COURSE CHANGE FORM

Complete 1a - 1f & 2a - 2c. Fill out the remainder of the form as applicable for items being changed,

1. General Information.	수 있다. 그래를 보고 있는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
a. Submitted by the College of: College of Health Sciences Today's Date: 9/20/10	그런 [1] - 그 - 그런 그 - - 그런
b. Department/Division: Department of Clinical Sciences/Clinical Laboratory Sciences	
c. Is there a change in "ownership" of the course?	
If YES, what college/department will offer the course instead?	
d. What type of change is being proposed? Major Dinner (place cursor here for minor change definition)	Comment [OSC1]: Excerpt from SR 3.3.0.6.2 Definition. A request may be considered a minor
e. Contact Person Name: Michelle Butina Email: mbu228@uky.edu Phone: 218-0852	change if it meets one of the following criteria: a: change in number within the same hundred
f. Requested Effective Date: Semester Following Approval OR Specific Term ² : Fall 2011	series*; b. editorial change in the course title or description
2. Designation and Description of Proposed Course.	which does not imply change in content or emphasis;
a. Current Prefix and Number: CLS 881 Proposed Prefix & Number: MLS 483	c. a change in prerequisite(s) which does not imply change in content or emphasis, or which is made
b. Full Title: Immunohematology Practicum Proposed Title: Immunohematology Practicum	necessary by the elimination or significant alteration of the prerequisite(s); d. a cross-listing of a course
c. Current Transcript Title (if full title is more than 40 characters):	under conditions set forth in SR 3.3.0.E; e. correction of typographical errors.
c. Proposed Transcript Title (if full title is more than 40 characters):	*for the specific purposes of the minor exception
d. Current Cross-listing: X N/A OR Currently ³ Cross-listed with (Prefix & Number):	rule, the 600-799 courses are the same "hundred series," as long as the other minor change requirements are complied with. [RC 1/15/09]
Proposed – ADD ³ Cross-listing (Prefix & Number):	
Proposed – REMOVE ^{3, 4} Cross-listing (Prefix & Number):	
Courses must be described by at least one of the meeting patterns below. Include number of actual contact	
e. hours ⁵ for each meeting pattern type.	
Current: Lecture Laboratory ⁵ Recitation Discussion Indep. Stud	Y
Clinical Colloquium 1-5 Practicum Research Residency	
Seminar Studio Other – Please explain:	
Proposed: Lecture Laboratory Recitation Discussion Indep. Study	
Clinical Colloquium I_4 Practicum Research Residency	
SeminarStudioOther - Please explain:	
f. Current Grading System: Letter (A, B, C, etc.) Apass/Fail	
Proposed Grading System: Letter (A, B, C, etc.) 🔀 Pass/Fail	
g. Current number of credit hours: 1-5 Proposed number of credit hours: 1-4	
h. Currently, is this course repeatable for additional credit?	e la la companya di salah sa
	A Problems Control of the Control of

¹ See comment description regarding minor course change. Minor changes are sent directly from dean's office to Senate Council Chair. If Chair deems the change as "not minor," the form will be sent to appropriate academic Council for normal processing and contact person is informed.

Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

³ Signature of the chair of the cross-listing department is required on the Signature Routing Log.

⁴ Removing a cross-listing does not drop the other course – it merely unlinks the two courses.

⁵ Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting generally represents at least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1.)

