

# MLT TO MLS PRACTICUM ROTATIONS

MEDICAL LABORATORY SCIENCE STUDENT HANDBOOK FOR PRACTICUM ROTATIONS

2019

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# MLS PRACTICUM COORDINATOR'S INFORMATION PAGE

# **COURSE INFORMATION PAGE**

COURSE NUMBER	NAME	CREDIT
MLS 480	Clinical Hematology Practicum	2-4
MLS 481	Clinical Microbiology Practicum	2-4
MLS 482	Clinical Chemistry Practicum	2-4
MLS 483	Immunohematology Practicum	2-4

# **PRACTICUM GOALS**

# During the clinical practicums the medical laboratory science student will:

- A. Perform assigned tasks under the direction of a practicum preceptor according to established policies and procedures.
- B. Develop skills in laboratory tasks by:
  - 1. performing test and related tasks
  - 2. operating and maintaining instruments
  - 3. evaluating acceptability of laboratory data
  - 4. correlating patient laboratory data
  - 5. evaluating and comparing procedures and methods
  - 6. reporting patient values according to standard procedures
  - 7. obtaining and evaluating acceptability of patient specimens
- C. Demonstrate skill development after initial instruction and practice by:
  - 1. completing checklist tasks according to written criteria
  - 2. recording clinical practicum progress in a daily log book
  - 3. completing unknowns, if applicable
- D. Enhance knowledge by completing assigned reading, study materials and review questions for each unit. Topics will include:
  - 1. pathophysiologic evaluation and correlation of data
  - 2. clinical tests
    - a.theory and principle
    - b.performance limitations
    - c.clinical significance
    - d.normal values and reporting criteria
    - e.quality control
    - f. specimen requirements
  - 3. safety considerations
  - 4. principle of operation, maintenance, and troubleshooting procedures for instruments
- E. Demonstrate cognitive knowledge by:
  - 1. maintaining a daily log of practicum activities as directed
  - 2. responding correctly to verbal questions
- F. Demonstrate professional attributes including, but not limited to:
  - 1. honesty and integrity

- 2. respect for persons and patient confidentiality
- 3. awareness of limitations
- 4. willingness to comply with safety regulations
- 5. willingness to accept responsibility for own actions
- 6. adherence to hospital and laboratory policies and procedures
- 7. punctuality and being dependable
- 8. being collegial and cooperative
- 9. responsible to patient and community
- 10. concerned for the welfare of patients

# PRACTICUM POLICIES

# PRACTICUM ROTATION ASSIGNMENT AND PLACEMENT

Prior to being accepted into the University of Kentucky MLT to MLS on-line program you were asked to obtain a Statement of Support indicating the laboratory at your place of employment would support your efforts in completing your competencies (practicum rotations). Obtaining and maintaining a practicum rotation site is the sole responsibility of the student. Under certain circumstances, the program may work with a student to provide a practicum rotation, but this may require travel and/or relocation and potentially prolong graduation. You are eligible to start a practicum rotation when you are enrolled in the required practicum courses and are earning satisfactory grades. (See MLS Program Probation Policy.)

# **PRACTICUM SCHEDULE**

A recommended rotation schedule will be provided upon acceptance into the program. This rotation schedule is flexible and students will consult with their clinical facility to decide upon the rotation schedule. Dependent on the applicant's skill level and work experience, the time involved for completion of practicum rotations will vary for each course. All practicum rotations must be completed before the expected graduation date.

# **PROFESSIONAL CONDUCT AND ETHICS**

Students will conduct themselves in a professional manner at all times during the Clinical Practicum. See Healthcare College Code of Student Professional Conduct and ASCLS Code of Ethics below. Both apply to all MLS student while in practicum rotations. Specific conduct codes as defined in each institution's policy manual will be adhered to while at the site as well.

# Health Care Colleges Code of Student Professional Conduct

The student will be required to follow the Health Care Colleges Code of Student Professional Conduct.

