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 cooperative lab support you provide is the "hands-on" instruction and mentoring the students cannot achieve with only online learning. The cooperative lab learning model has proven to be equal or better than the basic training received by students using Barton’s Great Bend campus cooperative laboratory.

As a supporting 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, to serve as proctors for various examinations if possible, 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?
All students is expected to spend the same amount of time in their supporting Cooperating Laboratory as another other student in the same course at a different cooperative lab. Documentation is done with time logs and daily diaries.

Phlebotomy:
Requires 1-2 hours per week during the 17 weeks OR for the 9 week course it requires 2-3 hours per week to develop basic specimen collection skills. Phlebotomy is offered spring, fall and summer on line with cooperative lab support. Eligibility for clinical practicum (of 100/120 hours AND 100 successful collections) is based on a grade of C or better in the phlebotomy course and the recommendation by the clinical instructor. The clinical practicum is arranged with the health care facility AND the MLT/Phlebotomy program director. If you are a nationally certified phlebotomist you are welcome to apply to the MLT program and complete your general education courses.

Fall: Urinalysis & body fluids: 2 hrs/week
    Clinical Chemistry: no coop lab
    Pathogenic Micro: 4 hrs/week; ideal 1 hour for 4 consecutive days, at least 2hrs for 2 consecutive days

Spring: Hematology & Coagulation: 4 hrs/week
    Immunology/ Serology: no cooperative lab
    Parasitology, mycology, mycobacterium: no coop lab requirement
    Immunohematology: 4 hrs/week,
    Clinical Lab Operations: no coop lab requirement

04/2016cal
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 signed by the person who is supervising their learning experience. Development of the required laboratory competencies can be documented by personnel in the Cooperating Laboratory using forms provided by the College to the students. The student is responsible for transmittal of logs and diaries to their Barton instructor.

When do the courses start and finish?

The fall semester begins in August and ends in December. The spring semester begins in January and ends in May. Phlebotomy has a summer course that starts in May/ first of June and completes in 9 weeks. Phlebotomy is sometimes offered spring and fall in Session I or III, each a nine week class.

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, can help you determine your sites suitability to be a supportive Cooperating Laboratory for the various courses in this program.

Who are the instructors for the courses?

The MLT instructors are Cheryl Lippert, Dana Weber, and adjunct faculty. The student can tell you the name of the instructor for each course or it can be viewed at this link under the MLT student handbook.

How do I contact an instructor?

Call Barton Community College at 888-423-1711, the department secretary will direct your call to the appropriate instructor. Email is usually the best and the student will have access in their course to the instructors email. Instructors last name first initial.bartonccc.edu  lippertc@bartonccc.edu  as an example.
Clinical Facility Fact Sheet (CLS/MT & CLT/MLT)

Institution: ____________________________________________________________

Address: ______________________________________________________________

City, State, Zip Code: ____________________________________________________

Telephone: (_____) ______________________________ Fax: (_____) ______________________

Accredited by: Please check appropriate agency;

Joint Commission _____, CAP_____, COLA ___, CLIA ________, Other_______

If you are not accredited by any of the above agencies or checked OTHER, please complete the “Documentation of Safety Measures” form.

Clinical Coordinator or Contact Person at site: (name) ________________________________

(email) _______________________________________________________________________

Clinical Laboratory Volume (specify annual number of procedures): ______________________

Indicate whether tests are performed in the following areas:

Hematology: ______________ Chemisty: ______________ Microbiology: ____________

Immunology/Serology: ________ Immunohematology: ________ Urinalysis: ____________

Molecular Diagnostics: ____________

Daytime laboratory staff (convert part-time to full-time equivalent)
Notice of Understanding for Cooperating Laboratory

Student: ________________________________________________

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

___ MLT Program or

___ Phlebotomy Training

Name of Cooperating Laboratory: _______________________________________

Address: ______________________________________________________________

City/State/Zip Code: _____________________________________________________

Contact name _____________________________ Contact info _______________________

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:________________________

Printed student name____________________________

Coop Lab Supervisor signature_________________________ Date___________

Printed Coop Lab Supervisor name_____________________________

Signature of MLT Program Director_________________________ Date___________
Essential Skills Checklist (complete for areas you are providing cooperative lab support)

Facility: ______________________________ Location: ______________________________

Please check each skill or procedure that your laboratory will be able to provide the Phlebotomy and/or MLT student as a clinical affiliate.

