Stanly Community College
Medical Laboratory Technology
Clinical Handbook

2023 - 2024

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Policies within this Student Handbook are in compliance with College policies. All policies are subject to revision as necessary. Any changes or additions to this policy manual will be in writing and provided to the students. These policies are in addition to all College policies as stated in the college catalog and found at:
https://www.stanly.edu/future-students/college-catalog

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Accreditation

Stanly Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate degrees.

The MLT Program is accredited by NAACLS

The National Accrediting Agency for Clinical Laboratory Sciences

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Stanly Community College

Medical Laboratory Technology Program

Purpose and Mission Statement

The mission of Stanly Community College's Medical Laboratory Technology program is to train laboratory professionals who will make a positive impact in health care through leadership that will assure excellence in the practice of laboratory medicine.

Confidentiality Statement

The student must maintain confidentiality regarding patients, medical records, and care provided during any clinical experience. The student is required to sign a confidentiality statement stating that he/she understands and will abide by the policy. Any break of this policy may result in dismissal from the program and possible prosecution (See HIPAA regulations).

Professionalism

Students should always demonstrate high standards of professionalism in all settings and display a well-developed sense of moral obligation, ethical judgment, and respect for patients, staff, and faculty. Students who exhibit immature, objectionable, or inappropriate behavior, or violate any code of conduct will be subject to appropriate disciplinary action up to and including dismissal from the college.

Medical Laboratory Technology Clinical Policies

Clinical rotations have been developed to provide you with interrelated educational experiences in striving for five major goals: development of Medical Laboratory skills, improvement of patient assessment skills, enhancement of critical thinking skills, evolvement of a professional attitude, and preparation for the national certification and registry exams.

The concept of clinical education is unique in that it provides a variety of experiences not found in the typical academic classroom setting. During the oncoming years, you will be encountering many of the following experiences: physician/student contact, study sessions, individualized research, individualized instructions, equipment contact, as well as observation of many related forms of patient care. The main objective of these situations is to allow you to thoroughly understand the concepts and techniques as well as apply these concepts and techniques to the patient care you will encounter. Every effort will be made to ensure that you, as a student, obtain both clinical and student lab practice. In the event that clinical practice is not available for disciplines, case studies, online modules, video simulations, tours, and student lab practice will be available to complete your learning experience.

We feel a strong responsibility as well as an obligation to set forth to you, the student, both by example and instruction, a professional attitude that will carry on with you, long after clinical instruction has ended. This professional attitude at all times conforming to the code of ethics as stated by the American Society of Clinical Laboratory Technology (ASCLS).

Clinical Site Conduct

1. The student will be assigned daily to a site clinical instructor.
2. The instructor has full responsibility over the student and the student will report directly to that instructor.
3. The site clinical instructor will notify the MLT Clinical Coordinator or Program Director of any student issues.
4. The student is expected to conduct himself/herself in a mature, responsible, and professional manner.
5. The policies and regulations of the affiliating agency(s) must be respected.
6. Unnecessary and loud conversation should be avoided at all times.
   This applies to corridors, elevators, cafeterias, and patient-care areas.
7. Students are expected to be courteous and respectful to everyone at all times.
8. Any student that acts in an inappropriate/unprofessional manner will be sent home and a clinical absence will be recorded.
9. All of the clinical sites are **smoke-free**. Smoking is prohibited in the buildings and on the outside grounds (including the parking lot).

SCC STUDENT POLICIES: Clinical

A. Appearance

1. It is expected that each student be neatly groomed.

2. In order for the student to present themselves professionally, hair should be neat, clean and pulled up away from the face.

3. If tattoos are visible with student scrubs, this may will be at discretion of the program director.

4. Clean, fresh uniform daily, wrinkle free. Uniform includes royal blue top and royal blue or black pants.

5. White or black shirts without adornment may be worn under uniform top. Royal blue tops with black panels are permissible.

6. Clean, closed, non-porous shoes, and plain black or white socks with pants.

7. Clients often have complaints of nausea. In an attempt to avoid exacerbating their symptoms, students should not wear perfume, after-shave, or cologne.

8. For safety and to promote good hygiene, only wedding and engagement rings should be worn. One pair of small posts in the lower ear lobe is allowed for those with pierced ears. No body piercings should be showing in any body part other than ear lobes, including clear posts

to maintain patency of piercings.

9. Nails should be short and clean. No artificial nails are allowed during clinicals.

10. For security reasons, your school issued photo ID must be worn at all times.

11. No sunglasses, worn either on the face or on the head, are allowed in the clinical site.

12. No cell phones are allowed in the clinical areas.

13. No chewing gum in the clinical areas.

Anyone not complying with these recommendations will be sent home. This will be considered a clinical absence.