# **ARTICLE 1: INTRODUCTION**

# Rationale

The credibility of a health care professional is based, to a large extent, on maintaining a high degree of trust between the professional and the individuals he or she serves. Each health profession has a code of professional conduct administered by a professional organization or regulatory agency that prescribes and imposes high standards of conduct and principles of professionalism upon its members. Students must understand and adhere to these standards during their education in preparation for careers in which they must conduct themselves in the manner expected by their profession. Consequently, students in the health care colleges have a particular obligation to conduct themselves at all times in a manner that reflects appropriate professional moral and ethical character.

# Applicability

The purpose of the HCC Code is to provide a professional behavior code that applies uniformly to all students enrolled in a degree program, leading ultimately to a profession requiring

licensure or certification, offered by any of the health care colleges ("HCC students"). The health care colleges are: Dentistry, Health Sciences, Medicine, Nursing, Pharmacy, and Public Health.

### **ARTICLE 2: STANDARDS**

A HCC student shall be expected to adhere to accepted standards of professional practice.

All HCC students must possess the qualities of appropriate professional moral and ethical character. Each student must apply these standards to his or her academic career as well as his or her professional career. A student's continued enrollment shall depend on the student's ability to adhere to recognized standards of professional practice and conduct. The standards are drawn from the duly legislated practice acts of the professions that have educational programs in the health care colleges of the University.

Violation of one or more of the standards shall be sufficient grounds for the dean of the appropriate health care college to initiate a review of the status of the student's continued enrollment in courses or programs of the college.

# **ARTICLE 3: PROHIBITED CONDUCT**

This Article summarizes a representative, but non-comprehensive, list of violations of this HCC Code that are punishable, disciplinary offenses. The list includes items specific to the training programs of the health care colleges as well as those in the UKCSC. Some overlap among items is to be expected. At a minimum, health care college students shall not:

- 1. Commit any offenses enumerated under the UKCSC to the extent that the violation reflects adversely on the student's professional moral and ethical character;
- 2. Misappropriate or illegally use drugs or other pharmacologically active agents;
- 3. Engage in any behavior that may endanger clients, patients, or the public, including failure to carry out the appropriate or assigned duties, particularly when such failure may endanger the health or well-being of a patient or client, or treatment is dispensed without appropriate faculty supervision;
- 4. Engage in behavior or action that deceives, defrauds, or harms the public or the public's perception of the profession;
- 5. Falsify or, through negligence, make incorrect entries or failing to make essential entries in health records;
- 6. Deliberately deceive a patient or client through failure of the HCC student to disclose his or her student's status unequivocally to the patient;
- 7. Fail to maintain client or patient confidentiality including failure to follow the Health Insurance Portability and Accountability Act (HIPAA) standards;
- 8. Obtain any fee or compensation by fraud or misrepresentation;

- 9. Engage in any course of conduct, act, or omission that would be considered unprofessional conduct as a basis for discipline under the professional standards recognized by the licensing, certifying, or professional association or agency of the health care college student's intended profession for which the health care college student is in training;
- 10. Fail to report a felony conviction pursuant to Article 4 in this HCC Code.

To access the entire Health Care Colleges Code of Student Professional Conduct (HCC Code): <u>http://www.uky.edu/regs/files/HCCcode.pdf</u>

As students that are enrolled in a program of professional study, all students are expected to abide by professional conduct standards. It is expected that each student will adopt the Code of Ethics of their profession and maintain a demeanor appropriate to the Code at all times.

#### ASCLS Code of Ethics

The student will be required to follow the principles and standards set forth by the American Society for Clinical Laboratory Science (ASCLS).

I. Duty to the Patient:

Clinical laboratory professionals are accountable for the quality and integrity of the laboratory services they provide. This obligation includes maintaining individual competence in judgment and performance and striving to safeguard the patient from incompetent or illegal practice by others.