PHLEBOTOMY and Specimen collections (1-3 hours per week)

__ Patient identification procedures
__ Specimen collection by venipuncture
__ Specimen collections by skin puncture
__ Specimen processing

Clinical Practicum 1 MLT courses

UA and Body Fluids (2 hours per week)

__ Routine QC of reagents and equipment
__ Safety
__ Dilutions and Serial dilutions
__ Routine urinalysis: physical, chemical, and microscopic (normal & abnormal)
  List backup (confirmatory) testing: ________________________________
__ Urine /Serum pregnancy tests
__ Occult blood on stool
__ Body fluids
  __ cell count __manual __automated
  __ CSF
  __ Synovial fluid
  __ Amniotic fluid
  __ Seminal fluid
  __ Other: (please specify) ____

HEMATOLOGY/COAGULATION (2-4 hours per week)

__ Peripheral smears: evaluation of WBC, RBC & platelet morphology (normal & abnormal, wbc <1000, >50,000)
__ Polychromatic stain
__ Manual WBC count
__ Manual platelet count
__ Reticulocyte count
__ Erythrocyte sedimentation rate
__ routine coagulation analyzer: Operation, quality control, routine maintenance and basic troubleshooting for:
  __ Protime with INR
  __ APTT
  __ Fibrinogen
__ FDP or D-Dimer
__ Other list
__ Routine quality control of reagents and equipment
__ Dilutions and Serial dilutions

**IMMUNOLOGY/SEROLOGY (no coop lab support required)**
__ Routine quality control of reagents and equipment
__ Safety
__ Agglutination methods (ie latex, heme) list: ____________________________
__ Dilutions and Serial Dilutions
__ Syphilis Testing (VDRL/RPR)
__ Chromatographic EIA (please list): ____________________________
__ List kits tests performed: ____________________________

**Clinical Practicum II MLT courses**

**BLOOD BANK (4 hours per week)**
- Method: _____ tube _____ gel
- ABO, Rh including weak D
- Antibody screen
- Crossmatch, immediate spin & complete
- Direct antiglobulin test
- Issue of product for transfusion
- Cord blood testing: ABO, Rh, DAT
- Routine quality control of reagents and equipment

**CHEMISTRY**
- **routine chemistry analyzer**: Operation, calibration, quality control, routine maintenance and basic troubleshooting
- **immunochemistry analyzer**: Operation, calibration, quality control, routine maintenance and basic troubleshooting
- **routine blood gas analyzer**: Operation, calibration, quality control, routine maintenance and basic troubleshooting
- Routine quality control of reagents and equipment
- Dilutions and Serial dilutions

**MICROBIOLOGY**
- Routine QC of reagents and equipment
- Safety
- Gram stain (preparation, interpretation, and performance)
  - direct
  - from culture

Culture setup and interpretation for the following: (colony morphology, Gram stain, routine media & set up, interpretation)
Blood
Urine
Stool
Respiratory (upper, lower)
Genital
CSF and other body fluids
Wound

Identification of the following organisms:

- Staph aureus
- Coagulase negative staph
- S. pyogenes
- S. agalactiae
- E. faecalis
- S. pneumoniae
- E. coli
- Kleb pneumo
- Proteus mirabilis
- Ent cloacae
- Salmonella
- Shigella
- Bacillus (not anthracis)
- Corynebacterium spp.
- Pseudomonas aeruginosa
- H. influenza
- Campylobacter jejuni
- N. gonorrhoeae
- N. meningitis

Automated identification (please list):

Antibiotic susceptibility testing

- Automated panels
- Kirby-Bauer
- Other (please list)

Anaerobes (to what level)

- collect and send
- ID only
- ID and suscep.

Parasitology (to what level)

- collect and send
- ID (wet mount, sedimentation, perm)
- ID serologically
Mycology (to what level)
  ___ collect and send
  ___ ID (culture) send for ID
  ___ ID (serologically)

Mycobacterium (to what level)
  ___ collect and send
  ___ ID (cult)
  ___ ID and susc

<table>
<thead>
<tr>
<th>Name of Clinical Laboratory</th>
<th>Signature of Lab Manager/Supervisor</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PRINTED name of Lab Manager/Supervisor

04/2016cal
SAFETY DOCUMENTATION

Clinical Affiliate Name:________________________  Date:________________________

Does the Laboratory Policy and Procedure Manual contain information about and procedures for emergencies in the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Biohazards, lab orientation and safety, and PPE?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Chemical accidents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Slips and spills?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fire safety and emergency procedures?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Electric hazards?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. HIPPA?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Other

8. Other

9. Other

Please list frequency of employee orientation ____________________________________________

Please list frequency of updates ____________________________________________________

Please list safety equipment available in your laboratory, i.e. Safety shower, sharps containers, PPE....

Printed name of individual completing this_____________________________________________

Title:_____________________________________________

04/2016cal