B. Conduct

1. Personal phone calls or visits should **not** be received or made in the clinical site during working times, and should be made during break or lunch or by permission of the clinical preceptor.
2. If an emergency call is necessary, the family of the student may call the MLT Clinical Coordinator, Program Head, or Crutchfield Campus. An effort will be made to locate the student through the clinical coordinator at each site.
3. **No student should be engaged in social networking at any time during the clinical day, outside of break or lunch periods, if applicable.**
4. Students may study and work on non-clinical study questions while in clinical, with the express permission of the clinical instructor **ONLY.** Students are to remain engaged in the task at hand in the clinical rotation at all times.
5. Breaks and lunches will be arranged by the clinical instructor.
6. Information regarding clients and fellow students is strictly confidential and can only be discussed in a private area for the purpose of learning.
7. Any break of this rule of confidentiality will result in remediation and possible dismissal from the program and possible prosecution (See HIPAA regulations).
8. The student is required to sign a confidentiality form stating that he/she understands and will abide by the policy.
9. Obscene or profane language will not be tolerated.
10. Students must remain within the clinical facility during meals and breaks.
11. Students must notify the instructor before leaving the clinical area.

Causes for Immediate Dismissal: Students may be dismissed from the clinical facility/ program without advance notice if any of the following occur at the clinical affiliate: theft, use of alcohol or controlled substances, illegal or immoral conduct, or violation of HIPPA regulations.

C. Performance

1. Critical Thinking: Laboratory students shall possess critical thinking ability sufficient for clinical judgment. Example: Students must be able to identify cause-effect relationships in clinical situations; develop or participate in resolution of technical matters.
2. Ethical Behavior: Laboratory students will provide services with respect for human dignity and the uniqueness of the client unrestricted by consideration of social or economic status, personal attributes, or the nature of health problems. Example: Students will care for clients assigned regardless of race, religion, or diagnosis.
3. Interpersonal Skills: Laboratory students shall possess interpersonal abilities sufficient to interact with individuals, families, groups, etc. from a variety of psychosocial cultural backgrounds. Examples include, but are not limited to Students shall establish rapport with clients and health care team members.
4. Communication Skills: Laboratory students shall possess communication abilities sufficient for verbal and nonverbal interaction with others. Examples include, but are not limited to Students shall be able to report alert values to providers, document client responses, and report to others responsible in client care.
5. Mobility: Laboratory students shall possess physical abilities sufficient to move from laboratory area to laboratory area, and from room to room when patient contact is part of the rotation. They must be able to maneuver in small spaces, and stand and walk for extensive periods of time.
6. Motor skills: Laboratory students shall possess gross motor skills and fine motor skills sufficient to perform all aspects of laboratory procedures. Examples include, but are not limited to students shall be able to use pipets, calibrate instruments, operate microscopes, and perform maintenance on analyzers.
7. Hearing Skills: Laboratory students shall possess auditory ability sufficient to monitor health needs and collect data. Examples include, but are not limited to: monitor analyzers and equipment, respond to timers, telephones, and alarms, to communicate with colleagues and providers both in person and by telephone, and other such audible processes as required.
8. Visual Skills: Laboratory students shall possess ability sufficient for observation and data collection. Examples include, but are not limited to: be able to visualize elements under a microscope, identify reactions on urine strips, and confirmatory tests, read calibration lines on pipets, and measure fluid volumes.
9. Tactile skills: Laboratory students shall possess tactile ability sufficient for data collection. Examples include, but are not limited to: palpation of veins for phlebotomy, and manipulate cover glasses and slides.

10. Weight bearing: Laboratory students shall possess the ability to lift and manipulate/move at least 40/50 pounds. Examples include, but are not limited to changing diluent cubes and replacement of saline cubes in the laboratory.

D. Other Policies/Procedures

1. Instructors will not be responsible for missed classes or lost materials by students. It is the student's responsibility to seek additional help as needed.

2. Students are expected to complete clinical assignments within the allotted time.

3. Evaluations regarding student clinical performance will be documented with each clinical experience using an attendance sheet, a rotation checklist, and a professional evaluation. Both student and instructor will have an opportunity to record comments and to communicate to each other both effective and ineffective behaviors on the checklist. Based on the documentation within these records, a final grade of pass or fail for the rotation will be assigned on the end of rotation evaluation. Both student and instructor are to evaluate the student's clinical performance, identify strengths and weaknesses and make remediation plans as necessary. Elements of the professional evaluation are associated with points to be earned toward the clinical letter grade.

4. If a student feels he or she has been treated unfairly, a grievance may be filed according to SCC policy as outlined in the College Catalog.

5. Students will be held accountable for retaining and refining skills and knowledge obtained in previous courses as they proceed through the program. Failure to do so will result in remediation.

6. Students should not represent themselves as MLT students from SCC while they are functioning in roles outside of school and clinical assignments (i.e., visitors, employees).

7. Emotional Health: When emotional conditions prevent satisfactory classroom or safe clinical performance, the instructor will dismiss the student from class or clinical. The MLT Program Head, in collaboration with the Associate VP of the School of Health Sciences & Public Services and the Executive Vice President, can immediately dismiss the student from the MLT program. (Reference SCC Catalog – Student Code of Conduct)

8. Drug/Alcohol Policy: Any student whose behavior or appearance provides reasonable suspicion that the student is under the influence of alcohol or controlled substances may be required to submit to drug screening by an MLT faculty member in consultation with the Program Head of MLT, Associate Vice President of the School of Health Sciences & Public Services. Facilities that provide clinical experience reserve the right to require testing in compliance with drug and alcohol policies of the institution. Failure to comply will result in dismissal from the program. Drug testing shall be at the students' expense.