Clinical laboratory professionals maintain high standards of practice. They exercise sound judgment in establishing, performing and evaluating laboratory testing.

Clinical laboratory professionals maintain strict confidentiality of patient information and test results. They safeguard the dignity and privacy of patients and provide accurate information to other health care professionals about the services they provide.

#### II. Duty to Colleagues and the Profession:

Clinical laboratory professionals uphold and maintain the dignity and respect of our profession and strive to maintain a reputation of honesty, integrity and reliability. They contribute to the advancement of the profession by improving the body of knowledge, adopting scientific advances that benefit the patient, maintaining high standards of practice and education, and seeking fair socioeconomic working conditions for members of the profession.

Clinical laboratory professionals actively strive to establish cooperative and respectful working relationships with other health care professionals with the primary objective of

ensuring a high standard of care for the patients they serve.

III. Duty to Society:

As practitioners of an autonomous profession, clinical laboratory professionals have the responsibility to contribute from their sphere of professional competence to the general well-being of the community.

Clinical laboratory professionals comply with relevant laws and regulations pertaining to the practice of clinical laboratory science and actively seek, within the dictates of their consciences, to change those which do not meet the high standards of care and practice to which the profession is committed.

Pledge to the Profession:

As a clinical laboratory professional, I strive to:

- Maintain and promote standards of excellence in performing and advancing the art and science of my profession.
- Preserve the dignity and privacy of others.
- Uphold and maintain the dignity and respect of our profession.
- Seek to establish cooperative and respectful working relationships with other health professionals.
- Contribute to the general well-being of the community.

I will actively demonstrate my commitment to these responsibilities throughout my professional life.

# CONFIDENTIALITY

All patient and institutional information will be held in the strictest confidence at all times. The discussion of any patient information outside of the "classroom" setting is not permissible. Confidential information concerning the institution is not to be discussed with any unauthorized individuals.

# STUDENT IMMUNIZATION REQUIREMENTS

All MLS students must meet the immunization requirements including annual TB screening. Clinical sites will require documentation and it is the students' responsibility to provide this, and maintain compliance of immunizations.

#### **Tuberculosis Screening**

Baseline tuberculin screening must be performed before you are allowed into clinical settings. Documentation of a negative Mantoux PPD skin test within 6 weeks of initial enrollment must be provided to the Division on the first day of orientation. If you have a history of a positive TB skin test, please provide documentation of the skin test, a copy of the chest x-ray report if one was performed, and records of any medication that you have taken as a result of the positive skin test.

# Rubella, Rubeola, Mumps

Proof of immunity to rubella, rubeola and mumps is required if you were born in 1957 or later. You may use one of the following for documentation:

- a. written physician documentation of two MMRs after one year of age, or
- b. written physician documentation of rubella, rubeola, and mumps diseases, or
- c. written medical documentation of positive rubella, rubeola, and mumps titers.

If you do not have documentation, you will be required to have the appropriate number (1or 2) of MMR vaccine(s).

#### Hepatitis B Vaccine

The Hepatitis B vaccine series is required. The complete series consists of 3 doses at 0, 1, and 6 months. If you have already received Hepatitis B vaccine or have had a Hepatitis B titer, please provide written documentation from a physician including dates the vaccine was given and/or the titer was performed.

#### Varicella Immunity

You must demonstrate immunity to varicella (chicken pox). If you have had chickenpox, you have met the requirement; no further documentation other than verbal history is necessary. If you have not had chickenpox, you will be required to have a varicella titer to determine whether you are immune. If the titer is negative, *i.e.* you have no immunity to chicken pox, you will be required to receive a dose of varicella vaccine and a second dose a month later. If you already have had a positive varicella titer or have received the vaccination series, you must provide written documentation from a physician stating the positive titer results or the dates the vaccine was given.

