



PennState Health
Milton S. Hershey Medical Center

BLOOD BANKING / TRANSFUSION MEDICINE FELLOWSHIP PROGRAM MANUAL

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Introduction

Penn State Health Milton S. Hershey Medical Center and Penn State College of Medicine is approved by the ACGME to provide one-year of fellowship level training in the pathology subspecialty area of Blood Banking/Transfusion Medicine. The program is approved for one fellow in any given year. All training is completed at the Milton S. Hershey Medical Center but specific rotations of special interest (i.e., elective rotations) can be arranged by the fellow in coordination with the Program Director.

The material in this manual delineates the policies, procedures, and goals and objectives of the training program, and should provide guidance to the resident/fellow.

The input of the resident/fellow in this educational program is always welcome. Any discrepancies found in this manual should be brought to the attention of the Program Director. Any suggestions for improvement of the manual or the educational program should also be brought to the Program Director. Our goal is to provide the highest quality fellowship training in Blood Banking/Transfusion Medicine and to produce physicians competent to practice independently in this specialty.

Ronald E. Domen, MD
Program Director, Blood Banking/Transfusion Medicine Fellowship

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GOALS AND OBJECTIVES

General Goals

The resident/fellow should develop sufficient knowledge and experience to function as the Medical Director of Blood Bank and Transfusion Medicine (BB/TM) in a community or academic hospital. This knowledge and experience will be gained by: (1) rotations through various work-stations and specialty areas; (2) frequent meetings with the Medical Director of the Blood Bank and Transfusion Medicine and the Program Director, and/or the “Clinical Pathology attending of the day”; and, (3) specific assignments supervised by the Medical Director of the Blood Bank and/or the Program Director.

The fellow/resident will learn the essential administrative, laboratory, and clinical aspects of blood donor and hospital transfusion services. Areas of knowledge to be addressed include: blood donation/collection and procurement, plateletpheresis, the infectious disease testing of donor (allogeneic) blood, the preparation of blood components, autologous blood collection, therapeutic phlebotomy, the typing and crossmatching of blood, the detection and identification of atypical red blood cell antibodies, the clinical utilization of blood and components, the diagnosis and management of adverse reactions to blood transfusion, basic laboratory and clinical immunohematology, therapeutic apheresis, peripheral blood hematopoietic stem cell collection, the evaluation and management of therapeutic apheresis patients, basic concepts and test procedures in the histocompatibility (HLA) laboratory, basic coagulation testing, laboratory management, and quality improvement.

The fellow/resident will become familiar with quality control, quality assurance, resource (cost) analysis, and ethical issues as they relate to Blood Banking and Transfusion Medicine. The fellow/resident will begin to assume the role of clinical consultant, as well as gain experience in the interpretative reporting of laboratory data. The fellow/resident will also become familiar with the various regulatory agencies and requirements that impact on this unit of the laboratory.

This fellowship program is for one year and is accredited by the ACGME.

(General reference: Fung MK, Crookston KP, Wehrli G, Domen R, et al. A proposal for curriculum content in transfusion medicine and blood banking education in pathology residency programs. *Transfusion* 2007;47:1930-1936.)

ACGME Core Competencies

The ACGME Core Competencies will be incorporated into these goals and objectives and will also be the basis for fellow/resident evaluation during this rotation. The following summarizes the core competencies.

1. Patient Care (PC):

- Resident/fellow demonstrates a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services (specifically, Blood Banking/Transfusion Medicine services).
- Resident/fellow provides patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

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- Resident/fellow works with health care professionals, including those from other disciplines, to provide patient-focused care.
- 2. Medical Knowledge (MK):**
- Resident/fellow demonstrates knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care and to pathology (specifically, Blood Banking/Transfusion Medicine).
 - Resident/fellow demonstrates an investigatory and analytic thinking approach to clinical and pathological situations (specifically, Blood Banking/Transfusion Medicine situations).
 - Resident/fellow knows and applies the basic and clinically supportive sciences appropriate to pathology (specifically, Blood Banking/Transfusion Medicine).
- 3. Practice-Based Learning and Improvement (PBLI):**
- Resident/fellow demonstrates the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices.
 - Resident/fellow locates, appraises, uses, and assimilates evidence and information from scientific studies related to their patients' health problems.
 - Resident/fellow applies knowledge of study designs and statistical methods to the appraisal of clinical studies.
 - Resident/fellow uses information technology to manage information and support their own education.
 - Resident/fellow facilitates the learning of students and other health care professionals.
- 4. Interpersonal and Communication Skills (ICS):**
- Resident/fellow demonstrates interpersonal and communication skills that result in effective information exchange and teaming with other health care professionals, patients, and their families.
 - Resident/fellow creates and sustains a therapeutic and ethically sound relationship with patients, colleagues, and other health care professionals.
 - Resident/fellow uses effective listening skills.
 - Resident/fellow works effectively with others (including faculty, other residents, and laboratory staff).
- 5. Professionalism (P):**
- Resident/fellow demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
 - Resident/fellow demonstrates respect, compassion, and integrity; responsiveness to the needs of patients that supersedes self-interest; accountability to patients, colleagues, and the profession; and, a commitment to excellence and on-going professional development.

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- Resident/fellow demonstrates a commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices.
- Resident/fellow demonstrates sensitivity and responsiveness to patients' culture, age, gender, and disabilities.

6. Systems-Based Practice (SBP):

- Resident/fellow demonstrates an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care and pathology services (specifically, Blood Bank/Transfusion Medicine services) that are of optimal value.
- Resident/fellow understands how their pathology services (specifically, Blood Bank/Transfusion Medicine services) and professional practices affect other health care professionals and organizations.
- Resident/fellow understands principles underlying the practice of cost-effective health care and resource allocation that does not compromise quality of service or patient care.

Goals and Objectives for Cognitive Improvement

The following is a specific list of goals and objectives for this fellowship. The resident/fellow should have achieved competency in these areas by the end of the one year fellowship. The abbreviation of each ACGME Core Competency specific to each goal is noted in parenthesis at the end of each statement.