9. Background Checks/Drug Screening/Fingerprinting: Clinical agencies now require students to submit a criminal background check, and drug screening prior to being granted clinical privileges. Applicants accepted for admission to the MLT program at Stanly Community College are required to complete these screenings after notification of acceptance and prior to participation in on-site clinical training. Based on the results of the checks, hospitals or clinical affiliates where the student will participate in on-site training may deny access to their facility, resulting in the student's inability to complete the clinical portion of his/her training. **Students unable to complete the clinical portion of his or her training will be unable to progress in the program.** Students are responsible for paying all costs associated with these requirements.

10. **Students are never to be substituted for regular staff during clinical experiences! Students are assigned to a clinical site to learn, not be used as service staff.**

Clinical Assignment Determination Procedure

Every effort will be made by the college to ensure that there are enough clinical sites for all of the MLT students entering into the clinical phase of the program. The availability of clinical sites is governed in part by clinical contracts. If for any reason the student is excluded from a clinical site, the MLT Program Head may offer the student an equitable clinical experience so he/she may progress and complete the program.

Clinical Schedules

Clinical rotation schedules are made by the MLT Program Head and Clinical Coordinator. Students should be aware that evening hours for certain clinical rotations may be required. Students may not make any changes to schedule without approval of the CEI. Students should not volunteer for additional rotations or for special observations without the consent of the CEI. Students should not represent themselves as a Medical Laboratory Technology student from SCC while they are functioning in roles outside of school and clinical assignments (i.e., visitors, employees). Any student violating these rules is subject to dismissal from the Medical Laboratory Technology Program.

Any student that is officially banned from a clinical site as directed by the Medical Laboratory Technology department or any other hospital management is not allowed to continue in the Medical Laboratory Technology Program. Failure to participate in clinical rotations at any site due to these unfortunate circumstances will result in immediate dismissal from the Medical Laboratory Technology Program. The student will not be allowed for re-admission to the program at any time.

Hospital Orientations and OSHA Regulations

Students will receive information via written educational material and/or video series concerning information on: infection control basics, blood-borne pathogens, confidentiality, customer service standards, electrical and fire safety, ergonomics, hazard communication, and patient and public safety. The student is responsible for reading the material and adhering to all standard polices for each clinical facility.

Clinical affiliates may also require separate orientation sessions or modules. Each student will be responsible for completing orientations as applicable. The student will be held accountable for hospital policies and procedures discussed for each clinical affiliate.

Clinical Attendance: Absences and Tardiness

Since one of the objectives of clinical education is to prepare students to function as reliable technicians upon graduation, attendance and punctuality will be stressed throughout the program. A student's history of attendance and punctuality is always a point mentioned to prospective employers when members of the college faculty are used as references.

All students will be given a clinical schedule, contact telephone numbers, instructions concerning the rotations, and specific objectives for the areas at the beginning of each semester. These rotations are mandatory and no schedule changes can be made without prior approval of the MLT Clinical Coordinator.

Absences:

Students are expected to attend all practicum experiences.

If a student is going to be absent from clinical practicum, she/he must notify the clinical preceptor and MLT Clinical Coordinator prior to the scheduled practicum time.

Failure to notify the clinical site/preceptor and MLT Clinical Coordinator prior to the clinical reporting time will result in a documented verbal warning and a forfeiture of point for clinical assignments for the week.

A second failure to notify the clinical site/preceptor and MLT Clinical Coordinator will result in a written warning and a forfeiture of point for clinical assignments for the week.

Upon the third failure to notify the clinical site/preceptor and MLT Clinical Coordinator of an absence, the student will be dismissed from the clinical rotation with possible dismissal from the MLT program.

Students who miss more than 14 hours of the clinical practicum in a semester will not progress and will be dropped from the program at that point.

At the discretion of the clinical site, a student may make-up no more than 2 missed clinical days. These days must be in the same rotation as hours missed**.** Clinical sites are precious and rotations are tightly booked. Not all sites/rotations allow for make-up days.

The only acceptable reasons for students leaving the clinical area early are personal sickness or an emergency situation. Students must obtain approval from their instructor to leave the clinical area prior to the scheduled departure time.

Students will maintain an attendance sheet showing days and hours in clinical. This time sheet must be turned in at the completion of the clinical practicum.

Tardiness:

If the student arrives more than 10 minutes after the scheduled time, the student will be considered tardy. Three tardies will be equivalent to one absence. If a student is more than 30 minutes late for a clinical rotation, the student will be considered absent and may be dismissed for the clinical rotation that day per clinical instructor's or preceptor's discretion.

