

# CMPT CONNECTIONS 'ON-LINE'

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## 2005 Satisfaction Survey Report —Part 2: CMPT Materials Michael A. Noble, Chair CMPT

When last we surveyed our participant laboratories, we wanted to know what you thought of CMPT materials. Do they meet the international standard of looking and acting consistent with true clinical samples? Do we provide histories that provide sufficient clinical information to help set the path for a proper examination?

The answers are revealing.

As mentioned previously, we feel confident that the group that responded was sufficiently large, and sufficiently diverse that it is probably representational of the whole group. We received 180 responses for 107 laboratories representing all categories and all geographic regions. Ninety-eight described themselves as medical laboratory technologists. Seventy-three used a management title (department head, manager, section head, etc.). Nine people did not report their position. It is important to remember that all questionnaires were submitted as anonymous. The survey was not validated prior to send-out to reduce the opportunity for confusion or ambiguity, and none of the responses were verified as being what was actually intended. For this review, the responses were taken as face value, and assumed to be an accurate picture.

With respect to being realistic samples, 149 (84.5%) agreed, or strongly agreed that the samples posed realistic every day challenges, while 8 (4.5%) disagreed, and 2 strongly disagreed. For the 2, we clearly are not meeting their need, but we are encouraged that most found good value. We invite those who either disagreed or strongly

disagreed to contact CMPT directly. Perhaps from conversation, we can find out what you would like to see to make the challenges better.

In many laboratories, unfortunately, many samples still arrive with the sole clinical information recorded as "wound" or "possible sepsis". From this regard, the CMPT histories tend to be more extensive. None the less, 125 (71.4%) still agreed or strongly agreed that our histories were typical and consistent with the information that usually accompanies samples. Thirty (17.1%) disagreed or strongly disagreed. This was perhaps not the best designed question, because we have difficulty interpreting this group. At this point it is not clear if the latter group think our histories are better or worse than clinical information. Next time we will need to design the question better.

Most standards support the notion that for EQA to be of any use to the laboratory, the samples need to be processed using the same methods as would be used for routine samples, and that all bench technologists who would normally process routine samples should get the opportunity to process these samples as well. Special work-ups do a disservice to the laboratory because the opportunities to find *opportunities for improvement* while working on samples without putting patients at risk are lost.

In that regard, 161 (92%) use the same procedures on EQA samples as they use on all patient samples, while 110 (65.1%) note that their laboratory ensures that each appropriate technologist gets the opportunity to process a CMPT sample at least once per year. With category A laboratories receiving up to 26 samples per year, there should be sufficient samples for everyone to test at least 1, even in large laboratories. Laboratory supervisors may want to reflect on this information, and consider revising their EQA strategy.

In summary, CMPT thanks all that participated. As they say in the movies your information **helps us help you**. We look forward to the next survey, and your assistance.

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Next deadline submission date: Sept. 15, 2005.  
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