Blood Collection, Cell Processing, and the Transfusion Service

1. Be familiar with the standards and requirements of the FDA, the American Association of Blood Banks (AABB), and other regulatory agencies. (PBLI, SBP)
2. Be familiar with the techniques and reliability of standard blood banking and transfusion service laboratory procedures. (MK, PBLI, SBP)
3. Demonstrate an understanding of, and perform at least once, ABO blood grouping, Rh(D) testing, unexpected red cell antibody identification panel or screen, and compatibility testing using current techniques. (PC, MK, ICS, SBP)
4. Be familiar with programs of quality control, quality assurance, and GMP's (Good Manufacturing Practices) for blood banks and transfusion services. (PBLI, SBP, PC, ICS)
5. Be able to coordinate, manage, diagnosis, and treat adverse reactions to blood transfusion. (PC, MK, ICS, SBP)
6. Be able to advise on the feasibility of further transfusion in patients with adverse reactions. (PC, MK, ICS, SBP)
7. Demonstrate an understanding of the appropriateness of transfusion of serologically incompatible blood in selected clinical circumstances. (PC, MK)

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8. Be able to explain and demonstrate an understanding of the diagnostic criteria and current methods of treatment and prevention of alloimmunization and refractoriness to platelet transfusion. (PC, MK)
9. Be able to explain the appropriate indications for gamma irradiation of blood components. (PC, MK)
10. Be able to offer consultation regarding preoperative and intraoperative autologous blood collection and transfusion. (PC, MK, ICS, SBP)
11. Be able to increasingly assume the role of consultant to the attending physician and resident staffs about appropriate and effective blood component transfusion. (PC, MK, ICS, P, SBP)
12. Be able to increasingly provide consultation for the transfusion of patients with hematological and autoimmune (immunohematological) disorders. (PC, MK, ICS, P, SBP)
13. Be able to increasingly provide consultation about the transfusion of patients with malignant disease who are receiving chemotherapy. (PC, MK, ICS, P, SBP)
14. Demonstrate the ability to increasingly provide consultation for replacement therapy of patients with coagulation disorders and massive transfusion. (PC, MK, ICS, P, SBP)
15. Be able to increasingly provide consultation on the clinical appropriateness and use of therapeutic phlebotomy and therapeutic apheresis for patients with various disorders. (PC, MK, ICS, P, SBP)
16. Be familiar with the current standards and criteria for donor screening, acceptance, and deferment. (PC, MK, SBP)
17. Demonstrate an appropriate level of clinical judgment in the acceptance or rejection of prospective blood or platelet donors who deviate from published standards and guidelines. (PC, MK, SBP)
18. Be knowledgeable about the basic approach to counseling donors regarding abnormal infectious disease test results. (PC, MK, ICS, P, SBP)
19. Be knowledgeable about aspects of directed blood donation and limited donor exposure programs. (PC, MK, SBP)
20. Be knowledgeable about the techniques of safe and sterile venipuncture, and the treatment of phlebotomy-related injuries. (PC, MK)
21. Be able to recognize and treat donor reactions of all levels of severity, including reactions specific to automated apheresis procedures. (PC, MK)
22. Be knowledgeable about blood anticoagulation and preservation solutions, the preparation and storage of blood components, and quality control aspects of component preparation. (PC, MK)

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23. Be able to interpret the results of infectious disease marker testing as it relates to blood donors. (PC, MK)
24. Be knowledgeable about the pathophysiology, diagnosis, and treatment of hemolytic disease of the newborn (including ABO, Rh(D), and other red cell antibodies). (PC, MK, P, ICS)
25. Be able to explain the use and interpretation of the direct antiglobulin test (DAT, or Coombs' test). (PC, MK)
26. Be familiar with the basic concepts and issues of quality assurance in blood banking and transfusion medicine. (PC, MK, PBLI, SBP)
27. Be able to explain the appropriate indications, and techniques, for the leuko-reduction of blood components. (PC, MK)
28. Demonstrate knowledge of hematopoietic stem cell (HSC) collection, processing, and storage. (PC, MK)
29. Develop an appreciation of the operation of a regional, community blood center. (PBLI, SBP)
30. Be familiar with legal and ethical issues in blood banking and transfusion medicine (e.g., confidentiality as it relates to the blood donor or the patient, HIV testing and reporting, a patient's right to refuse blood transfusion, the use of hematopoietic growth factors in normal donors, informed consent, allocation of resources, etc.). (P, PC, ICS, SBP)

Therapeutic Apheresis

31. Demonstrate proficiency in evaluating and preparing patients for therapeutic apheresis, including obtaining informed consent, the transfusion of blood products during the procedure, writing physician orders, writing consultation and progress notes, and assessing requirements for vascular access. (PC, MK, ICS)
32. Demonstrate knowledge of the appropriate replacement fluids to be used in an apheresis procedure. (MK, PC)
33. Demonstrate proficiency in evaluating and treating adverse reactions associated with therapeutic apheresis. (PC, MK, ICS)
34. Demonstrate proficiency in evaluating, assessing, and treating a wide variety of patients who require therapeutic apheresis for various disorders. (MK, PC, ICS)

Histocompatibility (HLA)

35. Understand the basic concepts related to the major histocompatibility complex (MHC) and HLA. (MK)

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36. Understand the basic concepts and techniques of HLA typing and testing used in this laboratory section. (MK, PC)
37. Understand the role of HLA typing/testing in organ and bone marrow/HSC transplantation. (MK, PC)
38. Understand the basics of platelet antibody testing and HLA antibody testing and their use in evaluating patients who are refractory to platelet transfusion. (MK, PC)
39. Understand the role of HLA as it relates to Transfusion-Related Acute Lung Injury (TRALI) and blood donor screening for HLA antibodies. (MK, PC)

Coagulation

40. Understand the basic principles of hemostasis and coagulation testing in the evaluation and treatment of patients with bleeding disorders. (MK, PC)
41. Demonstrate familiarity with the appropriate use of specialized blood products (e.g., platelets, factor concentrates, cryoprecipitate, etc.) in the treatment of patients with bleeding/coagulation disorders. (MK, PC)

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DEPARTMENTAL POLICIES

Many of the following policies follow institutional policies, which may have been provided to you by the Graduate Medical Education Department during orientation

Leave of Absence

Approval for vacation time will be coordinated between the fellow requesting vacation and the Program Director and communicated to the Fellowship Coordinator for record keeping. In order to provide optimal patient care, fellows will have to arrange for appropriate service coverage per rotation-specific policies. In order to allow some flexibility associated with transitions in June, vacations are generally restricted during that month.