Illness during Clinical Attendance:

If a student becomes ill during clinical practice, the student should notify his/her clinical instructor and the MLT Clinical Coordinator and proceed as directed by the instructor. All costs involved in medical treatment are the responsibility of the individual student.

Clinical Grading Policy

Students will be held accountable for retaining and refining skills and knowledge obtained in previous courses as they proceed through the curriculum. Students' overall clinical performance and ability to meet all predetermined criteria for the clinical course will be evaluated on a grade scale based on points obtained for activities, technical checklist completion, and professional evaluations. Evaluations will have a minimum acceptable score. Any student receiving three or less than acceptable scores or ratings of "does not meet" as outlined in the clinical policies for clinical performance evaluations, assignments or attendance will receive a failing grade ("F") for the clinical course and will be immediately dismissed from the Medical Laboratory Technology Program. The student who does not receive more than two "does not meet" evaluations as outlined for clinical performance evaluations or clinical attendance, completes the minimum assignments successfully, and obtains a completed checklist for tasks assigned, will receive a minimum grade of "C" for that particular clinical course. Performance over the scores for minimum acceptable will result in letter grades of B or A, based on student performance. A student must receive an overall grade of C to pass.

Clinical Performance Evaluations & Clinical Assignments

Medical Laboratory Technology faculty will evaluate and discuss the student's performance individually. Students will not be *graded* at any institution or clinical rotation that does not have a member of the SCC Medical Laboratory Technology faculty assigned or present. Daily clinical evaluations will include cognitive, psychomotor, and affective learning domains with points given for each section (as applicable). When points are assigned, a minimum score of 70 must be achieved to be considered satisfactory. The student who receives a "needs improvement" or "does not meet" rating must complete a required remediation assignment.

Clinical preceptors will complete an evaluation of the student's clinical performance at their institution. All required clinical documentation and assignments must be completed each semester. Procedures performed during the clinical rotation should be listed on this evaluation form. Clinical evaluations will be kept on file per accreditation requirements.

Professional Evaluation:

In addition to the clinical checklist, each student will be given an evaluation on Affective behavior—otherwise known as professionalism.

Examples of the evaluation tools will be provided to the students by the MLT Clinical Coordinator at the beginning of the clinical rotation.

Writing Assignments/Journal:
Writing assignments (discussion boards) required for the course should be posted/submitted in the Canvas section of the clinical course. Discussion entries should be kept by each student in clinical rotation. Discussion entries should reflect information obtained, interesting cases observed, day to day progress, and assignments for that rotation.

Internet Etiquette is expected to be exercised by students and faculty using Canvas to post discussions. This is listed as a reference in all Canvas courses

Clinical Remediation/Probation

A student may receive a "Does Not Meet" evaluation in clinical for reasons which include, but are not limited to, the following: less than satisfactory clinical performance, unsatisfactory written assignments, performing any procedure without securing appropriate supervision designated by the instructor, HIPAA violation, and/or late assignments.

A student who earns 3 "Does Not Meet" evaluations during the semester will automatically be placed on clinical probation, and remediation will be instituted. The student will meet with the Course Coordinator or Clinical Coordinator, and remediation will be determined.

Any remedial work must be completed at a date determined by the clinical coordinator. There will be scheduled advising throughout the probation period between the student and the MLT Clinical Coordinator.

The student will be removed from clinical probation when satisfactory clinical performance is exhibited as evaluated by the clinical instructor and the clinical coordinator.

Any additional "Does Not Meet" evaluations – (during the current semester or during the probation period if it extends into the following semester) – received during clinical or for not completing remediation as directed by the faculty, may constitute a Failing (F) grade for clinical.

Appeals

Students wishing at any time to appeal a decision made by the MLT Clinical Coordinator must first discuss it with the clinical site coordinator and MLT Clinical Coordinator. If there is no resolve to the issue, then clinical appeals follow the grievance policy as outlined in the college catalog.

All final decisions upon any unusual circumstances that may occur concerning a student's attendance will be based upon the MLT Program Head's discretion.

In the absence of a Clinical Coordinator, decisions and duties will be carried out by the Program Head.

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CLINICAL ABSENCE FORM

Student Name:_____

Date of Clinical Absence:_____

Was this absence approved by the MLT Clinical Coordinator prior to the missed day? Yes or No

Please document the clinical absence on your timesheet. When you are absent from clinical, you are responsible for informing the MLT Clinical Coordinator and your clinical site. You will be required to make up any time missed. It is the student's responsibility to coordinate with the MLT Clinical Coordinator and your clinical site when these hours are to be made-up.

Student Signature:_____ Date:_____

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REMEDIAL WORK SLIP

The student _____ needs remedial work in the following skill(s)

_____

Remedial Objectives: The student will:

1. Review the appropriate text for the procedure in performing the skill.
2. Practice the skill in the lab.
3. Demonstrate the skill to an Instructor in the lab.
4. Achieve a satisfactory on the performance of the skill in the lab.
5. Return lower portion of this remedial work slip to the **CLINICAL COORDINATOR** who issued it.
6. Complete the remedial objectives within **ONE WEEK** from the time it was issued.

