



ADULT AND PEDIATRIC BLOOD AND MARROW TRANSPLANT PROGRAM

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HSCT Standards Training and Competency Checklist

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This form is provided as a tool for documenting training and competency required of Clinical Program Directors, attending physicians, physicians-in-training, and advanced practice providers/professionals (as applicable). Confirmation that training was provided and competency was assessed during the current accreditation cycle in each of the following areas must be provided to FACT prior to an on-site inspection. Equivalent documentation is acceptable so long as all information below is included.

Name: _____

Position: _____

Topic	Yes	No	N/A	Comment
<i>Specific training in each of the following for both autologous and allogeneic transplantation:</i>				
B3.3.4.1 Indications for allogeneic and autologous HPC transplantation.				
B3.3.4.2 Selection of suitable recipients and appropriate preparative regimens.				
B3.3.4.3 Donor selection, evaluation, and management.				
B3.3.4.4 Donor and recipient informed consent.				
B3.3.4.5 Administration of preparative regimens.				
B3.3.4.6 Administration of growth factors for HPC mobilization and for post-transplant hematopoietic cell reconstitution.				
B3.3.4.7 Administration of cellular therapy products, including HPC, IEC, genetically modified cells, and other cellular therapies.				
B3.3.4.8 Management of complications related to the administration of cellular therapy products.				
B3.3.4.9 Management of neutropenic fever.				
B3.3.4.10 Diagnosis and management of pulmonary complications.				
B3.3.4.11 Diagnosis and management of fungal disease.				
B3.3.4.12 Diagnosis and management of sinusoidal obstruction syndrome and other causes of hepatic dysfunction.				
B3.3.4.13 Management of thrombocytopenia and bleeding, including recognition of disseminated intravascular coagulation.				
B3.3.4.14 Management of hemorrhagic cystitis.				
B3.3.4.15 Management of blood transfusion, including the use of CMV appropriate and irradiated (or equivalent) blood products.				
B3.3.4.16 Monitoring and management of mucositis.				
B3.3.4.17 Monitoring and management of gastrointestinal complications.				
B3.3.4.18 Monitoring and management of pain.				
B3.3.4.19 Monitoring and management of neurologic toxicity, including immune effector cell associated neurotoxicity syndrome (ICANS).				
B3.3.4.20 Monitoring and management of cardiac dysfunction.				

Topic	Yes	No	N/A	Comment
B3.3.4.21 Monitoring and management of renal dysfunction.				
B3.3.4.22 Monitoring and management of anaphylaxis.				
B3.3.4.23 Monitoring and management of infectious processes, including immunodeficiencies and opportunistic infections.				
B3.3.4.24 Diagnosis and management of HPC graft failure.				
B3.3.4.25 Diagnosis and management of dermatologic complications.				
B3.3.4.26 Evaluation of post-transplant and other cellular therapy outcomes.				
B3.3.4.27 Monitoring and management of cytokine release syndrome.				
B3.3.4.28 Monitoring and management of tumor lysis syndrome and macrophage activation syndrome / hemophagocytic lymphohistiocytosis.				
B3.3.4.29 Evaluation of late effects of cellular therapy.				
B3.3.4.30 Documentation and reporting for patients on investigational protocols.				
B3.3.4.31 Reporting responsibilities for adverse events according to Applicable Law.				
B3.3.4.32 Palliative and end of life care.				
B3.3.4.33 Age-specific donor and recipient care.				
<i>Specific clinical training and competency in each of the following for allogeneic transplantation:</i>				
B3.3.5.1 Identification, evaluation, and selection of HPC source, including use of donor registries.				
B3.3.5.2 Donor eligibility determination.				
B3.3.5.3 Methodology and implications of HLA typing.				
B3.3.5.4 Methodology and implications of testing for chimerism.				
B3.3.5.5 Management of patients receiving ABO incompatible HPC products.				
B3.3.5.6 Diagnosis and management of acute and chronic GVHD.				
<i>Knowledge in the following procedures for both autologous and allogeneic transplantation:</i>				
B3.3.6.1 Apheresis collection procedures.				
B3.3.6.2 Bone marrow harvest procedures.				
B3.3.6.3 Cellular therapy product processing, including washing and diluting.				
B3.3.6.4 Cellular therapy product cryopreservation.				
B3.3.6.5 Cellular therapy product administration procedures.				
B3.3.6.6 Extracorporeal photopheresis for GVHD.				

Reviewer Signature and Date (must be signed by someone other than personnel being assessed):

Signature Manifest

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All dates and times are in Eastern Time.

APBMT-COMM-023 HSCT Standards Training and Competency Checklist

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Document Release

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