Student Orientation to the Clinical Experience

MEDICAL LABORATORY TECHNICIAN PROGRAM

NORTHEAST WISCONSIN TECHNICAL COLLEGE
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NORTHEAST WISCONSIN TECHNICAL COLLEGE
MEDICAL LABORATORY TECHNICIAN PROGRAM

Program Mission

The mission of the Medical Laboratory Technician program is to offer an Associate Degree designed for entry level positions as a clinical laboratory technician to prepare students to successfully take National Certification examinations, and to provide continuing education opportunities for all medical laboratory professionals throughout the surrounding communities.

Program Outcomes

A. Practice laboratory safety and regulatory compliance
B. Collect and process biological specimens
C. Monitor and evaluate quality control in the laboratory
D. Apply modern clinical methodologies including problem solving and troubleshooting according to predetermined criteria
E. Correlate laboratory results to diagnosis of clinical conditions and/or diseases
F. Perform information processing in the clinical laboratory
G. Model professional behaviors, ethics, and appearance

External Standards

1. Methodologies for all major areas currently practiced by a modern clinical laboratory, including problem solving and troubleshooting techniques
2. Collecting, processing, and analyzing biological specimens and other substances
3. Laboratory result use in diagnosis and treatment
4. Communications sufficient to serve the needs of patients and the public
5. The required competencies to participate in the orientation of new employees
6. Quality assessment in the laboratory
7. Laboratory safety and regulatory compliance
8. Information processing in the clinical laboratory
9. Ethical and professional conduct
10. Significance of continued professional development
STUDENT EXPECTATIONS AND BEHAVIORS

PERSONAL APPEARANCE:
Professional standards of appearance are important to the overall quality of patient care. A high level of personal cleanliness is maintained as a standard for hospital employment. Poor oral hygiene, body odors, unkempt hair, and other signs of poor personal hygiene cannot be tolerated.

The following standards were established for all Medical Laboratory Technician students at NWTC.

a. The enforced dress code of the laboratory to which you are assigned should be adhered to. In any case, clothes should be clean and neat. Shoes must be low-heeled with no open toes.

b. Hair must be neat and well groomed. If hair extends over the collar, it must be pulled back in such a way that it does not come in contact with patients or interfere with student clinical tasks.

c. Keep jewelry to a minimum. Wear only wedding bands, wrist watches and one set of small stud earrings.

d. Students may not wear heavy make-up, cologne, or perfume.

e. Keep fingernails clean and well trimmed.

STUDENT BEHAVIOR:
Please keep in mind that you are a representative of Northeast Wisconsin Technical College and the Medical Laboratory Technician Program. The impressions that you make at your clinical site will affect perceptions of our program's quality and will also affect your success.

Therefore, these guidelines of appropriate behavior have been established for Medical Laboratory Technician students of NWTC.

a. Be prompt. Report to work at your assigned time - five minutes early is recommended.

b. Attendance: Do not abuse emergency days. Use these hours only if necessary. Make required phone calls when unable to attend.

c. Work shift: You are expected to attend the entire 8 1/2 hour work span. A 1/2 hour lunch will be given. Also, a 15-minute break is allowed during the shift. You are expected to stay until the end of the shift. NEVER ask to leave early if it is not busy. There's always something new to learn.

d. Exhibit a professional manner. You are expected to be cooperative, to accept constructive criticism well, to always be pleasant and considerate of others, and to show initiative and enthusiasm in learning.
CLINICAL HOURS

The Clinical runs for 18 weeks. The student is required to attend 40 hours per week for a total of 720 hours. The shift would consist of day hours to be scheduled by the clinical coordinator. The shift hours should be consistent with normal department staffing.

In addition, 2 days of off-shift experience to include PM and/or night shift rotations should be scheduled. The objective of this experience is to:

- Orientate the student to the workflow on a PM and night shift rotation

The site will inform the Program Director of the PM shift and Night shift schedule.