Date Issued: _____ **Date Completed:** _____

This student _____ has successfully completed all

the remedial objectives for the following skill(s): _____

_____

Instructor's Signature:_____ Date:_____

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CLINICAL PROBATION REMEDIATION PLAN

I. Clinical objectives not being met on satisfactory level: _____

_____

_____

_____

_____

II. Plan:

(Identify skills, knowledge or affective behavior, which must be demonstrated in, order to obtain satisfactory evaluation. Suggested resources and activities to meet goals.)

_____

_____

_____

_____

_____

_____

_____

III. Follow up conference to be held: _____

Instructor's Signature:_____Date:_____

STUDENT OCCUPATIONAL EXPOSURE INCIDENT REPORT

Student's Name: _____ **Date of Incident:** _____

Date Reported: _____

Reported to: _____ **Position:** _____

TYPE OF EXPOSURE INCIDENT:

_____ Needlestick/sharps accident

_____ Contact with mucous membrane (eyes, mouth, nose)

_____ Contact with skin (circle all that apply): broken, chapped, abraded, dermatitis, prolonged contact, extensive contact

EXPOSURE TO:

_____ Blood

_____ Body fluid

_____ Vaginal secretions

_____ Seminal fluid

HOW DID EXPOSURE INCIDENT OCCUR? _____

_____

LIST PROTECTIVE DEVICES USED AT TIME OF EXPOSURE: _____

_____

DESCRIPTION OF STUDENT'S DUTIES AS RELATED TO OCCUPATIONAL EXPOSURE:

_____

_____

DESCRIBE IMMEDIATE INTERVENTIONS:

Was the area _____ washed? **_____ flushed?**

Did injury bleed freely? **Yes _____** **No _____**

Was antiseptic applied? **Yes _____** **No _____**

Other: _____

DATES OF STUDENT HEPATITIS B VACCINATIONS: _____

SOURCE OF EXPOSURE: (exact location exposure took place): _____

_____

SOURCE OF EXPOSURE:

Known, HBsAG status? _____ Yes _____ No If yes, HBsAG+ _____ HBsAG- _____

Unknown, high, or low risk potential for HBV? _____ Yes _____ No

Known HIV Status? _____Yes _____ No If Yes, HIV + _____ HIV- _____

Signature of Person Preparing Report: _____ **Date:** _____

Student's Signature: _____ **Date:** _____

Stanly Community College – MLT Clinical Practicum

Affective Evaluation Objectives

Description

Use this as the key to evaluate the student's behaviors and attitudes on the following Affective Evaluation.

1. Attitude

- Changes behavior/activity as suggested (willingly)
- Maintains neat clean appearance
- Encourages feedback

2. Initiative

- Avoids repetitions in regards to mistakes
- Investigates problem areas and asks for help to make it better
- Requests additional assignments or repeat work to improve performance
- Follows directions

3. Efficiency

- Promptly restores laboratory bench to a clean, working space
- Consistently and routinely organizes work space
- Stays focused
- Prioritizes work
- Completes tasks without being told

4. Reliability:

- Arrives at clinical site prepared to start on time, etc.
- Returns from breaks at specified time
- Performs tasks at assigned time
- Contacts clinical site/preceptor if delayed or absent

5. Judgement:

- Remain confidential: does not discuss patients= condition, diagnosis, or treatment unless necessary in the performance of duties.
- Does not remark about physicians or care of individual
- Is honest about mistakes and results
- Records tasks only if completed
- Evaluates situations and makes sound decisions

6. Demonstrates safety measures in these ways:

- Washes hands frequently
- Wears personal protective equipment as laboratory policy dictates
- Disposes of all contaminated materials appropriately
- Processes specimens and biohazard material as laboratory policy dictates
- Adheres to fire drills
- Follows facility smoking policies

7. Cooperation:

- Maintains a non-judgmental attitude
- Works well with all levels of personnel

8. **Communication**

- Asks appropriate questions
- Adheres to phone etiquette
- Shows respect through good listening skills and courteous, prompt responses
- Communicates thoughts clearly