Proof of vaccinations may be required by the hospital clinical sites. Students not completing these requirements prior to practicum will not be allowed to start the practicum.

# Seasonal Influenza

One dose of the seasonal influenza vaccine is required if a student is present in a UK HealthCare facility at least one day during designated influenza season (October 1 - March 31). This may be required by clinical practicum sites other than UK Healthcare.

# PRACTICUM ASSESSMENT

# **METHODS OF EVALUATION**

The student's knowledge, skills, and affective behavior will be assessed by written examinations/exercises, task performance, and observation by practicum preceptors during all practicums. The final grade for a course will be determined by the scores earned in the categories as described below:

# **1. PRACTICUM ROTATION CHECKLISTS:**

These are the laboratory tasks and skills that are detailed for each rotation and unit. Certain tasks within each area may be identified, (by star), as critical. The student must demonstrate acceptable progress and performance for these tasks in order to receive a satisfactory grade in the course. Additional tasks may be included as determined by the clinical affiliate. Students will be evaluated by practicum preceptors using the following: Below Expectations, Meets Expectations, and Exceeds Expectations. Definitions for these are provided. All Practicum Rotation Checklists are located on the MLS 480 Canvas site.

# 2. TECHNICAL PERFORMANCE & AFFECTIVE BEHAVIOR:

A student's performance in the practicum area comprises their technical skills and affective behaviors. Both will be evaluated by their practicum preceptors(s) for each rotation area. Practicum preceptor(s) will complete one evaluation at the end of the student's rotation. The student should note that certain attributes are more critical than others. Unacceptable assessment in these identified areas will result in the lowering of the overall affective behavioral evaluation and may be grounds for probation or dismissal from the program. Students will be evaluated by practicum preceptors using the following: Unsatisfactory, Satisfactory and Outstanding. Definitions for these are provided. All Technical Performance & Affective Behavior evaluations are located on the MLS 480 Canvas site.

# 3. END OF PRACTICUM ROTATION SUMMARIES:

At the end of each practicum rotation you will be required to write a 1-2 page summary of the practicum rotation. For formatting - create your summary as a Word document using 10 to 12 point Arial font. With line spacing set at double. Summaries should be at least 1 page in length, but no more than 2 pages in length. For content indicate your rotation area, i.e. Microbiology. Summarize your activities for each day/week of your rotation. The summary include test names, abnormal results seen, approximate test number either performed or observed, instrumentation, and a brief description of problem solving and trouble shooting incidents. (It may be helpful to make a log of daily activities in your notebook to make it easier to write the summary at the end of the practicum.) For submission - summaries are due at the end of each practicum rotation and are to be submitted at the same time as the performance and affective behavior forms for that practicum area. Email your summary as an attachment to the practicum coordinator.

# **DEFINITION OF EVALUATION TERMS**

# **Below Expectations/Unsatisfactory**

This applies to tasks, skills, and behaviors in which the student does not meet the minimum criteria. In the judgment of the practicum preceptor and/or coordinator, the student's progress or behavior is unacceptable because of inferior quality (accuracy, precision, and organization), quantity of work, performance, and professional conduct. The student needs improvement.

# Meets Expectations/Satisfactory

This applies to tasks, skills, and behaviors in which the student demonstrates acceptable progress and performance. The expected work is normally performed in an accurate, precise and organized manner within a reasonable amount of time, and with adherence to general and laboratory policies and professional conduct.

# **Exceeds Expectations/Outstanding**

This applies to tasks, skills, and behaviors in which the student consistently performs above the expected criteria. The student exceeds expectations in quality, quantity, organization of work, and professional conduct.

#### University of Kentucky Medical Laboratory Science Program MLS 480 Clinical Hematology Practicum Performance Tasks

Student Name: \_\_\_\_\_

Clinical Site:

Some performance tasks have numerical values. These are minimum values and the clinical instructor has the right to change the number required. The clinical instructor should check all that apply in Performance. In addition, other tasks may be requested which are not included in this checklist. You will perform those as deemed appropriate by your instructor.