COURSE CHANGE FORM

	Proposed to be repeatable for ad	ditional c	redit?	YES 🗌	NO 🗵
	If YES: Maximum number of c	redit hou	rs:		
	If YES: Will this course allow n	nultiple r	egistrations during the same semester?	YES 🗌	NO 🗀 📜
i.	Current Course Description for B	ulletin:	A supervised practicum in which the student in practice of immunohematology in a clinical set Pass/Fail basis only. Laboratory, 35-40 hours p credits will depend on the student's prior experi	ting. Offered er week. The	on a
	Proposed Course Description for t	Bulletin:	This course consists of a supervised practicum integrate practice and theory of immunohemate health care setting and expose them to the scop and automation found within the immunohemat Laboratory, 35-40 hours per week. The number the student's prior experience.	ology (blood e of work, va tology depart	bank) in a riety of tests, ment.
j.	Current Prerequisites, if any:		ion into the Clinical Laboratory Sciences Program oncurrently).	m and CLS 8	48 (may be
	Proposed Prerequisites, if any:	Success	ful completion of MLS 463 and MLS 463L.		
k.	Current Distance Learning(DL) Sta	itus:	N/A Aiready approved for DL* Piec	ase Add ⁶	Please Drop
	*If already approved for DL, the Dist box \(\square\) that the proposed changes		ning Form must also be submitted <u>unless</u> the departr ect DL delivery.	ment affirms (l	oy checking this
I.	Current Supplementary Teaching	Compone	nt, if any: Community-Based Experience	Service Learr	ning 🔲 Both
	Proposed Supplementary Teachin	g Compo	nent: Community-Based Experience	Service Leari	ning 🔲 Both
3.	Currently, is this course taught	off camp	us?	YES 🛛	NO 🗌
	Proposed to be taught off camp	ıs?		YES 🔀	NO 🔲 🏢
4.	Are significant changes in conte	nt/teach	ing objectives of the course being proposed?	YES 🗌	NO ⊠
	If YES, explain and offer brief rat	ionale:			
5.	Course Relationship to Program	(s).			
a.	Are there other depts and/or p	ms that	could be affected by the proposed change?	YES 🗌	NO 🔀
	If YES, identify the depts. and/or	pgms:_			3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
b.	Will modifying this course result	in a new	requirement ⁷ for ANY program?	YES 🛛	NO 🗌
	If YES ⁷ , list the program(s) here:	Medico	al Laboratory Scienc <u>e</u>		
6.	Information to be Placed on Syl				4
a.	differentiatio	n betweer ite studer	500-level course you must send in a syllabus and you n undergraduate and graduate students by: (i) requirints; and/or (ii) establishing different grading criteria in .)	ing additional	assignments

You must also submit the Distance Learning Form in order for the course to be considered for DL delivery.
 In order to change a program, a program change form must also be submitted.

COURSE CHANGE FORM

Signature Routing Log

General Information:

Course Prefix and Number:

CLS 881 (Proposed MLS 483)

Proposal Contact Person Name:

Michelle Butina

Phone: 218-

0852

Email: mbu228@uky.edu

INSTRUCTIONS:

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

Internal College Approvals and Course Cross-listing Approvals:

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
CLS Faculty	9/20/10	Dr. Michelle Butina / 218-0852 / mbu228@uky.edu	mchelle Butiet
Clinical Sciences Department	9/20/10	Dr. Karen Skaff / 218-0585 / karenskaff@uky.edu	9000
CHS Associate Dean for Academic Affairs	10/26/10	Dr. Sharon Stewart / 218-0570 / srstew01@email.uky.edu	Charon Stewart
		/ /	
Participants		. / /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁸
Undergraduate Council	3/1/2011		
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:	

⁸ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.

University of Kentucky College of Health Sciences Department of Clinical Sciences Clinical Laboratory Sciences

Course Number/Title/Section:

MLS 483 Immunohematology Practicum, Section TBD

Course Credit:

1-4 credits

Course Time /Place:

Time: Schedule set by clinical affiliate

Place: Assigned clinical affiliate

Course Faculty:

(1) Linda Gorman, PhD, MLS(ASCP)

Clinical Coordinator

126G CTW Bldg. 900 S. Limestone

Lexington, KY 40536-0200

Email (preferred for contacting instructor):

lsgorm0@uky.edu

Office phone: (859) 218-0855

(2) Clinical faculty located at clinical affiliate

(3) Michelle Butina, PhD, MLS(ASCP)

Program Director

124D CTW Bldg. 900 S. Limestone

Lexington, KY 40536-0200

Email (preferred for contacting instructor):

Michelle.Butina@uky.edu
Office phone: (859) 218-0852

COURSE DESCRIPTION

Bulletin Description:

This course consists of a supervised practicum in which students will integrate practice and theory of immunohematology (blood bank) in a health care setting and expose them to the scope of work, variety of tests, and automation found within the immunohematology department. Laboratory, 35-40 hours per week. The number of credits will depend on the student's prior experience. Prereq: Successful completion of MLS 463 and MLS 463L.