ROTA TION SCHEDULE

The student should be scheduled in the following rotations:

<table>
<thead>
<tr>
<th>Orientation</th>
<th>- 1 days</th>
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<tbody>
<tr>
<td>Chemistry</td>
<td>- 3-4 weeks</td>
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<tr>
<td>Hematology/Coagulation/Urinalysis</td>
<td>- 4-5 weeks</td>
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<tr>
<td>Microbiology/Serology</td>
<td>- 4-5 weeks</td>
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<tr>
<td>Blood Bank</td>
<td>- 3-4 weeks</td>
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<tr>
<td>Choice</td>
<td>- 1 week</td>
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</table>

Each laboratory has the flexibility to customize length of each rotation. You should receive a copy of the schedule by the first day of the Clinical Experience.

SERVICE WORK

The student must put in a full 40 hours a week as an unpaid student.

The lab may choose to hire the student to work outside of the clinical shift as a phlebotomist or a lab assistant. The student will then be paid and treated as an employee.
Clinical Experience Syllabus

Course Numbers: 10-513-151, 10-513-152, 10-513-153
Instructor: Patti Moore    Office: HS 108A    Telephone: 498-6374
Office Hours: M 1030 - 1220, W 130 - 320, Th 1130 – 1220.
Email: patricia.moore@nwtc.edu

Required Resources:  
No Text For Course

Supplemental Resources:  
Hospital and Laboratory Library

Visual Aids:  
Videos, Slides, Kodachromes, etc. as available at clinical site

Laboratory Equipment and Supplies

Competencies

1. Adhere to safety/infection control procedures
2. Investigate the use of Laboratory Information Systems (LIS)
3. Perform blood and other specimen collection
4. Operate laboratory equipment and instrumentation
5. Perform coagulation procedures
6. Perform immunological testing
7. Perform chemistry procedures
8. Perform urinalysis procedures
9. Perform immunohematological techniques
10. Perform hematology procedures
11. Perform microbiology procedures
12. Perform body fluid analysis
13. Correlate results of laboratory testing with conditions/diseases
14. Prepare for employment as an MLT

Program Outcomes

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4. Communications sufficient to serve the needs of patients and the public
5. The required competencies to participate in the orientation of new employees
6. Quality assessment in the laboratory
7. Laboratory safety and regulatory compliance
8. Information processing in the clinical laboratory
9. Ethical and professional conduct
10. Significance of continued professional development
Grading Policy:

The grade is calculated from:

A. **Clinical Rotation Performance Evaluations**
   Each rotation evaluation consists of a Technical Performance Evaluation and an Affective Evaluation. These evaluations are completed by the department supervisor in that area.

B. **Rotation Exams**
   A written exam is taken at the end of each rotation. Exams MUST be taken by the last day of the rotation. There are 5 exams:
   - Chemistry Rotation: Chemistry (includes math, Hepatitis, HIV)
   - Hematology/Coag/UA Rotation: Hematology/Coag (includes body fluids) Urinalysis
   - Microbiology Rotation: Microbiology (includes infectious disease serology, misc. serology)
   - Blood Bank Rotation: Blood Bank

A pre-test taken at the beginning of each rotation is not graded. The post-test grade must be at least 70%. Retakes will be done when a student does not pass an exam. However, recorded grade will by 70% even though a higher grade is achieved on the retake.

C. **Portfolio and Log Sheets**
   A portfolio will be assembled during the Experience. Completion of the portfolio is a required part of the course. See Student Orientation to Clinical Experience for assignment. The student must complete all clinical experience activities and phlebotomy log sheets. These sheets can be put into portfolio.

**Grading Scale**

The following criteria must be met to achieve a grade of A.

- Technical Skills Evaluation: Meets Basic Requirements for all competencies
- Affective Evaluation: 40 points or more average with all standards at least at level 3.
- Rotation Post-tests: at least 90% cumulative average on exams.
- Completed Portfolio and log sheets

The following criteria must be met to achieve a grade of B.

- Technical Skills Evaluation: Meets Basic Requirements for all competencies
- Affective Evaluation: 31 points or more average with all standards at least at level 2.
- Rotation Post-tests: at least 80% cumulative average on exams.
- Portfolio and log sheets at least 90% complete
The following criteria must be met to achieve a grade of C.