Performance Task	Performance	Evaluation	Date/Tech
1. Use automated Hematology instrument under supervision (50 specimens minimum):	Observed	Below Expectations	
<ul> <li>a. Initiate daily start-up</li> <li>b. Perform routine preventive maintenance including reagent replenishment</li> </ul>	Performed supervised	Meets Expectations	
<ul><li>c. Obtain and review quality control data</li><li>d. Program requested tests</li></ul>	Performed independently	Exceeds Expectations	
<ul> <li>e. Perform test analysis</li> <li>f. Interpret results (e.g., cell counts, indices, RDW, histograms, scattergrams) relative to detection of specimen abnormalities</li> <li>g. Demonstrate knowledge of instrument principle</li> </ul>	Discussed (if technology not available)		
<ul> <li>h. Recognize abnormal/critical results and take appropriate action according to laboratory policy</li> <li>i. Perform trouble-shooting when necessary (under supervision)</li> </ul>	□Non applicable		
<ol> <li>Perform routine Hematology procedures:</li> <li>a. Prepare acceptable blood films for manual differentials</li> </ol>	Observed	Below Expectations	
<ul> <li>(minimum 25)</li> <li>b. Reticulocyte counts (minimum 10)</li> <li>c. Erythrocyte sedimentation rates (minimum 10)</li> </ul>	Performed supervised		
	Performed independently	☐Meets Expectations	
	Discussed (if technology not available)	Exceeds Expectations	
	Non applicable		

Performance Task	Performance	Evaluation	Date/Tech
3. Perform leukocyte differentials (minimum 30 specimens):	Observed	Below Expectations	
<ul> <li>a. Correlation of analyzer results with cell count estimates and morphology</li> <li>b. Routine differentials(independently)</li> </ul>	<ul> <li>Performed supervised</li> <li>Performed independently</li> </ul>	Meets Expectations	
<ul> <li>c. Abnormal differentials (perform under supervision)</li> <li>d. Normal and abnormal RBC morphology</li> <li>e. Platelet count estimates</li> </ul>	Discussed (if technology not available)	Exceeds Expectations	
	Non applicable		
4. Special Hematology testing (observe or perform under supervision) when available:	Observed	Below Expectations	
a. Hemoglobin solubility test	Performed supervised		
<ul> <li>b. Hemoglobin electrophoresis</li> <li>c. Malaria and blood parasite screen</li> </ul>	Performed independently	☐Meets Expectations	
d. Bone marrow aspiration and/or examination (observe)	Discussed (if technology not available)	Exceeds Expectations	
	Non applicable		
5. Perform routine Hemostasis procedures:	Observed	Below Expectations	
<ul> <li>a. Prothrombin Time (minimum 25)</li> <li>b. Activated Partial Thromboplastin Time (minimum 25)</li> </ul>	Performed supervised		
c. Fibrinogen assay (as available)	Performed independently	Meets Expectations	
<ul> <li>d. D-dimer (minimum 5 preferred)</li> <li>e. Thrombin Clotting Time (as available)</li> <li>f. Perform routine preventive maintenance procedures on</li> </ul>	Discussed (if technology not available)	Exceeds Expectations	
automated or semi-automated hemostasis analyzer	□Non applicable		
6. Special Hemostasis testing (observe or perform under supervision) when available:	Observed	Below Expectations	
a. Platelet function Analysis (if available)	Performed supervised		
<ul> <li>b. PT and APTT mixing studies (if available)</li> <li>c. Factor activity assays (if available)</li> </ul>	Performed independently	Meets Expectations	
<ul> <li>d. Factor inhibitor assays (if available)</li> <li>e. Special Coagulation Assays - Protein C, Protein S,</li> </ul>	Discussed (if technology not available)	Exceeds Expectations	
Antithrombin, Lupus Anticoagulant, LMWH, VWF, Platelet Aggregation (if available)	Non applicable		

