

Barton Community College
Phlebotomy and Medical Laboratory Technician Program

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, to serve as proctors for various examinations, 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.

Phlebotomy: requires 1-2 hours per week for 17 weeks OR for the 8week course it requires 2-3 hours per week to develop basic specimen collection skills. Course offered spring, fall and summer. Eligibility for clinical practicum (of 100 hours AND 100 successful collections) is based on a grade of C or better in the phlebotomy course.

Fall: Intro to Lab, UA & body fluids: 2 hrs/wk

Spring: Hematology & Coagulation: 4 hrs/wk Immunology/ Serology: 2 hrs/wk

Fall: Clinical Chem I: 4 hrs/wk Seminar in Lab Med: no coop lab requirement

Clin Micro I: 4 hrs/wk; **ideal** 1 hr for 4 consecutive days, **at least** 2hrs for 2 consecutive days

Spring: Clin Chem II: no cooperative lab Clin Micro II: no coop lab requirement

Blood bank: 4 hrs/wk, Capstone in Lab Med: no coop lab requirement

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 the Barton instructor.

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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.

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 Cheryl Lippert and Dana Weber. 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.

<http://dev.bartonccc.edu/instruction/programs/departments/mlt/mltstudenthandbooks.html>

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.

07/2013

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Clinical Facility Fact Sheet (CLS/MT & CLT/MLT)

Institution: _____

Address: _____

City, State, Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Accredited by: Please check appropriate agency; JCAHO _____, CAP _____, COLA ___ Other _____

If you are **not** accredited by any of the above agencies, 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: _____ Chemistry: _____ Microbiology: _____

Immunology/Serology: _____ Immunochemistry: _____ Urinalysis: _____

Molecular Diagnostics: _____

Daytime laboratory staff (convert part-time to full-time equivalent):

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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

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- 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 _____

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Essential Skills Checklist (complete for areas supporting)

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

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

First year MLT courses

UA and Body Fluids

- 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

- 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

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routine coagulation analyzer: Operation, quality control, routine maintenance and basic troubleshooting for:

Protine with INR

APTT

Fibrinogen

FDP or D-Dimer

Other list _____

Routine quality control of reagents and equipment

Dilutions and Serial dilutions

IMMUNOLOGY/SEROLOGY

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: _____

Second year MLT courses

BLOOD BANK

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

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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

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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

Name of Clinical Laboratory

Signature of Lab Manager/Supervisor

Date

PRINTED name of Lab Manager/Supervisor

04/2014cal

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*Note: if not accredited by these institutions provide a list of safety equipment:			
Policy/Procedure	Policy & Procedure Manual	Employee Orientation	Annual Update
Biohazard			
Sharps containers are conveniently placed	Yes ___ No ___	Frequency	
Chemical			
Chemical safety cabinet for storage	Yes ___ No ___		
Fire			
Fire extinguishers are conveniently placed	Yes ___ No ___	Frequency	# Type:
Electrical			
General equipment inspections are performed	Yes___ No___	Frequency	Frequency
HIPAA		Frequency	
Safety shower is conveniently placed	Yes ___ No ___		Frequency tested:
Fire blanket is conveniently placed	Yes ___ No ___		Checked:
Eye wash is conveniently placed	Yes ___ No ___		Frequency tested:
PPE is readily available in variety of sizes	Yes ___ No ___		

Facility name: _____

Facility Location: _____