

## Transfusion Medicine and Coagulation Rotation - Objectives

### Patient Care

#### A. Procedural Skills:

##### 1. Objectives:

###### a. What procedural skills must be acquired on this rotation?

- Ability to gather essential and accurate information about the patients by discussing with referring clinical resident/fellows, chart review and patient interview.
- Ability to make informed decisions about diagnostic testing and therapeutic intervention based on patient information and preferences, up-to-date scientific evidence and clinical judgment

##### 2. Plan:

###### a. How are the procedural skills taught and by whom?

- Procedural skills are taught by senior residents, fellows, attending physicians and apheresis nurses.

###### b. Is a specified minimum number of procedures required, and if so, how is this documented?

- No specific minimum is set. Patients are divided among residents daily (1-3 per resident) and are followed by that resident for the duration of their treatment.

###### c. What is the level of responsibility and supervision, and how is this documented

- Residents evaluate patients and make decisions regarding appropriate diagnostic testing, transfusion therapy or therapeutic apheresis.
- Residents take calls regarding patient problems on the transfusion service for transfusion therapy and factor replacement management.
- Residents participate in addressing donor eligibility questions, donor re-entry review and donor reaction problems for the blood donor center.

##### 3. Assessment:

###### a. How and by whom are the procedures supervised and the skills assessed, and how is this documented?

#### B. Interpretive Skills:

##### 1. Objectives:

###### a. What interpretative skills must be acquired on this rotation?

- Ability to use information technology to support diagnostic decisions and clinician education
- Ability to demonstrate technical skills necessary to perform diagnostic and therapeutic services in an efficient and effective manner based upon the patient care objectives for this rotation
- Ability to provide or suggest health care services aimed at preventing health problems or maintaining health

##### 2. Plan:

###### a. How are the interpretative skills taught and by whom?

- Interpretive skills are taught by senior residents, fellows and attending physicians.
- These are taught during sign out sessions and rounds on patients.

###### b. What is the level of responsibility and supervision, and how is this documented?

- Residents generate written consultations for therapeutic apheresis, new red cell antibodies, transfusion reactions and other special testing situations.
- Residents/fellow round on patients undergoing apheresis as in-patient or out-patient, write progress notes and give recommendation in consultation with attending.
- Residents participate in donor counseling activities, donor callback investigations, instigation of donor lookback studies, investigation of transfusion-transmitted disease reports, bone marrow registry activities, donor platelet and stem cell apheresis for the blood donor center.

3. **Assessment:**

a. **How are the interpretative skills assessed and by whom?**

- Interpretive skills are assessed by fellows and attending physicians by observation and critique of the resident.