All requirements of the residents' respective Board must be satisfied. Board requirements will take precedence over institutional leave of absence policies, when applicable. Specific specialty Board information can be accessed through the PSHMC internet, the Graduate Medical Education office, or the Program Office. (Institutional Requirements: II.D.h.2.a&b)

Vacation and Continuing Medical Education (CME)

Resident is granted 20 working days of paid leave each year in keeping with program or departmental policy. The total amount of leave includes both vacation and CME paid time off. These days should also be used for interviewing and relocation.

Medical/Parental/Family Leave

A resident may request a maximum of twelve weeks of family leave. The first six weeks minus any vacation leave already used will be with full pay and benefits, and will include any remaining vacation leave for the contract period. The remainder of the twelve weeks will be without pay; however benefits will be billed at the employee rate. If the period of leave bridges two consecutive contract periods, the amount of paid and unpaid leave will be allocated proportionately, including available vacations days.

Personal Leave

A personal leave may be granted to Resident upon review of the circumstances by the Program Director. All eligible vacation time for that year must be used during this period. The period of personal leave time that is not covered by vacation time will be unpaid.

Professional Leave

A professional leave of absence may be granted to Resident upon review of the circumstances by the Program Director. All eligible vacation time for the academic year must be used during this period. The period of professional leave that is not covered by vacation time will be unpaid.

Effect of Leave

All requirements of the residency training program must be fulfilled prior to the completion of training. The Program Director is responsible to notify the Resident as to the effect of leave on their training timeline. Residents may be required to extend their length of training to meet all residency program requirements. The Residency Review Committee for the residency program and the Residency Program Director determine the length of training and training to be completed following a leave of absence. All requirements of the residents' respective Board must be satisfied. Board

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requirements will take precedence over institutional leave of absence policies, when applicable. Specific specialty Board information can be accessed through the PSHMC internet, the Graduate Medical Education office, or the Program Office. (Institutional Requirements: II.D.h.2.a&b).

Meetings

Professional meetings serve a variety of important functions including provision of education about medical practice, current research, administrative issues and compliance issues. They also offer excellent opportunities for networking that can be invaluable for choosing future employment.

Travel expenses associated with attendance at professional meetings are eligible to be reimbursed from the annual fellow stipend (see below). For fellows who are presenting posters or podium presentations at meetings, additional financial support can be requested from the Pathology Research Award Program. If the fellow's attendance at a meeting is contingent upon obtaining this additional support, then approval of the additional funding must be obtained from the Pathology Research Award Program Committee prior to submitting an abstract or agreeing to make a presentation.

Annual Fellow Stipend

Each fellow receives an annual stipend that can be applied towards expenses such as travel, books, subscriptions, professional association fees, and professionally-related software. No more than 50% of the stipend may be applied to Medical Board examinations or review courses. The amount of the stipend will be determined annually. All expenditures from these funds must be approved by the Program Director. Reimbursement of expenses additionally requires completion of all staff, rotation, and program evaluations, and all mandated ACGME Core Competency Lectures from review period.

Supervision – Institutional

PURPOSE: To ensure that the Penn State Hershey Medical Center's graduate medical education program has defined a process for supervision by a licensed independent practitioner with appropriate clinical privileges of each participant in the program(s) for which they are providing patient care services, and to provide effective communication between the committee(s) responsible for graduate medical education, the medical staff and governing body.

POLICY STATEMENT: All post-graduate medical education trainees at the Penn State Hershey Medical Center are supervised by an attending physician who also has clinical privileges in the area they are supervising. The description of the role, responsibilities, and patient care activities of each resident are program-specific but are documented for each residency-training program and are available for faculty for review. These documents are maintained in the residency directors' offices that are on site at the Penn State Hershey Medical Center. Each program has a mechanism in place to make decisions about the promotion of trainees in that particular program, such as a Clinical Competence Committee. All house officers at the Penn State Hershey Medical Center have training licenses and are permitted to write patient care orders.

The Penn State Hershey Medical Center assures regular communication between the Graduate Medical Education Committee (GMEC) and the Medical Staff Executive Committee through the appointment of the Co-Chair of the GMEC to the Medical Staff Executive Committee. In addition, the

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Chief Medical Officer and the Chief Operating Officer also serve on the GMEC. These dual appointments result in effective communication about patient safety and quality of patient care provided by, as well as the related educational and supervisory needs of post-graduate trainees.

All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Resident must be provided with rapid, reliable systems for communicating with supervising faculty.

Faculty schedules must be structured to provide residents with continuous supervision and consultation.

Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

The GMEC is responsible for monitor the residency programs supervision of residents and ensure that supervision is consistent with: a) the provision of safe and effective patient care; b) educational needs of residents; c) progressive responsibility appropriate to residents' level of education competence, and experience; and d) the applicable common and specialty/subspecialty-specific program requirements.

Supervision – Blood Banking/Transfusion Medicine

The Transfusion Medicine fellow will have graduated responsibility for patient care over the course of the one-year fellowship. The fellow will provide direct and indirect supervision of any residents or outside fellows rotating on the service. The Blood Bank attending physicians have ultimate responsibility for patient care and will always be available to provide direct or indirect supervision of the resident/fellow as required. Fellowship supervision adheres to the "Resident Supervision" policy of the Medical Staff Office (policy MS-06, effective May 2010).

Moonlighting

Moonlighting is defined as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

Residents may not provide physician services to other healthcare institutions for remuneration outside the scope of their educational activities and regularly assigned duties of the training program unless prior and specific written notification detailing such activities is given to and written consent for such activities is obtained from the Program Director. Moonlighting shall not be approved if the Program Director believes such activities may interfere with the Residents ability to perform his/her obligations and duties in the Residency Program. The Program Director's determination in this regard shall be final and does not fall within the scope of the Grievance Procedure.