Affective Evaluation for (Student) _____

Rotation/Site_____

Rating Instructions	Exceptional (5)	Commendable (4)	Acceptable (3)	Marginal (2)	Unacceptable (1)
Attitude Rating_____	Always accepts and uses constructive criticism	Usually accepts and uses constructive criticism	Constructive criticism is difficult to accept, but eventually accepted and used.	Appears to accept constructive criticism, but no observable change of behavior	Refuses to accept constructive criticism; antagonistic behavior
Initiative Rating_____	Often does more than is required	Sometimes does more than is required	Always does only what is required	Usually does what is required	Rarely does what is required
Efficiency Rating_____	Exceptionally high quality with rare errors	High quality with occasional errors	Average quality with few errors	Sometimes below average quality with frequent errors	Always below average quality with frequent errors
Reliability Rating_____	Thoroughly reliable; needs no direct supervision	Reliable: needs little direct supervision	Usually reliable; needs moderate supervision	Reliability questionable; needs close supervision	Unreliable; needs constant supervision
Judgment Rating_____	Always able to evaluate a situation and make sound decisions even in difficult situations	Usually able to evaluate a situation and make sound decisions	Can evaluate routine decisions and render sound judgments	Sometimes unable to evaluate the situation and renders unsound judgments	Often renders unsound judgments
Safety Practices Rating_____	Exceptional attention to safety protocols, few to no lapses	Follows appropriate safety protocols, with few errors, oversights	Follows appropriate safety protocols with little/no prompting	Questionable practices, minimum PPE used	Unsafe behavior exhibited, unable to comply with required practices
Cooperation Rating_____	Outstanding team worker: always effective with all levels of team members	Good team player; usually effective in dealing with all levels of personnel	Average team worker; sometimes has difficulty with other personnel	Not a team worker; inconsiderate; has difficulty relating to other personnel	Causes friction; antagonistic

Communication Rating_____	Outstanding, able to communicate effectively	Good at communication usually effective and understandable	Average communication skills, some prompting may be necessary	Not effective in communication, difficult to assess understanding, reluctant to ask questions	Uncommunicative

Student has satisfactorily completed this rotation _____Yes _____No

Clinical Instructor Comments:

Clinical Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Name:_____ Clinical Site:_____

DATE	Time In	Time out	Tasks Performed	Comments	Student initials	Preceptor initials

CLINICAL PRACTICUM GOALS AND LEARNING ACTIVITIES

Goals

The goal of the clinical practicum is to develop technicians who are proficient in their work, professional in their attitudes and employable. This goal can only be achieved by a total commitment to excellence of all who participate in the training process.

1. Practice the duties and responsibilities of the MLT in the clinical laboratory. Work within the limitations of the MLT.
2. Be familiar with clinical site policies (i.e., safety, etc.) in the clinical area.
3. Understand the college policies are effective in the clinical areas.
4. Demonstrate a professional attitude by maintaining a proper appearance at all times.
5. Demonstrate a professional and ethical attitude toward coworkers and patients.
6. Coordinate academic preparation with technical skills.
7. Show reliability by arriving promptly, taking appropriate breaks and lunch and notifying the department when tardy or absent.
8. Develop correct telephone techniques for obtaining information and reporting results.

Learning Activities

1. Complete the procedures required in each department. Document procedures performed each day on your time sheet. Have the time sheet signed off each day.
2. Perform and/or observe additional procedures as they are available.
3. Draw a fire evacuation route for each hospital in your rotation. Diagram the location of safety showers, eye washes, fire blankets and fire extinguishers. Do this the first day of your rotation.
4. Complete learning contracts and Canvas assignments as assigned per rotation.
5. Evaluate each department after the rotation is complete by completing the online evaluation in the clinical course.
6. Maintain an up-to-date record of your attendance and turned the signed record in weekly.
7. Complete all program objectives from the checklist and have them signed by your clinical supervisor along with the affective evaluation.

CLINICAL PRACTICUM OBJECTIVES BY DISCIPLINE

General Entry-Level

Standard: At entry-level, the graduate MLT will be expected to have at least accomplished the minimum level of achievement designated for each procedure. Unless otherwise stated, these tasks must be accomplished with 100% accuracy or within quality control guidelines. See key for each level on clinical evaluation cover sheet.

Upon completion of the clinical rotation in each laboratory discipline, the student will:

1. Perform routine bench work within 95% confidence limits.
2. Perform laboratory clerical work, including properly identifying patient samples, keeping test logs, recording and reporting results according to established laboratory protocol with 100% accuracy.
3. Recognize normal and abnormal values of routine test parameters.
4. Correlate abnormal test results with disease states.
5. Demonstrate ability to problem-solve and trouble-shoot at level appropriate for MLT student.
6. Organize workflow for maximum efficiency.
7. Follow established laboratory policies and procedures.
8. Exhibit a safety-conscious attitude in handling specimens.
9. Work cooperatively as a team member.
10. Exhibit professionalism by maintaining confidentiality of patient results and discretion in conversation.

References: Available references in each department include procedure manuals and manufacturer's operation manuals. The student should have access to and use these to develop an understanding of standard operating procedures, laboratory principles, and to prepare written assignments required for the clinical practicum.