Technical Skills Evaluation: Meets Basic Requirements on 80% of competencies with no unacceptable performance.
Affective Evaluation: 22 points or more average with at least 80% of standards at least at level 2.
Rotation Post-tests: at least 70% cumulative average on exams.
Portfolio and log sheets at least 80% complete

Failure to achieve a grade of C will result in an Incomplete for the Clinical Experience. One opportunity to extend clinical time in departments where competencies were not achieved will be made available when possible. Inability to achieve a grade of C after extended rotation times will result in a grade of F for the Clinical Experience and withdrawal from the program.

Expectations and Policies:

STUDENT CONTRIBUTIONS

The student is expected to spend time each week reading and reviewing notes and procedures in preparation for his/her clinical rotation. The student is always expected to display a professional and cooperative manner.

ATTENDANCE POLICY

Three 8-hour emergency days are allowed. This means 24 hours for the semester. Minutes of tardiness or leaving early will be counted toward allowed time. A written assignment must be completed for each missed clinical day. Excessive tardiness or absences are grounds for termination and subsequent failure of the Practicum. Any absences over 24 hours must be made up at the discretion of the Clinical Site Supervisor and NWTC Program Director.

If you cannot attend a Clinical day, call both the NWTC Program Director and designated Clinical Site personnel.

Disability Act:

NWTC complies with all provisions of the Americans with Disabilities Act and makes reasonable accommodations upon request. Please contact the Special Needs Office in room SC240 or call 920-498-5498 (920-498-6390 for TTY) for more information regarding the support services available to you.

Course Calendar:
The Practicum is a 720 hour course. The student will attend 8 hours a day Monday through Friday for 18 weeks.
A portfolio will be assembled by each student. The portfolio should be submitted in a neat and orderly fashion. A three-ring binder should be used. All entries must be word-processed. Divide the portfolio into sections by rotation using tabbed page dividers. Elements to be included in the portfolio are:

- You will be given case studies or review questions. These activities will be posted in blackboard. Print, complete, and add to your portfolio. The activities should be completed during that rotation.

- Case Study assignment: Select a patient with interesting or unusual lab results. The case study will be developed into a poster presentation. It must be entered into the Student Poster Competition at the WISCLS State Spring Conference. The abstract and application must be submitted by the designated date. Specific instructions will be given to you. The completed poster should be displayed/presented at your clinical site.

- Four New Technology reports (Blood Bank, Hematology/Coagulation/Urinalysis, Microbiology, Chemistry) - report on a new test or instrument either in your lab or from a recent (in the last year) clinical laboratory professional journal. Include: methodology, benefits, cost, etc.

- Log Sheets

- Reflection of off-shift experience. Compare staffing and workflow to day-shift. Compare types of tests ordered and types of patients tested. Compare atmosphere and interaction between lab staff and other hospital staff – did you notice a difference from the day-shift? Which shift would you prefer to work in a hospital and explain.

A complete portfolio is a required element of your Clinical Experience. It will be returned to you after grading.

The portfolio may be worked on during slow times at the clinical site with the permission of the clinical staff. Case study research and other assignments should never be done in place of opportunities for clinical experience. If workflow is too heavy to permit time for portfolio work, you should complete case study assignments after clinical hours.
CLINICAL EXPERIENCE STUDENT LOG

A daily log must be filled out by the student. **Briefly** list daily activities: procedures performed, slide review, studying, reading, other learning activities.

Example: Phlebotomy: 3 adults, 1 infant heel stick
     Sysmex - ran 20 counts
     Differentials - 8
     Reviewed slides
     Journal report
     Observed bone marrow
Describe daily activities: procedures performed, slide review, reading, and other learning activities.

Student signature: ___________________________ Date: _________

Supervisor's signature: ______________________ Date: _________
LEARNING OBJECTIVES

The learning objectives for each rotation are provided to the clinical affiliate. A copy should be available in each department. The clinical instructors should refer to these objectives to assure that all are being met. Each objective should be covered in some way, either by test performance, demonstration or discussion. Check off each objective as it is completed.

Optional objectives do not have to be covered. If a crucial objective cannot be completed at a site, the student may be assigned to an alternate site for a limited time to complete.