In the event that the resident works outside the scope of the educational activities and regularly assigned duties, professional liability insurance coverage is not provided by Penn State Hershey Medical Center. The Resident must provide evidence of a valid unrestricted license to practice medicine in the appropriate state or jurisdiction. It is the responsibility of the institution hiring the resident to determine that appropriate licensure is in place, adequate liability coverage have been obtained by the Resident, and that the Resident is appropriately credentialed to carry out assigned duties.

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Professional and patient care activities that are external to the educational program may be inconsistent with sufficient time for rest and restoration to promote the resident's educational experience and safe patient care.

1. Residents are not required to engage in moonlighting activities for the institution.
2. All moonlighting activities (both internal and external) must be counted towards the 80-hour maximum weekly hour limit.
3. PGY-1 residents are not permitted to moonlight.
4. The prospective, written statement of permission from the Program Director will be placed in the resident file.
5. Resident will be monitored by Penn State Hershey Medical Center and the Program Director for the effect of these activities upon performance and adverse effects may lead to withdrawal of permission.

Duty Hours

The Duty Hour Policy is in compliance with the policies of the ACGME and the Penn State Milton S. Hershey Medical Center as stated below. Duty hour assignments must be logged by the Resident/fellow daily in New Innovations.

1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences.
2. Residents must not be scheduled for more than 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. Individual programs may request an increase in the 80 hour per week limit of up to 10 percent, additionally, if they can provide a sound educational rationale.
3. Residents must have at least one full (24-hour) day out of seven free of all educational and clinical patient care duties, averaged over four weeks, inclusive of in-house and at home call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
4. Duty periods of PGY-1 residents must not exceed 16 hours in duration. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
5. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. (In rare circumstances the resident may remain beyond their scheduled duty period to provide care to a single patient. Each such instance must be documented in writing by the resident and the Program Director.)

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6. Residents should have 10 hours (and a minimum of 8 hours) free of duty between scheduled duty periods.

On-Call

The objective of on-call activities is to provide the fellow an opportunity to act in a supervisory role with a resident (PGY1-4) in a high stakes situation of a rush specimen or frozen section. An attending pathologist will also be on-call when the fellow is on-call. The fellow does not have any call responsibilities on the autopsy service. The fellow will be on-call 12 evenings and 2 weekends over the entire year. The following definitions and policies apply to all PGY's throughout the institution.

In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Residents must not be scheduled for more than six consecutive nights of night float.
3. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to four additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
4. Residents may not assume responsibility for new patients after 24 hours of continuous duty.
5. At-home call (pager call) is defined as call taken from outside the assigned institution.

The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Case Hand-Off

The fellow, working with the resident on the BB/TM service, will be responsible for informing the attending of the day and/or on night/weekend call as well as the resident on night/weekend call, of any patient care issues or concerns. Patient hand-off information will be transmitted to the appropriate attending and resident verbally (in-person or by telephone).

Fellow Evaluations

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During the first day of the fellowship, the Program Director and/or the Medical Director of the Blood Bank will review objectives with resident/fellow and provide an orientation to the section.

The Program Director and/or Medical Director of the Blood Bank will discuss with the resident/fellow his/her progress toward meeting goals and objectives, and will make suggestions for improvement if problems are noted. Any problems identified with the resident's performance will be addressed immediately rather than waiting until the end of the evaluation period.

If at any time the resident/fellow feels that there is a problem or deficiency with the rotation, the resident/fellow should immediately consult with the Program Director.

Evaluation of the Fellow by Faculty

Fellow will be evaluated monthly by all pertinent faculty through New Innovations. Written objective evaluation of fellow will be conducted three times throughout the academic year by the Program Director. The fellow will be evaluated according to the ACGME Core Competencies (patient care, medical knowledge, practice-based learning and improvement, systems-based practice, professionalism, interpersonal skills and communication) and other factors deemed necessary or desirable to complete the requirements of the program. The final summative written evaluation is entered in the fellow's file, and significant deficiencies as well as areas of particular strength are noted.

(See example, Appendix A)

Evaluation of the Fellow by Others

Peer evaluations of the Fellow are solicited bi-annually via Survey Monkey. These include other residents and fellows that interact with the Surgical Pathology Fellow.

(See example, Appendix B)

360 evaluations of the Fellow are solicited bi-annually via Survey Monkey. These include any secretarial and/or technical staff that interacts with the Fellow.

(See example, Appendix C)

The Fellow is required to complete a Self Evaluation through New Innovations bi-annually. The self evaluation will be the same evaluation as the Faculty Evaluation of the Fellow, but completed by the Fellow about the Fellow.

The evaluation process is intended to establish standards for the Fellow's performance and to indicate the Fellow's ability to proceed to higher levels of training and responsibility. The process will, to the extent reasonably possible, provide early identification of deficiencies in the Fellow's knowledge, professional skills or character, and to the extent reasonably possible, allow remedial action to enable the Fellow to satisfactorily complete the requirements of the program.

Evaluations will be competency-based (as noted above). If performance is not satisfactory, individuals will be notified no later than the first day of the ninth month (e.g., by March 1st for a Fellow starting July 1st or 120 days prior to the end of the contract year).

Evaluation of the Faculty by Fellow

The Blood Banking/Transfusion Medicine Fellowship is accredited for only one position per year. In keeping with ACGME policies that the Fellow should be able to evaluate the faculty anonymously,

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the Fellow completes the “Pathology Resident Evaluation of Faculty” along with the Residents in our AP/CP Residency (core program) on a quarterly basis.
(See example, Appendix D)

Evaluation of the Program (rotation) by Fellow

The Blood Banking/Transfusion Medicine Fellowship is accredited for only one position per year. In keeping with ACGME policies that the Fellow should be able to evaluate the program anonymously, the Fellow completes the “Pathology Resident Evaluation of Rotation” along with the Residents in our AP/CP Residency (core program) on a quarterly basis.
(See example, Appendix E)

Suspension, Dismissal, or Disciplinary Action

Suspension

Penn State Hershey Medical Center may suspend participation of Resident in Program, for cause for failure to fulfill any obligation of the “Resident Agreement”, including but not limited to, those specified in this policy. If the suspension is for a period of fifteen (15) days or more, Resident shall be afforded the procedures set forth in this policy.