Overview:

The clinical practicum for Immunohematology is 5 weeks in length. The practicum has a standardized checklist that must be completed by every student. Practicum times will vary depending on the affiliate, but should be about 8 hours per day in length. This will allow the student time to review and correlate didactic material with the clinical experience on a daily

basis.

Student Learning Outcomes:

Upon completing this practicum, students will be able to demonstrate the following learning outcomes:

- 1. Evaluate patient specimens for acceptability of testing.
- 2. Correlate laboratory tests with disease states.
- 3. Interpret patient test results and identify any inconsistent values.
- 4. Perform testing using the methods provided by the clinical affiliate.
- 5. Demonstrate proper use of immunohematology instrumentation and/or automation.
- 6. Discuss scientific principles and test methodologies of any immunohematology laboratory testing performed.
- 7. Monitor and evaluate quality control data.
- 8. Follow lab safety precautions/protocols established by the clinical affiliate.
- 9. Use medical terminology and abbreviations in the proper context.
- 10. Professionally communicate with fellow health care professionals.
- 11. Develop and demonstrate professional attitudes, behaviors, and practice.

Objectives:

The objective of this practicum is to impart to students:

- 1. The ability to interpret clinical results and apply trouble-shooting skills while practicing self-validation of their findings.
- 2. The ability to effectively communicate their findings with peers and other healthcare professionals, underscoring this with respect for patient confidentiality at all times.
- 3. A thorough understanding of quality control and quality assurance relative to all test results and interpretation of findings.

Course Materials:

For Immunohematology Practicum the student will be required to print the Affective Performance evaluation form, Technical Performance evaluation form and Student Checklist as needed throughout the clinical rotations. Copies of these forms are available on Blackboard.

Evaluation Criteria:

Evaluation is based upon:

- 1. Affective Performance: Clinical faculty will evaluate affective performance. See the Affective Performance Evaluation in the MLS Student Handbook.
- 2. Technical Performance: Clinical faculty will evaluate technical performance. See the Technical Performance Evaluation in the MLS Student Handbook.
- 3. Knowledge: By the end of the practicum for each discipline, the student will be able to demonstrate completion of the objectives that are listed for the practicum. Students will be evaluated by clinical faculty and the clinical coordinator. See Immunohematology student checklist below. (Also located in the MLS Student Handbook.)
- 4. Attendance: See course policy below.
- 5. Writing Assignments: Students are required to complete 3 written assignments by the end of the Immunohematology practicum.

Assignments

During the Immunohematology Practicum the student is required to write a 1-3 page paper on each of the following:

- 1. Piece of automated equipment used in that lab (including daily QC and monthly QC)
- 2. Something that you found interesting about your rotation; or identify a problem area and suggest ways to prevent the problem
- 3. A write-up of a specific case that occurred during your rotation

Assignments, with detailed instructions, will be available on Blackboard. All assignments are to be accessed and submitted via Blackboard. These assignments will be due to the clinical coordinator no later than the last scheduled day of practicum.

Grading:

MLS 483 is evaluated as Pass or Fail:

Pass: Student must successfully complete all of the following:

- 1. A minimum of 70% of Affective Performance items (starred items must be demonstrated at all times).
- 2. A minimum of 70% of Technical Performance items.
- 3. At least 95% successful completion of all required checklist items. Checklists must be delivered to the clinical coordinator no later than the Friday immediately following the final day of the practicum.
- 4. Satisfactory attendance record (present for 95% of scheduled rotation days with completion of all required make-up days for absences.)
- 5. Completion of 3 reports for each practicum which must be submitted no later than the final rotation day of Immunohematology.

Fail:

- 1. Student completes less than 70% of affective or technical performance items; or fails to complete a starred affective performance item.
- 2. Failure to adhere to attendance guidelines (more than 2 unexcused absences).
- 3. Any student who is asked to leave a clinical site prior to completion of the assigned rotation time will automatically receive a failing (F) grade.

Incomplete:

- 1. An "Incomplete" (I) grade will be recorded for any student with **excused** absences who is unable to complete make-up days before grading deadlines.
- 2. An "Incomplete" (I) grade will be recorded for any student who fails to submit checklists by the end of the practicum rotation.
- 3. An "Incomplete" (I) grade will be recorded for any student who fails to successfully complete 95% of checklist items by the end of the practicum rotation.
- 4. An "Incomplete" (I) grade will be recorded for any student who fails to submit the 3 completed reports for this practicum by the due date.