Performance Task	Performance	Evaluation	Date/Tech
<ul> <li>7. Quality Assurance (under supervision): <ul> <li>a. Review calibration with instructor</li> <li>b. Review quality control records for one month with instructor</li> <li>c. Review quality assurance plan with instructor</li> <li>d. Interpret statistical analysis of proficiency testing results</li> </ul> </li> </ul>	Observed Performed supervised Performed independently Discussed (if technology not available) Non applicable	Below Expectations	

Comments:

Clinical Instructor/Evaluator:

Date \_\_\_\_\_

# AFFECTIVE BEHAVIOR AND TECHNICAL PERFORMANCE **EVALUATION**

Student Name\_\_\_\_\_ Practicum Area\_\_\_\_\_

AFFECTIVE BEHAVIOR					
Descriptor	Outstanding	Satisfactory	Unsatisfactory		
*Demonstrates integrity and honesty.					
*Accepts responsibility for their own actions.					
*Maintains confidentiality of patient and/or laboratory					
data.					
*Follows established policies and procedures of the					
clinical site and Program.					
*Treats patients, families, colleagues and other health					
professionals with respect and dignity.					
Maintains professional demeanor under adverse					
conditions.					
Influences and contributes to a pleasant work					
environment.					
Accepts leadership of supervisory personnel and criticism appropriately.					
Is an effective team player and supports colleagues					
as needed.					
Communicates with other health care workers and					
patients in a professional and courteous manner.					
Adheres to dress and personal hygiene code. Is neat,					
clean and professional looking.					
Takes initiative to grow professionally.					
Is punctual and/or dependable.					
Is able to organize, multitask and prioritize					
assignments/duties.					
Takes initiative to be independent practitioner while					
being aware of limitations.					
TECHNICAL P	ERFORMANCE				
Descriptor	Outstanding	Satisfactory	Unsatisfactory		
*Adheres to safety guidelines and maintains good					
laboratory practice.					
Utilizes the appropriate equipment and techniques for					
all laboratory tests.					
Develops ability to organize and increase productivity					
from the first day to the last day in the rotation without					
sacrificing accuracy of testing.					
Reports all abnormal results to supervisor; repeats or					
performs confirmatory testing as indicated.					
Performs quality control procedures according to					
SOP, results fall within 95% confidence intervals, if					
outside acceptable limits, notifies supervisor.					
Can function with minimal supervision by the end of the rotation adhering to the policies and procedures of					
the laboratory.					
ine iaboratory.					

Records and reports test results with at least 99%	
accuracy and in a timely fashion.	
Process specimens with 100% accuracy.	
Can answer verbal questions with at least 80%	
accuracy and be prepared with background theory	
and knowledge to related clinical area.	
Follows verbal directions.	
Adheres to the established policies and procedures of	
the practicum rotation site.	

Record comments supporting "Unsatisfactory" or additional comments:

Evaluator

Date

Student

Date

\*These attributes with a star are considered critical ones. Thus, assessment of "unsatisfactory" in any of these attributes will result in an "unsatisfactory" overall evaluation and may result in the student being placed on probation and/or dismissed from the clinical site.

# **PRACTICUM GRADING**

- MLS 480 Clinical Hematology Practicum
- MLS 481 Clinical Microbiology Practicum
- MLS 482 Clinical Chemistry Practicum
- MLS 483 Immunohematology Practicum

	Grade	% of Total
Practicum Rotation Checklists		50%
Technical Performance and		20%
Affective Behavior Evaluations		
Practicum Rotation Summaries		30%
Total Score		100%

# Grade Scale: PASS/FAIL

The grade for the clinical practicum rotation is P (passing) or F (failing). A grade of P will be assigned if the student successfully obtains **75%**.