Dismissal for Cause

Resident may be dismissed for cause during the period of appointment. Examples of cause for dismissal include, but are not limited to, the following:

1. Failure of Resident to meet the performance or conduct standards of the Residency Program;
2. Violation of the rules and regulations of Penn State Hershey Medical Center or a violation of the directions of the Program Director or of the director or coordinator of the service to which Resident is assigned;
3. Abuse or assault of any patient, colleague or teacher;
4. Refusal of rehabilitation for substance abuse;
5. Any conduct which is or would be detrimental to Penn State Hershey Medical Center operations, activities or interests;
6. Any breach of the “Resident Agreement”
7. Deficiencies in maintaining current medical records, including discharge summaries;
8. Lack of evidence of continuing self-education;
9. Persistent strife in professional relations; or
10. Lack of progress in developing acceptable clinical judgment.

Dismissal Procedure

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If the Program Resident Assessment Committee/Advisory Committee or its designate makes the decision that Resident shall not continue in the Program, the Department Chair shall notify Resident in writing immediately. The dismissal notice shall include a summary of the specific charge(s) and shall advise Resident of the right of appeal.

Appeal

Appeal of a dismissal or suspension of fifteen (15) days or more may be filed within seven (7) days of receipt of the dismissal or suspension notice by submitting a written notice of appeal to the Department Chair. If an appeal is filed, the dismissal will be suspended pending conclusion of the appeal; provided, that when the cause of dismissal creates reasonable grounds to believe that there is a threat to the safety of patients, Resident, or other persons or property, or a threat to disrupt the essential operations of the Medical Center, the Department Chair may direct that all or part of Resident's duties be suspended pending conclusion of the appeal. While a dismissal is pending appeal, Resident will receive stipend and benefits. Failure to file written notice of appeal within seven (7) days of receipt of the dismissal or suspension notice shall constitute a waiver of Resident's opportunity to resort to the Appeal Board and Review procedure.

1. Appointment of Appeal Board

Upon receipt of an appeal, an Appeal Board will be appointed by the Senior Vice President for Health Affairs and Dean, consisting of the following: Vice Dean for Educational Affairs (presiding), the Chief Medical Officer of The Milton S. Hershey Medical Center, a senior resident in the same program as the appealing Resident, a resident designated by the Resident Council, and two senior members of the teaching faculty of the Medical Center.

2. Opportunity to Present Statements

The Appeal Board shall provide Resident an opportunity to present oral and written statements by Resident and other persons in support of the appeal. The Department Chair, or a designee, shall be responsible for presenting evidence in support of the dismissal. Specific procedures applicable to the appeal shall be adopted by the Appeal Board and furnished to the resident and the Department Chair.

3. Recommendation

The recommendation of the Appeal Board shall be submitted to the Chief Executive Officer, Senior Vice President for Health Affairs, and Dean, College of Medicine, who shall make the final decision with respect to the resident's continuation in the program.

Grievance and Due Process

Any Resident (or fellow) serving in an ACGME-accredited program at Penn State Milton S. Hershey Medical Center ("Medical Center") can seek resolution of grievances under this policy. "Grievance" means (a) any difference or disagreement between a Resident and a representative of the Medical Center relating to the Residents participation in his or her residency program; and (b) a Resident's disagreement with non-renewal of the Resident's contract or non promotion. This policy does not apply to appeals from (a) a suspension for a period of 15 days or more, or (b) termination from the residency program during the appointment period. The procedure is as follows:

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1. Resident to Program Director and/or Department Chair – A Resident should first present the grievance to the Program Director and/or Department Chair in which the resident’s training program primarily resides. Issues can best be resolved at this stage and every effort should be made to affect a mutually agreeable solution.
2. Resident to Ombudsperson – In situations when the concern relates to the Department Chair or Program Director, and Resident believes that it cannot be presented to the Department Chair or Program Director, Resident may present the grievance directly to the Ombudsperson for guidance. The GME Office will assist the resident in identifying an Ombudsperson.
3. Resident to Vice Dean for Educational Affairs and/or Associate Dean for Graduate Medical Education – If, after discussion with the Department Chair or Program Director (and/or Ombudsperson), the grievance is not resolved to the satisfaction of Resident, Resident has the option to present the grievance to the Vice Dean for Educational Affairs, who may delegate consideration of the grievance to the Associate Dean for Graduate Medical Education. The Vice Dean (or Associate Dean) shall meet with the Resident and consult with appropriate representatives of the program as part of consideration of the grievance. In the event a mutually agreeable resolution of the grievance is not possible, the Vice Dean (or Associate Dean) shall render any necessary decision to resolve the grievance and his/her decision will be final.

The grievance policy shall be utilized for academic or other disciplinary actions taken against resident that could result in non-renewal of resident agreement or non-promotion of resident to the next level of training, or other actions that could significantly threaten intended career development. The grievance policy shall also be used for adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.

Suspensions of 15 days or more, or termination from the program during the appointment period, may be appealed in accordance with the provisions of the Resident Agreement relating to suspension and dismissal.

Insurance

Medical, dental and vision insurances are available. Fellows are required to pay a payroll-deducted co-premium to participate. Medical malpractice (professional liability) insurance is provided for the services performed by fellows as part of their training in at the Penn State Hershey Medical Center. Group Term Life Insurance and Long-Term Disability Insurance plans are available.

Uniforms

Scrubs and Lab Coats are provided free of charge; laundry service is available through Support Services Linen Service for these uniforms.

Miscellaneous

See Resident Benefit Summary for details regarding other benefits for Penn State Milton S. Hershey Medical Center Residents and Fellows.

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GENERAL SERVICE RESPONSIBILITIES

Routine Blood Donors

Resident/fellow responsibilities include:

1. Provide consultation to Blood Bank technical and clerical personnel concerning donor selection and acceptability.
2. Evaluate and manage blood donor reactions.
3. Provide consultation to clinical staff concerning selection and acceptability of donors for autologous transfusion.
4. Evaluate and follow-up donors with abnormal test results, including infectious disease testing.

