Donor ID number and barcode from DSR.	
If barcode not accepted, follows steps to rectify problem.	
Enters start and stop times.	
When default time bypassed warning appears, checks start/stop times on DSR.	
Enters comments and deferrals correctly	
Signs appropriate sections of the DSR.	
When duplicate donations number warning appears, puts aside DSR, tubes and unit and alerts Coordinator/Clinical Nurse Leader.	
<b>Linking Audit:</b>	
Audits linking prior to consigning and sending to Processing.	
Sets aside appropriate DSRs that require audit and stamp with the audit stamp.	

Enter donor record by by Donor Medical Screening 'QUERY'.	
Checks appropriate fields against DSR.	
Checks that staff and donor have signed documentation.	
Records findings on audit form-, signs and dates in audit stamp.	
Error identified must be investigated and corrected by the person responsible or session co-ordinator if they are not available.	
<b>Consignment</b>	
Selects correct screen and appropriate mailing type according to group to be consigned.	
Scans in donation number for associated group.	
Prints relevant consignment note and ensures it accompanies the group.	
<b>Communication skills</b>	
Writes clearly and concisely.	
Copes well with interruptions.	
Will inform Team Leader of identified linking issues.	
<b>Quality focus</b>	
Maintains donor privacy and confidentiality.	
Checks work for accuracy by paying attention to detail.	

**I confirm that the above criteria and conditions of Assessment are met:**

Date: / / Assessors Name: ..... Assessors Signature: .....

**Assessment 8: Verbal Instructions**

Name of Assessor	
<b>The Candidate is to give the Assessor verbal collection instructions on the following:</b>  <b>(Please note: These are not the only verbal instructions expected to be known by the candidate but pertinent examples for practical assessment purposes).</b>  <b>Insert comment/s where criteria are not met.</b>	

<b>Instruction</b>	<b>Comment</b>
Bone Marrow/tissue typing samples.	
Travel related antibody testing.	

**I confirm that the above criteria and conditions of Assessment are met:**

Date: / / Assessors Name: ..... Assessors Signature: .....

**Reflection: Discipline Puzzle**

<b>Puzzle Title: Match terms and Clues</b>	
<b>Term</b>	<b>Clue</b>
Duty of care	Anticoagulant
NZMSC	Quality control
Neutropenia	Gloves, gowns, goggles
Precision	Contracting Muscles
Sodium Citrate	Faint
Crossmatch	Concentrated Dose of Fibrinogen
Adverse Event	Contamination Test
Biohazard	Potentially Infection Agents
PPD	Neutral
Standard Deviation	Red Blood Cells
PPE	Health & Safety
Plasma	Low White Cell Count
Iron Overload	Bruise
AMT	Phlebotomy Protection Device
Cryoprecipitate	Gastroenteritis
HPCAA	Do No Harm
Deferral	Blood Protein
Rodac Plate Analyser	ABO Incompatibility
pH 7	Haemochromatosis
Vasovagal	Scope of Practice
Erythrocytes	Closeness of Measured Values

## Appendix 1: Code of Conduct

### Code of Competencies and Standards for the Practice of Medical Laboratory Science

The New Zealand Medical Sciences Council (MSC) publishes a “Code of competencies and standards for the practice of medical laboratory science” (August 2006), which contains the clinical, cultural and ethical competencies and standards that workers in medical laboratory science are expected to maintain and practice. The “Code” has been prepared in accordance with the Health Practitioners Competence Assurance Act (HPCA Act 2004). An abbreviated version of the “Code” is provided below for guidance and the full document can be located on the MSC website ([www.msccouncil.org.nz](http://www.msccouncil.org.nz)).

### Guidelines for assessment of standards and conduct.

#### 1.0 Practice as a Professional

This requires laboratory workers to act in accordance with ethical, professional and regulatory requirements.

- 1.1 Demonstrate honest and trustworthy practice.
- 1.2 Maintain the privacy and confidentiality of patients/clients.
- 1.3 Apply the protocols of informed consent, to include:
  - Collection of specimens.
  - Use of specimens for other than the tests requested.
  - Return of specimens to the patient/client if requested.
- 1.4 Apply the principles of Quality Assurance and Improvement.
  - Adhere to established workplace policies and procedures to meet and improve performance standards.
- 1.5 Manage workload and resources, be effective and efficient in:
  - Prioritising workload.
  - Responding to urgent requests.
  - Timely completion of tasks.
- 1.6 Demonstrate problem-solving skills:
  - Initiate resolution of problems.
  - Evaluate outcomes and modify processes where appropriate.
- 1.7 Work collaboratively:
  - Demonstrate good working relationships with colleagues and service users.
  - Contribute to team objectives.
  - Share knowledge and support colleagues.
- 1.8 Demonstrate accountability:
  - Maintain accuracy.
  - Take responsibility for professional decisions and actions.
  - Recognise limitations of competence, knowledge and skills and seek assistance when required.
  - Recognise limitation of scope of practice.

## 2.0 Communication

Communicate effectively with patients/clients, colleagues, other health professional and the public.

- 2.1 Demonstrate competence in written and oral English.
- 2.2 Accurately record and report results in clear, timely and appropriate format for Interpretation.
- 2.3 Use a range of communication skills to convey information and instructions:
  - Ensure all communication is clear, concise and accurate.
  - Communicate in style and format to meet needs of recipients. recognising cultural differences that may affect communication.

## 3.0 Culturally competent practice

Culturally competent practice taking in to account the socio-cultural values of others:

- 3.1 Recognise own beliefs, values and prejudices and the impact these may have on patients/ clients and colleagues.
- 3.2 Recognise cultural diversity as it relates to ethnicity, culture, age, gender, sexual orientation, migrant experience or disability.
- 3.3 Apply the Treaty of Waitangi principle of partnership by making informed decisions through consultation: both parties to act reasonably, honourably and in good faith.
- 3.4 Demonstrate culturally competence practice:
  - Recognise and respond to the values, beliefs and cultural practices of patients/clients when collecting, handling, storing or disposing of body fluids, tissue samples and related patient/client information.
  - Practise in a manner that is respectful and inclusive of others.

**Note:** The NZIMLS also publishes “NZIMLS Code of Ethics and Rule Book” which can be downloaded at ([www.nzimls.org.nz](http://www.nzimls.org.nz))