Students are also given copies for each rotation. Check off each objective as it is completed. It is your responsibility to make certain that all objectives have been covered by the end of the department rotation.
PHLEBOTOMY TRAINING

You must not be used as a phlebotomist. Once competency is achieved in phlebotomy or any other task, repetition should be limited to periodic review.

It would be reasonable to be assigned to morning pickups or pickups during the shift not to exceed 30 minutes per day on average throughout the clinical.

It is important to experience all types of phlebotomy situations, to include:

1. Venipunctures to include vacutainer, butterfly, and syringe methods — (100 minimum)
2. Infant heel sticks – (10 minimum)
3. Assisting in blood collection from a line or shunt
4. Finger punctures from adults and children – (10 minimum)
5. Venipuncture on a child
6. Venipuncture on difficult patients - difficult veins, patients with IVs, critically ill patients, etc.
7. Blood culture draws
8. Emergency Room, Intensive Care Unit patients

Make sure that the clinical staff gives you the above experiences by the end of the Clinical. If you are only being assigned routine easy adult patients, remind the staff that you need experience in these phlebotomy situations.

If you feel you are being used as a phlebotomist at the expense of other clinical experiences, please inform the Program Director.
RESPONSIBILITY FOR TESTING

Students will have the status of learner and will not replace clinical staff nor give service apart from its educational value.

After demonstrating proficiency, students may perform tests on actual clinical specimens. However, the student's work must be supervised by the clinical staff. All responsibility for test results and reporting must be assumed by the clinical staff.

If you feel that you are not being supervised properly (i.e., you are being allowed to perform patient testing completely unsupervised, or you are never allowed to perform actual patient tests or you are over-supervised), please discuss the situation with the Program Director.
WEEKLY STUDENT PROGRESS AND ATTENDANCE REPORTS

A Weekly Student Progress Report must be completed at the end of each week. Students are responsible for giving the form to their main clinical instructor for the week or the education coordinator. The report must be completed, signed by clinical instructor or coordinator and the student, then FAXed to the program director by the end of the work day each Friday. Send to my attention.

Attendance for the week is also logged on this report form. The student should log in date, and times in and out each day. The supervisor then verifies the attendance when completing the progress report.

The instructor should discuss the report with the student answering any concerns and making suggestions for improvement.

The student is responsible for FAXing the report.

Attendance Policies:
The student is allowed 3 emergency days. This amounts to a maximum of 24 hours. Minutes of tardiness and leaving early are counted. A written assignment may be assigned to make up for missed clinical time.

Any absences over 24 hours may need to be made up at the discretion of the clinical preceptor. The make-up schedule should be agreed upon between clinical instructors and the student. The clinical staff will call the Program Director to inform of make-up schedule.

THE STUDENT IS REQUIRED TO CALL DESIGNATED CLINICAL PERSONNEL AND THE PROGRAM DIRECTOR BEFORE THE BEGINNING OF THE SHIFT TO REPORT AN ABSENCE.
HEALTH AND MEDICAL CARE

INCIDENT REPORTS

You must report any work-related accidents or injuries immediately to the Lab Manager. The hospital policy concerning employee accident/injury will be followed.

When a student has sustained a significant exposure to bloodborne pathogen or OPIM at the clinical site, that student shall follow that institution’s established bloodborne pathogen exposure control plan to include:

1. Immediate first aid
2. Source patient testing
3. Base line testing of student
4. Initial prophylaxis treatment of immunoglobulin. If Hepatitis B series is indicated, this will be provided by Student Health Services.

STUDENT HEALTH INSURANCE

Each student is responsible for his/her own medical bills due to accident, injury, or illness on the job. You are encouraged to maintain a personal health insurance plan. If you do not have a health insurance plan, please consider the plan offered to students by NWTC.