Apheresis Donors

Resident/fellow responsibilities include:

1. Provide consultation to apheresis nursing and clerical personnel concerning donor selection and acceptability.
2. Perform routine donor evaluation and monitoring, including physical examinations and review of periodic laboratory testing.
3. Evaluate and manage apheresis donor reactions.
4. Provide medical direction of component collection via cell separator. This includes: evaluation and approval of requests for specific components from specific donors; selection of donors for specific patients; evaluation of donor acceptability; and donor monitoring.

Therapeutic Apheresis

Resident/fellow responsibilities include:

1. Provide initial evaluation of patients who are candidates for therapeutic apheresis. This includes: review of patient problem; prepare initial draft of consultation report and review with the Medical Director; select appropriate patients for therapeutic apheresis; determine the apheresis protocol to be used; determine methods to be used for evaluating patient response to therapeutic apheresis.
2. Obtain informed consent for therapeutic apheresis from patients.
3. Schedule therapeutic apheresis procedures with apheresis personnel.

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4. Complete therapeutic apheresis worksheets and write the detailed orders for the apheresis procedure.
5. Evaluate and manage patient reactions during therapeutic apheresis.
6. Monitor and evaluate patient response to therapeutic apheresis.

Immunohematology

Immunohematology consists of Blood Bank testing on patient specimens, including: blood typing; pretransfusion testing (compatibility testing); serum antibody screening; prenatal testing; and cord blood evaluations. Resident/fellow responsibilities include:

1. Provide consultation and support to technical and clerical staff concerning specimen and requisition acceptability.
2. Review and interpret: blood typing discrepancies; positive antibody screens; antibody panels; prenatal titers; positive direct antiglobulin tests. Consult with the attending physician and resident staffs as necessary.
3. Provide consultation to technical staff concerning additional evaluation of patients with complex serologic problems. Review clinical significance of serologic findings and decide on additional testing required prior to transfusion.
4. Determine risks of transfusion in: patients with complex serologic problems; and, patients who require transfusion before routine serologic testing can be completed. Provide consultation to attending physician and resident staffs as indicated.

Blood Component Preparation and Transfusion

Resident/fellow responsibilities include:

1. Evaluate and approve requests for selected and specialized blood components, including washed red cells, deglycerolized red cells, and HLA-matched platelet concentrate.
2. Evaluate and approve requests for components from specific donors, including directed whole blood donations and family-donor apheresis platelets.
3. Provide consultation to supervisory and technical personnel on maintaining adequate inventory of all blood components. In times of limited inventory, provide interface to attending physician and resident staffs on requests for those components in short supply.

Transfusion Reaction Evaluation

All adverse effects of transfusion are investigated and evaluated by the medical staff of the Blood Bank and Transfusion Service. Resident/fellow responsibilities include:

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1. Review initial workup of all transfusion reactions reported to the Blood Bank. Determine additional evaluation required and prepare a written interpretation for review and discussion with the Medical Director. Provide consultation to attending physician and resident staffs as indicated.
2. Evaluate cases of suspected transfusion-associated hepatitis and Acquired Immunodeficiency Syndrome/HIV infection, and provide donor follow-up with determination of donor acceptability for future donations.

Technical Instruction

Resident/fellow technical instruction consists of educational sessions with senior Blood Bank personnel at the bench or in the donor areas. The resident/fellow is expected to see all of the routine testing and procedures performed in the transfusion service. The resident/fellow is expected to learn principles, uses, and limitations of the testing performed in this laboratory section. The resident/fellow should schedule these sessions through the Blood Bank Supervisor, in consultation with the Medical Director of the Blood Bank and Transfusion Medicine.

Procedural Skill Acquisition

The resident/fellow should understand and be able to perform:

1. ABO testing
2. Rh(D) typing
3. Red cell crossmatch
4. Identification of unexpected red cell antibodies
5. Direct antiglobulin test (DAT)

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RECOMMENDED READING MATERIALS

Because it is often necessary to learn Blood Banking and Transfusion Medicine "as problems arise," the Medical Director will in most cases suggest reading assignments based on "real life problems" encountered. Suggested textbooks and references include:

Textbooks

1. Mollison, P.L. Blood Transfusion in Clinical Medicine (10th Ed.). Oxford: Blackwell Scientific Publications, 1997.
2. Simon, T.L, Dzik WH, et al.: Rossi's Principles of Transfusion Medicine (4th Ed.). Philadelphia: Lippincott Williams & Wilkins, 2009.
3. Technical Manual. Bethesda, MD: AABB Press, 17th edition.

References

1. Standards for Blood Banks and Transfusion Services. Bethesda, MD: American Association of Blood Banks. (A new edition is issued approximately every two years).

The "Standards" are the regulations under which the Blood Bank and Transfusion Service operates. The resident should be familiar with the major regulations by the end of the basic rotation.

2. Technical Manual. Bethesda, MD: American Association of Blood Banks. (The latest addition is available in the blood bank).

The Technical Manual is a compendium of technical suggestions and guidelines compiled by the American Association of Blood Banks. This reference contains explicit instructions for most procedures and practical discussions of approaches to resolving serologic problems. The resident should consult this reference frequently during technical instruction.

3. Code of Federal Regulations. Title 21 - Food and Drug Administration.

These are the federal regulations that apply to blood collection, storage and transfusions. Although residents are not expected to become intimately familiar with these regulations – it will be necessary for the resident to consult this reference on occasion, especially concerning apheresis of donors.

Journals

Journals that the resident should be familiar with include:

1. *Transfusion*
2. *Vox Sanguinis*

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3. *Archives of Pathology & Laboratory Medicine*
4. *American Journal of Clinical Pathology*
5. *Blood*
6. *American Journal of Hematology*
7. *Journal of Pediatric Hematology and Oncology*
8. *Seminars in Hematology*

All of these journals are available in the College of Medicine library and/or in the department.

Other Materials

Numerous other texts, monographs and journal articles are available.

