

Cooperating Lab FAQ's Information

What is the role of a "Cooperating Laboratory?" The primary role of the cooperating laboratory is to provide *basic skill development* for the distant student for Phlebotomy and Medical Laboratory Technician Program at Barton County Community College. The "hands-on" instruction in the Cooperating Laboratory is to "mirror" the basic training received in the Great Bend campus BCC MLT Laboratory.

As a Cooperating Laboratory you agree to allow personnel from your laboratory to provide direct, on-site supervision and basic bench instruction related to performance of routine laboratory procedures, to evaluate respective laboratory competencies, and to give other valuable assistance as needed and you are staffed for.

How much time per week is the student expected to be in the Cooperating Laboratory for the specified learning experiences? The student is expected to spend the same amount of time in their Cooperating Laboratory as a Great Bend campus student would spend in the campus MLT Laboratory for the same course.

- **MLTC 1503 Phlebotomy:** requires 1-3 hours per week to develop basic specimen collection skills. Eligibility for clinical practicum (of 100-120 hours AND 100-120 successful collections) is based on a grade of 78% or better in the phlebotomy course. The clinical practicum is arranged with the health care facility AND the MLT/Phlebotomy program director.
- **MLTC 1500 UA & body fluids:** 2-3 hrs/week cooperative lab hours
- **MLTC 1504 Clinical Chemistry:** 2 hrs/week cooperative lab hours required
- **MLTC 1505 Pathogenic Microbiology:** 4 hrs/week; **ideal** - 2hrs for 2 consecutive days; 4 hours in one day is NOT allowed without Director and Instructor permission.
- **MLTC 1506 Human Parasitology:** no cooperative lab required
- **MLTC 1502 Hematology & Coagulation:** 4 hrs/week cooperative lab hours required
- **MLTC 1509 Immunology/ Serology:** no cooperative lab required
- **MLTC 1508 Immunohematology (Blood Bank):** 4 hrs/week
- **MLTC 1513 Clinical Lab Operations:** no cooperative lab required

How does the student document their learning experiences? Students keep a time log and daily diary that details the amount of time they are in the cooperating laboratory...the log must be initialed daily by the person who is supervising your learning experience, signed weekly before submission, and entries must be handwritten.

Personnel in the Cooperating Laboratory using forms provided by the College to the students can document development of the required laboratory competencies. The student is responsible for transmittal of logs and diaries to their Barton instructor.

When do the courses start and finish? Most Cooperating Classes will begin in August and continue for 16 weeks for the Fall semester; and Spring semester will begin in January and continue for 16 weeks, finishing in May. The Exception would be a Phlebotomy class that may be 8 weeks and may also have a summer course.

For what courses would we provide a Cooperating Laboratory experience? This depends on each individual student's curriculum plan that a student can provide for you. This also depends on the volume and variety of testing and staffing situation in your laboratory. The College staff, upon review of information about your laboratory, will determine its suitability to be a Cooperating Laboratory for the various courses in the MLT Program.

Who are the instructors for the courses? The MLT instructors are Karen Gunther, Andrea Thompson, Risa Bayliff, Tyler Brown, Patience Lahita, and Heather Scott. The student can tell you the name of the instructor for each course or it can be viewed under the MLT student handbook.

How do I contact an instructor? Call Barton County Community College at 888-423-1711 for the department secretary who will direct your call to the appropriate instructor. Email is usually the best and the student will have access in their course to the instructor's email. Questions may also be directed to MLT Program Director Karen Gunther guntherka@bartonccc.edu by calling 620-786-1133.

Notice of Understanding for *Cooperating Laboratory*

Student: _____

Nature of the Cooperating Laboratory Experience: (check all that apply)

___ MLT Program – *Please complete Faculty and Facility forms every 12 months*

___ Phlebotomy Training

Name of Cooperating Laboratory Facility: _____

Facility Address: _____

Facility City/State/Zip Code: _____

Facility Contact name _____

Facility Contact email _____ Phone _____

When signed by the appropriate parties, this **Notice of Understanding** indicates that the College and the Cooperating Laboratory, both being desirous of cooperating in a plan to provide education experiences for medical laboratory technology and phlebotomy students, both mutually agree as follows:

Within the terms of this Notice, the Cooperating Laboratory will:

- Maintain the standards necessary for a medical laboratory as specified by State and Federal guidelines
- Retain responsibility for overall supervision and delivery of patient care
- Make available to the student the clinical facilities of the institution including necessary procedure manuals, equipment, supplies and available instructional materials
- Allow personnel from the laboratory to provide direct on-site supervision and basic bench instruction related to performance of routine laboratory procedures, to evaluate respective laboratory competencies, and to give other valuable assistance as needed
- Provide instruction that "mirrors" the basic training received in the Great Bend campus BCC MLT Laboratory and help the student develop basic medical laboratory or phlebotomy competencies to the specified target level
- Provide adequate staffing in the clinical areas so that no student will be expected to give service to patients in the Cooperating Laboratory apart from that rendered for its educational value as a part of the planned medical laboratory technology or phlebotomy curriculum
- Provide liability coverage for the operation of its facility and to save and hold harmless the College for and against any and all liability for damages to any person and/or property of any and all persons resulting from negligent operations of the Cooperating Laboratory
- Regard students of the College, when assigned for clinical experience, as having the status of learners who will not replace Cooperating Laboratory employees

- Retain the right to restrict a student, faculty member, or other agent of the College from participating in the clinical experience or from the Cooperating Laboratory grounds for good cause shown
- Ensure the provision of emergency care for illness or injury to the student

Within the terms of this Notice the College will:

- Offer courses related to medical laboratory technology and phlebotomy
- Provide qualified instructors who will plan and coordinate the didactic learning experiences of the students
- Provide guidelines for the experience in the Cooperating Laboratory
- Maintain an appropriate certificate of insurance stating that each student and faculty member, while performing the duties or services arising in performance of this Notice, shall have liability insurance
- Hold the Cooperating Laboratory harmless from any and all liability for damages to any person and/or property of any and all persons resulting from the operations of the College's educational program

Within the terms of this Notice the **Student** will:

- Abide by existing rules and regulations of the Cooperating Laboratory
- Maintain the confidentiality of patient records
- Provide proof of meeting the requirements for immunizations as specified by the College or cooperative lab institution (Verified Credentials)
- Maintain proof of medical insurance coverage (Verified Credentials)
- Hold the Cooperating Laboratory and the College harmless from any and all liability for damages to any person and/or property of any and all persons resulting from the operations of the College's educational program
- Reimburse the Cooperating Laboratory and/or the College for the cost of any damage to equipment used inappropriately or in a negligent manner

Student signature _____ Date: _____

Student name Printed _____

Coop Lab Supervisor signature _____ Date _____

Coop Lab Supervisor printed _____

Please no electronic signatures!