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 or 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.