BLOOD BANKING/TRANSFUSION MEDICINE FELLOWSHIP MANUAL

SCHEDULE

General Rotation Schedule

Blood Banking, Transfusion Medicine, and Apheresis	Histocompatibility (HLA)	Coagulation	Elective	Vacation
43 weeks	2 weeks	2 weeks	1 week	4 weeks

Conferences and Rounds

1. Clinical Pathology Conferences
 - Attendance at these conferences is encouraged depending on the relevance of the topics (as clinical responsibilities allow).
2. Benign Hematology Conference
 - Attendance is encouraged depending on the topic.
3. Hematology/Oncology Grand Rounds (weekly)
 - Attendance is expected (as clinical responsibilities allow and appropriateness of the topic).
4. Daily contact with the Medical Director of the Blood Bank and Transfusion Medicine, the Program Director, and/or the “Clinical Pathology attending of the day,” are typically devoted to: sign-out of patient studies, clinical pathology rounds, and discussion of Transfusion Medicine topics.
5. ACGME Core Competency Lectures (monthly; first Thursday of the month at 7:00 AM).
 - Attendance is mandatory when fellow is not on vacation or otherwise out of town.
6. Blood Bank Rounds (daily)
 - Attendance is expected.

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MISCELLANEOUS

1. The resident/fellow will be encouraged and supported in the pursuit of a clinical research project (i.e., scholarly activities) of interest to the resident/fellow. Quality improvement projects are also included as scholarly activity. Publication in the peer-reviewed literature, and/or presentation at a national meeting, is supported and encouraged.
2. Formal or informal didactic teaching lectures may be required.

Fulfilling the important role and obligation of clinical consultant in the Unit of Blood Banking and Transfusion Medicine will require the resident/fellow to periodically consult directly with other housestaff and attending staff in a variety of clinical situations, evaluate patients in both in-patient and out-patient areas, write progress notes and formal consultations in the medical record, speak directly with patients and donors concerning transfusion medicine issues, as well as participate in clinical rounds, conferences, and other clinical and administrative meetings as necessary.

Faculty Evaluation of Pathology Resident



[Subject Name]
 [Subject Status]
[Subject Rotation]
 [Evaluation Dates]

Evaluator

[Evaluator Name]
 [Evaluator Status]

Assess the resident based on your interactions and personal observations during the period of evaluation. For each item evaluated your assessment should reflect your past and current experience with Pathology residents at this and other institutions. Please provide specific comments and recommendations where indicated. Be as specific as possible in your remarks, including reports of critical incidents and/or outstanding performance. Scale: 3=Exceeds Expectations; 2=Meets Expectations; 1= Does Not Meet Expectations; Unknown or N/A. This evaluation will be incorporated into regular summary evaluations. Those summary evaluations become part of the resident's permanent file and are available for review by the resident and attending staff. This evaluation should be shared and discussed with the resident. Make specific comments as necessary.

Patient Care

1

Resident demonstrates a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services. Resident provides patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Resident works with health care professionals, including those from other disciplines, to provide patient-focused care.

Exceeds
Expectations



Meets
Expectations



Does Not Meet
Expectations



Unknown or
N/A



Comments

Remaining Characters: 5,000

Medical Knowledge

2

Resident demonstrates knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care and to pathology. Resident demonstrates an investigatory and analytic thinking approach to clinical and pathological situations. Resident knows and applies the basic and clinically supportive sciences appropriate to pathology.

Exceeds
Expectations



Meets
Expectations



Does Not Meet
Expectations



Unknown or
N/A



Comments

Remaining Characters: 5,000

Practice-Based Learning and Improvement

3

Resident demonstrates the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence and improve their patient care practices. Resident locates, appraises, uses, and assimilates evidence and information from scientific studies related to their practice.



Resident applies knowledge of study designs and statistical methods to the appraisal of clinical studies. Resident uses information technology to manage information and support their own education. Resident facilitates the learning of students and other health care professionals.

Exceeds Expectations



Meets Expectations



Does Not Meet Expectations



Unknown or N/A



Comments

Remaining Characters: 5,000

Interpersonal and Communication Skills

4

Resident demonstrates interpersonal and communication skills that result in effective information exchange and teaming with other health care professionals, patients, and their families. Resident creates and sustains a therapeutic and ethically sound relationship with patients, colleagues, and other health care professionals. Resident uses effective listening skills. Resident works effectively with others (including faculty, other residents, and laboratory staff).

Exceeds Expectations



Meets Expectations



Does Not Meet Expectations



Unknown or N/A



Comments

Remaining Characters: 5,000

Professionalism

5

Resident demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Resident demonstrates respect, compassion, and integrity; responsiveness to the needs of patients that supersedes self-interest; accountability to patients, colleagues, and the profession; and a commitment to excellence and on-going professional development. Resident demonstrates a commitment to ethical principles pertaining to confidentiality of patient information, informed consent and business practices. Resident demonstrates sensitivity and responsiveness to patients' culture, age, gender and disabilities.

Exceeds Expectations



Meets Expectations



Does Not Meet Expectations



Unknown or N/A



Comments

Remaining Characters: 5,000

Systems-Based Practice

6

Resident demonstrates an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care and pathology services that are of optimal value. Resident understands how their pathology services and professional practices affect other health care professionals and organizations. Resident understands principles underlying the practice of cost-effective health care and resource allocation that does not compromise quality of service or patient care.

Exceeds Expectations



Meets Expectations



Does Not Meet Expectations



Unknown or N/A



Comments

Appendix A

Remaining Characters: 5,000

Participation in CP Sign-out

7

The resident actively participates in CP sign-out; and understands pathologic processes involved in patient cases, brings information pertinent to cases and contributes to the learning of others during CP sign-out.

Almost always

Occasionally

Almost never

Unknown or N/A

Comments

Remaining Characters: 5,000

Participation in Scholarly Activities

8

Has the resident participated in teaching, clinical research, co-authoring an abstract or publication, or other scholarly activities? If yes, please describe.

Yes

No

Unknown or N/A

Comments

Remaining Characters: 5,000

Overall

9

Has the resident achieved a level of competency consistent with their level of training?