LIABILITY

Each student takes out a liability policy as part of the Clinical Experience to protect you against malpractice claims while a student.
PROTOCOL FOR EXPOSURE
Northeast Wisconsin Technical College

BLOODBORNE PATHOGEN EXPOSURE CONTROL INFORMATION FOR STUDENTS/EMPLOYEES

1. Protocol for Exposure Incident on NWTC Green Bay Campus: Packets of information available in department office. Shawano, Marinette, Sturgeon Bay and Regional Centers: Packets are available on campus or regional center offices.
   A. Immediate first aid.
   B. Report injury/incident immediately to your instructor.
   C. Complete a NWTC Injury/Illness Report Form with full description of the incident and source of exposure.
   D. Complete Exposure Report. (Available in packets indicated above.) Obtained from department/campus/regional center offices or faculty.
   E. Take a copy of the Injury/Illness Report Form and the Exposure Report to your personal healthcare provider or Bellin Urgent Care for baseline serological testing and initial prophylaxis treatment.
   F. You may refuse treatment. If so, you must complete and sign the Student Informed Refusal of Post-Exposure Medical Evaluation. ****INSTRUCTOR: Review the Post Exposure Counseling Sheet with the student.
   G. INSTRUCTOR & SUPERVISOR: Injury/Illness Report Form and Exposure Report are to be reviewed by instructor and supervisor for completeness and accuracy, signed, and forwarded to the Manager of Security and Safety.

2. Protocol for Source Individual, ON CAMPUS INCIDENT
   A. If exposure occurs on campus, both the source and exposed persons will be expected to report to their personal healthcare provider for serological testing and follow-up.
   B. If source is known, the Source Information Follow-Up must be completed and signed.
   C. Both the exposed student and source individual will take a copy of Source Information Follow-Up to personal healthcare provider or Bellin Urgent Care.
   D. **Specific to Dental Hygiene/Assistant Clinics: if the source individual is a patient in the clinic, the patient will be asked to go to Bellin Urgent Care for serological testing and follow-up. NWTC will pay for the baseline testing. Provide the patient with the memo authorizing payment which is available in the DH/DA clinics.

3. Protocol for Exposure Incident at Clinical Site
   (If clinic site does not have an Exposure Control Plan, you will need to follow the NWTC Exposure Plan – See Number 1: NWTC Campus)
   A. Immediate first aid.
   B. Report incident immediately to clinical instructor.
   C. Follow the clinical site’s established bloodborne pathogens exposure control plan.
   D. Complete NWTC Injury/Illness Report Form within one working day of the injury/illness.
   E. Complete Exposure Report (if not completed at clinical site).
   F. Obtain follow-up care through your personal healthcare provider.
   G. INSTRUCTOR & SUPERVISOR: Injury/Illness Report Form, Exposure Report, and a copy of the Hospital’s Incident Report are sent to the Manager of Security and Safety.
BLOODBORNE PATHOGEN EXPOSURE CONTROL INFORMATION FOR STUDENTS/EMPLOYEES

Standard Precautions

Standard precautions will be observed in order to prevent contact with blood or Other Potential Infectious Material (OPIM). All blood and OPIM will be considered infectious regardless of the perceived health status of the source individual. Specific protocol should be followed for exposures.

Exposure Incident (Code of Federal Regulations 1910.1030)

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM.

1. Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

2. Other potentially infectious materials include the following:

   A. Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

   B. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

   C. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

3. Other routes of exposure, defined as significant in rules promulgated by the Department of Health/Social Services. The department in promulgating the rules shall consider all potential routes of transmission of HIV identified by the Centers for Disease Control.

Information, questions, concerns

Contact: Bellin Occupational Health Solutions at (920) 445-7084
STUDENT EVALUATION OF CLINICAL EXPERIENCE

You will have the opportunity to evaluate each clinical rotation.

These evaluations will be kept confidential. The clinical site staff will never have access to your evaluation of them.

Please be very open and honest. These evaluations help the College determine the quality of our clinical sites.
NORTHEAST WISCONSIN TECHNICAL COLLEGE
MEDICAL LABORATORY TECHNICIAN
STUDENT EVALUATION OF CLINICAL EXPERIENCE

Affiliate: ___________________________        Department: ___________________________

Student: ___________________________        Date: ___________________________

This evaluation will be confidential. Mark an X in one box on each line. Write N/A if the item is not applicable. Complete front and back.