COURSE POLICIES

Attendance

In general, practicums are offered Monday through Friday during day shift hours. Exact day shift hours are assigned by each clinical affiliate. Most clinical days start between the hours of 6:30 am – 8:00 am. Some clinical affiliates may request the student come in at different hours so that students will experience special procedures or have an increased chance to participate in clinical procedures. Students may expect to spend 36-40 hours per week at the clinical site. Students must remain in the clinical site for the assigned period, except for scheduled morning, lunch, and afternoon breaks. Students are expected to seek out opportunities to learn, to gain experience, and to assist technologists when appropriate. When checklists are completed, students must continue to make the most of their educational experience throughout the required schedule for each rotation.

The student is expected to adhere to the absence (and tardiness) policy that is in place at the assigned clinical affiliate. To successfully pass the practicum, the student must have been in attendance at the clinical site at least 95% of the time, or 24 of the 25 days of practicum. In the event of a necessary absence, such as illness, the student must notify the clinical supervisor at the clinical site a minimum of 30 minutes prior to the scheduled starting time and the clinical coordinator no later than 8:00 am via email or telephone. (Messages may be left on voicemail.) Lack of notification will automatically result in an unexcused absence. Any student with more than 2 unexcused absences may be dropped from the clinical rotation. A few make-up days have been scheduled to allow for absences. The student must make-up all time missed, beyond the one-day limit, during the scheduled make-up days or at the convenience of the clinical affiliate. In the event that time cannot be made up by the end of the semester, the student will receive an "Incomplete" and will be responsible for making up the days during the following semester or at the convenience of the clinical site. Reasons for excused absences include personal illness, participation in academic functions, major religious holiday, illness of an immediate family member, and death in the immediate family. (Clinical site supervisor and clinical coordinator must be notified of any planned excused absence.)

The student is expected to report to his/her assigned department and be ready to work by the scheduled time. Tardiness is defined as greater than 7 minutes past the scheduled starting time or as leaving prior to being dismissed from the site. Three unexcused tardy incidents will be counted as an unexcused absence, and a make-up day may be required. Failure to notify appropriate personnel or failure to make-up missed clinical days may result in failure to satisfactorily complete the course.

Severe weather policy and "Plan B"

Plan B is the University's emergency severe weather plan implemented when classes must be cancelled or delayed, or offices closed. Plan B requires employees, whose job functions are considered essential, to report to work despite delays and cancellations. During adverse weather conditions, MLS students are expected to report to their clinical site at the scheduled time as long as it is possible and safe to do so. This policy remains in effect regardless of U.K. announced delays and cancellation of classes. Clinical site supervisors must be contacted prior to the rotation start time to discuss any safety issues that may prevent a student's ability to report to

his/her assigned practicum.

Dress Code and Safety Regulations

See the section 5 of the MLS Student Handbook for the program policies concerning dress code and safety regulations. Policies of the clinical affiliate will be provided to the student. The student is required to adhere to the most stringent policy provided.

Beepers, cell phones, personal calls and video/music players

Students are not to receive or place phone calls during class hours or clinical hours without the consent of the instructor and then only in the case of emergency. Cell phones must be turned off during clinical rotations. Students may use the telephone number of the staff associate in the MLS division as an emergency number. The number is: 859-323-1100, ext 80512. The staff associate will get the message to you as soon as possible. In addition, video/music players such as an MP3 player are not permitted during the clinical rotations.

Ethics

Students will maintain patient confidentiality, adhere to clinical affiliate policy regarding confidentiality, and adhere to risk management guidelines at all times.

DISTANCE LEARNING STUDENTS (Center for Rural Health Students)

Distance Learning: Formal educational process in which the majority of instruction in a course occurs when students and instructors are not in the same place.