Phlebotomy

Upon completion of the Phlebotomy clinical rotation, the student will:

1. Cleanse hands prior to blood collection.

2. Interpret orders and select the correct blood collection equipment for tests ordered.

3. Communicate with patients, explaining blood collection procedures.

4. Adhere tourniquet and select blood collection site.

5. Cleanse blood collection site.

6. Properly perform a venipuncture technique using a butterfly and/or straight needle.

7. Demonstrate the correct order of draw.

8. Properly label specimens.

9. Properly demonstrate patient post collection care.

The student will at least observe the following collections:

Blood Bank test collection using BB bracelet

Blood culture collection

Immunology /Serology

Upon completion of the Immunology/Serology rotation, the student will:

1. Utilizing appropriate samples, controls and serological kits, correctly perform the following tests according to the manufacturer's instructions:
   a. Infectious mononucleosis
   b. Rheumatoid factor
   c. Pregnancy tests
   d. C reactive protein
   e. Streptococcal antibodies
   f. Influenza
   g. Other serological and immunoassay tests as performed by the facility
2. Demonstrate proficiency in the performance of routine serologic tests for syphilis including the RPR., as available:
   a. adjusting the serology rotator to the correct speed
   b. preparing reagents and equipment according to procedure guidelines
   c. correctly evaluating specimen suitability
   d. correctly interpreting control and patient results
   e. documenting necessary quality control information including lot numbers, expiration dates, reaction temperatures and control results
3. Differentiate between treponemal and non-treponemal tests and explain how each is used in the diagnosis of syphilis.
4. Discuss fluorescent procedures according to the established laboratory guidelines.
5. Describe the principle, specimen requirements, normal values, and causes of false positive or negative results for each of the above serologic procedures.
6. Describe the principle components of the immune system and their normal function.
7. Discuss the principle of alternate test methods used in the serology laboratory.
8. Discuss the principles of immunology as a basis for laboratory procedures.
9. Discuss the principles of Hepatitis and HIV test methods.
10. Discuss PCR and Western Blot test principles.

Transfusion Medicine

Upon completion of the Transfusion Medicine rotation, the student will:

1. Perform and obtain 100% accurate results using appropriate reagents for ABO and Rh testing comparing forward and reverse typing within 10 minutes.
2. Correlate the results of the forward and reverse typing and note the Rh control to determine the presence or absence of any ABO discrepancies or typing problems and determine the appropriate course of action.
3. Accurately perform routine pre-transfusion testing.
4. Screen a suitable serum specimen for the presence of atypical antibodies correctly interpreting results and controlling all negative tests within 30 minutes.
5. Perform and interpret a direct antiglobulin test correctly within 15 minutes.
6. Perform confirmatory verification of ABO group on all donor units received.
7. Given a case history and/or laboratory data on a patient, select the most appropriate component.
8. Using appropriate problem solving techniques, resolve basic crossmatch problems or incompatibilities.
9. Issue blood and blood products according to protocol.
10. Investigate a suspected transfusion reaction according to established laboratory procedure reporting negative findings and referring positive findings to the supervisor.
11. Perform routine pre-administration testing for Rh Immune Globulin.
12. Perform pre-natal testing on expectant mothers.
13. Perform studies for the investigation of hemolytic disease of the newborn to include ABO, Rh typing and direct antiglobulin testing of cord blood samples.
14. Given a mother and baby's type and the presence of specific allo-antibodies, suitable donor types for exchange transfusion.
15. Determine the extent of testing in special situations according to protocol.
16. Discuss autologous transfusion including use and general requirements.

Clinical Microbiology

Upon completion of the Microbiology rotation, the student will:

1. Perform gram stains with proficiency.
2. Work up and review blood cultures specimens, testing, reading, and results.
3. Work up throat cultures to rule out strep with proficiency.
4. Work up and identify organisms in urine cultures with proficiency.
5. Work up and identification of sputum specimens at a satisfactory level.
6. Work up and identification of wound and abscess cultures at a satisfactory level.
7. Work up and identification on body fluid, GC, anaerobic cultures at a satisfactory level.
8. Plate specimens for culture, to include proper selection of media with proficiency.
9. Perform Rapid strep tests with proficiency.
10. Perform MIC/Kirby Bauer antimicrobial susceptibility at 100% agreement with preceptor results.
11. Perform automated and commercial bacterial strip organism id with preceptor agreement or match with original results.
12. Perform TSI/LIA/Urea media set up-reading at a satisfactory level.
13. Discuss use of commercial yeast fermentation kits.
14. Observe and discuss set up of AFB and fungus cultures, and acid fast smears.
15. Observe and discuss parasite concentration procedures.
16. Observe and discuss trichrome stains and other parasite stains.
17. Observe and discuss slide cultures, tease mounts, cellophane tape prep.
18. Perform department QC at a satisfactory level.

Hematology

Upon completion of the Hematology rotation, the student will:

1. Practice using a Hematology automated analyzer:
   a. Practice interpretation of results to include discussing and understanding of RBC indices and release of patient results with preceptor agreement.
   b. Practice/observe running and interpretation of QC with preceptor with 100% agreement of results and techniques.
   c. Identify instrument flags, alerts, and respond to these in a satisfactory level with preceptor agreement.
   d. Recognize critical results, out of linearity results and act upon the results per site SOP at a satisfactory level with preceptor agreement.
   e. Identify specimens requiring manual differentials based on site SOP at a satisfactory level with preceptor agreement.
   f. Observe and discuss analyzer maintenance and documentation.
2. Perform at least 25 manual differentials within 20% agreement of reported result:
   a. Performance of differentials must include WBC and platelet estimates within 20% of reported results.
   b. RBC /WBC morphology and inclusions must agree within 20% of original.
   c. Identify/observe/discuss slides needing pathology review.
   d. Make and stain slides for differentials with proficiency.
3. Perform manual platelet counts within 20% agreement of original or automated results.
4. Perform body fluid RBC and WBC counts within 20% agreement of original result.
5. Practice/observe set up and staining, reading of body fluid differentials.
6. Practice/observe joint fluid crystal examination.
7. Perform Sedimentation Rates per site SOP at proficient level (manual /automated) and correlate results to possible conditions.
8. Perform Reticulocyte counts at a satisfactory level.
9. Perform spun Hematocrit with proficiency as applicable for site.