<table>
<thead>
<tr>
<th>I. THE CLINICAL STAFF</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
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<tbody>
<tr>
<td>Showed interest in spending time with student.</td>
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<td>Encourage student questions and comments.</td>
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<td>Answered questions.</td>
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<td>Was available to discuss issues related to the rotation.</td>
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<td>Maintained high standards of quality control.</td>
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<td>Explained procedures and theories effectively.</td>
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<td>Provided useful feedback on performance.</td>
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<td>Was competent in area of practice.</td>
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<td>Showed respect for students.</td>
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<td>The personnel in this department hold a positive attitude toward students and teaching.</td>
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<td>Assignment of tasks was appropriate.</td>
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<td>Department policies and procedures were stated at the beginning of rotation and clarified throughout the rotation.</td>
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<td>Additional study aids were provided to support the rotation (e.g., unknowns, slides, Kodachromes, case studies, textbook references.)</td>
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<tr>
<td>Followed objectives sent by NWTC.</td>
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<td>Feedback from professional evaluation was timely.</td>
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<tr>
<td>This rotation increased my interest in further study of this area.</td>
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<tr>
<td>Allowed student to perform tests freely without excessive concern for supplies or equipment use.</td>
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</tbody>
</table>
III. Comment on the strengths of this rotation.

IV. Comment on the weaknesses of this rotation.

V. Comment on the strengths of your academic preparation for this rotation.

VI. Comment on the weaknesses of your academic preparation for this rotation.

VII. Additional comments.
COLLEGE-CLINICAL SITE COMMUNICATION

The Program Director will contact each student and Lab Manager or Education Coordinator every other week by phone. Student progress will be discussed as well as any problems that may arise.

The Program Director will make at least one (two for new affiliates) personal visit during the Clinical to meet with the student and clinical instructors to discuss student progress. During this visit a private meeting with the student will also take place to discuss any problems or concerns that the student or clinical instructors may have raised.

You are encouraged to call the Program Director at any time to discuss any problems or concerns that you have concerning the Clinical.

Students are required to email the Program Director at the end of each clinical week to discuss the week’s activities. Report on major accomplishments and challenges during the week.
NORTHEAST WISCONSIN TECHNICAL COLLEGE MEDICAL LABORATORY TECHNICIAN PROGRAM

SITE VISITS

DATE: _________________

CLINICAL SITE: ________________________________

LABORATORY MANAGER: ________________________

STUDENT: ________________________________

A. Student Progress - Personal

1. How has student adapted to the laboratory?

2. How does he/she interact with others?

3. Does he/she exhibit a professional manner?

B. Student Progress - Technical

1. Is his/her work organized?

2. Does he/she manage multiple tasks efficiently - in a reasonable time frame?

3. What is quality/accuracy of tests performed?

4. Does he/she require constant supervisor?

5. Does he/she report results carefully and accurately?
C. Program Course Content

1. Are practicum objectives being met?

2. Is the student adequately prepared for the clinical practice? Is understanding of disease and test theory adequate?

D. Program Evaluation

1. How can NWTC better prepare students for their clinical practicum?

2. What can NWTC do to help you in your clinical instruction?

3. Any other suggestions/comments?
EVALUATION FORMS

The evaluation for each rotation consists of two (2) parts - Rotation Technical Skills Evaluation and the Affective Evaluation.

The Technical Skills Evaluation lists specific tasks or competencies. Each is evaluated as Unacceptable Performance, Needs Improvement or Meets Basic Requirements. A designation of Unacceptable in any competency mandates that the student must repeat or extend the rotation.

Evaluations are based on:

1. observation
2. oral quizzing
3. practical exams / unknowns

An Affective Evaluation must also be completed for each rotation. Areas evaluated on this form are general, which can be applied to each rotation. They include Quality Control and Safety, as well as criteria for Affective evaluation. Students who are graded with a less than 2 average out of possible 4 in any area must be counseled and given extended time or opportunity to improve to a minimum score of 2.

The Clinical Instructor should promptly fill out the evaluation at the end of the rotation. The evaluating Clinical Instructor should then meet with the student to go over the evaluation, and provide comments and suggestions to the student. The student should be given the opportunity to respond to the evaluation and comments. Both supervisor and student must then sign and date the Evaluation.

Completed and signed forms are sent to the Program Director at the end of the rotation.