Instructor Information:

Virtual Office Hours: TBD

Preferred method of contact: Email (email address given at top of syllabus) Maximum timeframe for responding to student communications: 24 hours

Technological Requirements:

- Access to a computer with Internet capabilities (DSL or Cable modems are highly recommended.)
- System Requirements for Blackboard see http://wiki.uky.edu/blackboard/Wiki%20Pages/FAQS.aspx

Technology Support:

• Contact information for Teaching and Learning Services Center (TASC):

Website: http://www.uky.edu/TASC/

Phone: 859-257-8272

Contact information for Information Technology Customer Service Center (ITSC):

Website: http://www.uky.edu/UKIT/

Phone: 859-218-HELP

• Procedure for resolving technical complaints: Contact TASC or ITSC first, then contact instructor

Distance Learning Library Services:

Contact information for Distance Learning Library Services:

Website: http://www.uky.edu/Libraries/DLLS

DL Librarian: Carla Cantagallo Email: dllservice@email.uky.edu

Phone: 859 257-0500, ext. 2171; (800) 828-0439 (option #6)

DL Interlibrary Loan Service:

http://www.uky.edu/Libraries/libpage.php?lweb_id=253&llib_id=16

MLS 483 - IMMUNOHEMATOLOGY PRACTICUM

STUDENT

STUDENT			Semester		
Evaluator: In the column that describes the student's performance, initial the Items that the student has completed at your facility; sign the appropriate box at the end of the document. The numbers given are minimum numbers that the student must complete.	rormance, Initial ninimum numbe	tne items that the irs that the studer	student nas con it must complete.	ipieted at your racilit	y; sign the appropriate
1= first 3 week rotation period 2 = second 3 week rotation period	n period				
		Performed under Superprision	Competent to Perform Independently	Weekly	
	nakiasmo	IIOIGIAIAN	maherinak	Weelgillell	
Perform proper pre-analytical phase procedures (independently) on minimum 45 specimens					
a. Evaluate specimen and requisition acceptability				-	
 b. Access sample into laboratory using manual or computerized methods 				_	
c. Perform records check for previous blood bank history				1	
2. Perform Routine ABO Grouping					
a. Perform ABO grouping on minimum of 45 specimens				-	
b. Discuss ABO discrepancy workup (e.g., differentiation of				1/2	-
3. Perform Rh Typing				7/1	
a Perform Rh tvoing on minimum of 45 specimens					
1 4				1.	
c. Rh phenotype (2) under supervision				2	
d. Calculate most probable genotype based on phenotype				2	
a. Perform routine antibody screens independently on					
b. Perform 4 routine RBC Panel-single antibody				_	
c. Perform 2 routine RBC panel-multiple antibody (independently)				2	
d. Utilize b Values (independently) see Tech Manual				2	
5. Special Procedures (Discuss with Instructor/perform if available					
a. use of enzymes, if available				2	
b. selected cell panels				2	
- 1				2	
d. short cold and/or 1 hour saline (37C)				2	

tt Comment																					
Weekly Assignment		2		2	2		1	2	8	2	2	2				7	-	_		1/2	
Performed Independently					-																
Performed under Supervision													A					-		···-	
Observed											-										
	6. Typing For Other Blood Group Antigens	 a. Perform typing for other blood group antigens on at least 5 specimens independently 	7. Elution	a. Discuss site's policy on performing elution with instructor	b. Elution Techniques-Commercial; perform 1, if available	8. Infants Under 4 Months of Age	a. Perform 3 cord blood workups	b. Discuss exchange transfusions with instructor	c. Discuss Antibody screens/cross match requirements with instructor; perform if available	d. Discuss the selection of blood products with instructor; perform if available	e. Discuss positive DAT's and how to resolve ABO vs. alloantibodies	f. Discuss ABO Screens and perform 1, if indicated	9. Processing Blood and Blood Products Into Inventory	a. Process minimum 20 units into inventory under supervision	10. Preparation Of Blood Components For Issue	a. Pooling of platelets, including labeling (perform if available; discuss with instructor), if available	b. Thawing of fresh frozen plasma, perform 5, if available	c. Thawing and labeling of cryoprecipitate (perform if available; discuss with instructor); -discuss fibrin glue	 d. Select compatible components for issue with 100% accuracy, minimum 20 -ABO compatible Red Cell products 	-ABO compatible plasma products, if available -Discuss use of frozen, washed red cells, if appropriate	