Coagulation/Hemostasis

Upon completion of the Coagulation/Hemostasis rotation, the student will:

1. Practice using a Coagulation automated analyzer:
   a. Practice interpretation of results to include discussing and understanding release of patient results with preceptor agreement.

   b. Practice/observe running and interpretation of QC with preceptor with 100% agreement of results and techniques.

   c. Identify instrument flags, alerts, and respond to these in a satisfactory level with preceptor agreement.

   d. Recognize critical results, out of linearity results and act upon the results per site SOP at a satisfactory level with preceptor agreement.

   e. Perform PT and aPTT testing at a proficient level with preceptor agreement.

   f. Observe/discuss analyzer maintenance and documentation.

2. Perform fibrinogen testing at a satisfactory level as applicable for clinical site.

3. Perform FDP/D-Dimer testing at a satisfactory level as applicable for clinical site.

4. Perform bleeding times or alternative testing per site SOP as applicable for clinical site.

Urinalysis and Body Fluid

Upon completion of the Urinalysis and Body Fluid rotation, the student will:

1. Practice using an automated analyzer-strip reader:

   c. Practice interpretation of results to include discussing and understanding release of patient results with preceptor agreement.

   d. Practice running and interpretation of QC with preceptor with 100% agreement of results and techniques.

   e. Identify instrument flags, alerts, and respond to these in a satisfactory level with preceptor agreement.

   f. Identify and act on patient specimens requiring microscopic examinations, confirmatory testing at a proficient level.

   g. Recognize critical results, out of linearity results and act upon the results per site SOP at a satisfactory level with preceptor agreement.

   h. Perform urinalysis testing at a proficient level with preceptor agreement.

   i. Observe/discuss analyzer maintenance and documentation.

2. Perform patient confirmatory testing and/or confirmatory testing QC with 100% accuracy or agreement with original results.

3. Perform patient microscopic exams with preceptor agreement and/or within 20% agreement of reported result.

4. Perform manual urine dipstick patient testing and QC, as applicable for site with 100% accuracy (within 20% of released patient result if rerunning patients).

5. Perform the routine maintenance, operation and trouble-shooting procedures for instruments used in the analysis of body fluids with minimal supervision.

6. Correctly perform body fluid test set up procedures such as:

   a. Hemacytometer loading

   b. Unopette or manual dilution of specimen

   c. Microscope operation

   d. Cytocentrifuge operation

   e. Slide staining

8. Perform accurate calculation of cell fluid counts.

9. Follow criteria for body fluid smear evaluation.

10. Observe/perform the following procedures as applicable to site:

a. Body fluid cell count
b. Manual Platelet count
c. Joint fluid crystal examination
d. Body fluid differential
e. Semen analysis

Clinical Chemistry

Upon completion of the Clinical Chemistry rotation, the student will:

1. Perform routine maintenance, operation and trouble-shooting procedures for automated clinical chemistry analyzers with minimal supervision.

   a. Prepare reagents, calibrators, and QC materials according to directions.

   b. Organize workflow for maximal efficiency.

   c. Values that require further intervention such as repeat or dilution.

   d. Calculated values that require intervention such as anion gap.

   e. Refer questionable QC and/or patient results to appropriate supervisor.

2. Perform the following routine and non-routine clinical chemistry tests with entry-level proficiency:

   a. Routine chemistry panels: Comprehensive metabolic panel, Basic metabolic panel, Electrolyte panel, Hepatic function panel, Lipid panel.

   b. Cardiac function tests and cardiac markers: CK-MB, Troponin, BNP.

   c. Creatinine clearance/GFR.

   d. Hormones.

   e. Tumor markers.

   f. Toxicology and TDM.

***Expected outcomes of these objectives will be evidenced by score of "Meets" on clinical evaluation and minimum score of 78 on clinical assignments.**

List of Clinical Sites

Institution	City/State	Accredited by
Atrium Health – Cabarrus	Concord, North Carolina	TJC, CLIA, CAP, AABB
Atrium Health – Core Lab	Charlotte, North Carolina	TJC, CLIA, CAP
Atrium Health – Stanly	Albemarle, North Carolina	TJC, CAP, CLIA
Atrium Health – Union	Monroe, North Carolina	TJC, CAP, CLIA
FirstHealth of the Carolinas – Montgomery Memorial Hospital	Troy, North Carolina	TJC, CAP, CLIA