Performs well above

Performs at expected level

Performance requires improvement

Overall Comments:

Remaining Characters: 5,000

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Peer Evaluation of Blood Bank Fellow

Peer Evaluation of Blood Bank Fellow

Academic Year: (Indicate if you worked with this individual either July-Dec or Jan-June or check both boxes if you worked with them in both parts of the year)

July - December

January - June

Rate the Pathology Fellow only if you worked closely enough with him or her to do so. Do NOT rate any fellows with whom you have not directly interacted. From the choices below, please select the closest estimate of your total work interaction with the fellow during the review period:

- Have not interacted with fellow for an adequate amount of time to justify evaluating him/her
- One time only
- Once or twice per month
- Once or twice per week
- Daily

Please rate on a scale of 1 (strongly disagree/never apparent), 2 (disagree/seldom apparent), 3 (neutral/sometimes apparent), 4 (agree/usually apparent), 5 (strongly agree/always apparent). Check the appropriate option. If you are unable to evaluate in a category, or if that category is not applicable, check N/A.

Strongly Disagree Disagree Neutral Agree Strongly Agree N/A

ATTITUDE: Displays a positive and collegial attitude; treats the staff with respect

COMPLIANCE: Complies with policies & procedures required for the operation of the area

PROFESSIONALISM: Demonstrates a professional manner,

addressing all patient care issues in an appropriate and timely manner. Maintains staff & patient confidentiality.

DOCUMENTATION:

Writes legibly; completes documentation on time; provides patient care plans

EDUCATION: Helps to educate staff; willing to explain new tests; answers questions

LEADERSHIP: Acts as a leader when appropriate & serves as a role model

ORGANIZATION:

Functions in an efficient, organized manner when present in the work area

COMMUNICATION:

Communicates clearly and appropriately with staff and patients

Comments:

Done

Staff Evaluation of Blood Bank Fellow

Staff Evaluation of Blood Bank Fellow

Academic Year: (Indicate if you worked with this individual either July-Dec or Jan-June or check both boxes if you worked with them in both parts of the year)

July - December

January - June

Rate the Pathology Fellow only if you worked closely enough with him or her to do so. Do NOT rate any fellows with whom you have not directly interacted. From the choices below, please select the closest estimate of your total work interaction with the fellow during the review period:

- Have not interacted with fellow for an adequate amount of time to justify evaluating him/her
- One time only
- Once or twice per month
- Once or twice per week
- Daily

Please rate on a scale of 1 (strongly disagree/never apparent), 2 (disagree/seldom apparent), 3 (neutral/sometimes apparent), 4 (agree/usually apparent), 5 (strongly agree/always apparent). Check the appropriate option. If you are unable to evaluate in a category, or if that category is not applicable, check N/A.

Strongly Disagree Disagree Neutral Agree Strongly Agree N/A

ATTITUDE: Displays a positive and collegial attitude; treats the staff with respect

COMPLIANCE: Complies with policies & procedures required for the operation of the area

PROFESSIONALISM: Demonstrates a professional manner,

addressing all patient care issues in an appropriate and timely manner. Maintains staff & patient confidentiality.

DOCUMENTATION:

Writes legibly; completes documentation on time; provides patient care plans

EDUCATION: Helps to educate staff; willing to explain new tests; answers questions

LEADERSHIP: Acts as a leader when appropriate & serves as a role model

ORGANIZATION:

Functions in an efficient, organized manner when present in the work area

COMMUNICATION:

Communicates clearly and appropriately with staff and patients

Comments:

Done

Pathology Resident Evaluation of Faculty



[Subject Name]
[Subject Status]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Status]

Scale: 5=excellent; 4=good; 3=average; 2=fair; 1=poor; N/A or no info

1

Interest/enthusiasm for teaching

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

2

Time spent in teaching

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

3

Organization of thought and approach to case material

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

4

Fosters/encourages resident interest in pathology

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

5

General availability to the resident

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

6

Quality of teaching in sign out or work rounds

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

7

Provides up to date references/reading material recommendations

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

8

Fosters/encourages resident interest in research

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

9

Value as a role model

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

10

Provides feedback on resident performance

Excellent Good Average Fair Poor N/A

○ ○ ○ ○ ○ ○
Comments

Remaining Characters: 5,000

11

Overall effectiveness as a teacher

Excellent Good Average Fair Poor N/A
○ ○ ○ ○ ○ ○

Comments

Remaining Characters: 5,000

12

Knowledge of literature, ability to stimulate and direct reading and learning

Excellent Good Average Fair Poor N/A
○ ○ ○ ○ ○ ○

Comments

Remaining Characters: 5,000

13

Suggest one factor that would add to this faculty member's effectiveness

Comments

Remaining Characters: 5,000

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Pathology Resident Evaluation of Rotation



[Subject Name]
 [Subject Status]
 [Subject Employer]
 [Subject Program]
[Subject Rotation]
 [Evaluation Dates]

Evaluator

[Evaluator Name]
 [Evaluator Status]
 [Evaluator Employer]
 [Evaluator Program]

1

Adequacy of facilities and equipment

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

2

Cooperation of ancillary staff

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

3

Opportunity to gain bench experience

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

4

Availability of appropriate procedure manuals, textbooks, etc.

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

5

Opportunity to learn laboratory management & quality control

Excellent

Good

Average

Fair

Poor

N/A



Comments

Remaining Characters: 5,000

6

Value of conferences

Excellent

Good

Average

Fair

Poor

N/A



Comments

Remaining Characters: 5,000

7

Appropriate number of conferences

Excellent

Good

Average

Fair

Poor

N/A



Comments

Remaining Characters: 5,000

8

Adequacy of personal supervision by attending/s

Excellent

Good

Average

Fair

Poor

N/A



Comments

Remaining Characters: 5,000

9

Adequate feedback

Excellent

Good

Average

Fair

Poor

N/A



Comments

Remaining Characters: 5,000

10

Opportunity to get involved in a research project

Excellent

Good

Average

Fair

Poor

N/A

○ ○ ○ ○ ○ ○

Comments

Remaining Characters: 5,000

11

Appropriate clinical correlation and exposure

Excellent Good Average Fair Poor N/A

○ ○ ○ ○ ○ ○

Comments

Remaining Characters: 5,000

12

Overall rating of the rotation

Excellent Good Average Fair Poor N/A

○ ○ ○ ○ ○ ○

Comments

Remaining Characters: 5,000

13

What changes, if any, would you make in the format of the rotation?

Comments

Remaining Characters: 5,000

14

Indicate strengths and weaknesses of the rotation

Comments

Remaining Characters: 5,000

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