		Observed	Performed under Supervision	Performed Independently	Weekly Assignment	Comment
reduired with sequired with instructor and uthis with instructor.	11. Issuing Blood and Blood Products for Transfusion					
also of special filters: Leukocyte reduced, and special filters: Leukocyte reduced, and special component infusion set; discuss with avoid of a variable component infusion set; discuss with an expensary for random platelets before set, and glucose levels. Rish immunications discuss tests required with Antepartum prophylaxis; discuss tests required with action midications; discuss tests required with brother perform at least 1 workup. Discuss use of antibody titers, why and when to be ormed. Transfusion Reaction Discuss transfusion reaction workup with instructor fransfusion reaction workup with instructor discuss with instructor identification; discuss with histiacidion; discuss with instructor identification; discuss with instructor in discuss with instructor in available. Name autoadosopiston technique; discuss with instructor instructor; perform if available Perform daily reagent quality Assurance Name and Could was an invaniony with instructor. Discuss use of REST Serview records and invaniony with instructor. Discuss success and invaniony with instructor. Discuss cAP or AABB inspection criteria with instructor.	a. Issuing components including clerical check and inspection; perform 10 under supervision.				2	
Isecuss testing necessary for random platelets before set. pH and glucose levels. Rh Immune Globulin indications; discuss tests required with use phrapartum prophylaxis; discuss tests required with use of antibody titers, why and when to be blacks use of antibody titers, why and when to be ormed. Discuss use of antibody titers, why and when to be ormed. Transtusion Reaction Discuss transfusion reaction workup with Instructor Discuss transfusion reaction workup with Instructor Discuss transfusion reaction workup with instructor Use and and codi discuss with instructor in available Instructor; perform if available Prewarmed and codi adsorption techniques; discuss instructor; perform if available Prewarmed and codi adsorption techniques; discuss instructor; perform daily reagent quality control Preform daily reagent quality control Preform daily reagent quality control Discuss blood usage and transfusion audits with nuctor Discuss blood usage and transfusion criteria with instructor.	b. Use of special filters: Leukocyte reduced,Microaggregate, component infusion set; discuss with supervisor, if available		-		2	
Rh Immune Globulin Antepartum prophylaxis; discuss tests required with Antepartum prophylaxis; discuss tests required with uctor. Postpartum indications; discuss tests required with buctor, perform at least 1 workup Discuss use of antibody titers, why and when to be ormed. Transitusion Reaction Discuss transfusion reaction workup with instructor Warm and Cold Autoantibodies. ABO and/or Rh typing complications; discuss with uctor. Identification: discuss with instructor is discuss with instructor perform if available Perform temperature childred and cold adsorption techniques; discuss instructor; perform if available Perform deally reacting the instructor. Discuss use of REST Quality Control and Quality Assurance Perform daily reaged quality control Perform temperature childred with instructor. Discuss blood usage and transfusion audits with nuctor. Discuss blood usage and transfusion audits with nuctor. Discuss CAP or AABB inspection criteria with instructor.	c. Discuss testing necessary for random platelets before release; pH and glucose levels				2	
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Discuss use of REST Discuss use of REST Quality Control and Quality Assurance ————————————————————————————————————	d. Prewarmed and cold adsorption techniques; discuss with instructor; perform if available				2	
Quality Control and Quality Assurance Perform daily reagent quality control Perform daily reagent quality control Perform temperature checks Review records and inventory with instructor Discuss blood usage and transfusion audits with tructor Discuss CAP or AABB inspection criteria with instructor. Discuss CAP or AABB inspection criteria with instructor.	1	,			2	
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Performed Weekly	Supervision Independently Assignment Comment	2		2		1/2	
	16. Direct Antiglobulin Testing; understand when to perform	Benorm 3 DAT tests using polyspecific antisera B. Perform 1 DAT test using monospecific antisera Autologous units	a. Discuss use of autologous and designated units 18. Crossmatches	a. Ferrorii 19 tube b. Discuss alternative techniques (instrumentation) c. Discuss need for I.S. vs. AHG crossmatches 19. Components / Irradiation	a. Discuss irradiation of components. Perform if available. 20. Equipment Maintenance	a. Discuss maintenance of Blood Bank equipment to include: cell washers, thawers, rotators, refrigerators, freezers, centrifuges, cell washers, heating blocks	

EVALUATORS SIGNATURES AND COMMENTS Comments Date Name/Health Care Facility Signatures