# **DEADLINES**

# **End of Practicum Rotation Summaries:**

Summaries are due at the end of each practicum rotation and are to be submitted at the same time the performance and affective behavior forms for that practicum area are submitted. Email your summary to your assigned practicum coordinator (<u>Stacy.Gabbard@uky.edu</u>).

### **Technical Performance and Affective Behavior Evaluations:**

Each student is required to have practicum preceptors complete a technical performance and affective behavior evaluation at the end of each rotation. The student is responsible for providing the clinical faculty with these forms during the rotation for documentation and to ensure their completion. It is the student's responsibility to remind the clinical faculty to complete them within 1 week of completion of that practicum.

After completion of the rotation, this form is to be faxed\* or emailed to your assigned practicum coordinator (<u>Stacy.Gabbard@uky.edu</u>) no later than one week after completion.

#### **Practicum Rotation Checklists:**

Each rotation area has a specified list of skills and tasks. The student is responsible for providing the clinical faculty with these forms during the rotation for documentation and to ensure their completion. It is the student's responsibility to remind the clinical faculty to complete them.

After completion of the rotation, these forms are to be faxed\* or emailed to your assigned practicum coordinator (<u>Stacy.Gabbard@uky.edu</u>) no later than one week after completion.

\*NOTE: Practicum Coordinator contact information (fax # and email) can be found on page 3.

# RESPONSIBILITIES

# **Student Responsibilities**

The student is responsible for the following:

- 1) Coordinate with clinical facility to schedule and complete all practicum rotations before expected graduation date.
- 2) Adhere to the affective behaviors as outlined in the handbook.
- 3) <u>Confirm that preceptors completed and submitted practicum rotation checklists and affective behavior/technical performance forms within one week after finishing the rotation.</u>
- 4) Completion and submission of practicum rotation summaries.
- 5) Print practicum rotation checklists and affective behavior and technical performance evaluation forms for practicum preceptors.
- 6) Take notes as clinical preceptors do not have the time to repeat instructions numerous times.

# **Clinical Supervisor/Preceptor Responsibilities**

The clinical supervisor/preceptor is responsible for the following:

- 1) Provide in-service training in the areas where the student is assigned. This includes all employee policies, start times, break times, and lunchtime, the principle of operation for instrumentation, procedures for determining acceptable test results, and the procedures for reporting result. The student should also be instructed in what to do if the test results are not valid.
- 2) Assure that the student is exposed to all techniques and procedures listed in the checklist provided.
- 3) Provide the student with feedback on his/her performance periodically throughout the rotation.
- 4) Counsel the student relative to a poor performance.
- 5) Complete and submit the practicum rotation checklists and affective behavior/technical performance form of the student and submit to the Clinical Coordinator within one week after student completes his/her rotation.

# **Practicum Coordinator Responsibilities**

The practicum coordinator for the medical laboratory sciences practicums is responsible for the following:

- 1) Serve as the contact person for any issues (either site related or student related) surrounding the rotation.
- 2) If a problem arises with a rotation schedule the clinical coordinator will work with the

student and site to resolve it.

- 3) Ensure that the Practicum Handbook is available in the MLS 480 Canvas site.
- 4) Ensure that the student has satisfactorily met the affective, knowledge, and technical objectives for the rotation.
- 5) Assign the grade for the rotation.

# MLT to MLS Students - Practicum Rotation Handbook

#### **Statements of Understanding**

<u>Instructions:</u> Please print this page, sign if you agree with these statements, and email to your practicum coordinator (<u>Stacy.Gabbard@uky.edu</u>).

- I have access to a copy of the current MLT to MLS Practicum Rotation Handbook.
- I understand that I must secure, schedule, and arrange practicum rotations with the clinical facility I am employed.
- I have read, understood, and agree to abide by all practicum policies within this handbook.
- I have read and understand the criteria upon which the practicum rotations will be assessed.
- I have read and understand the responsibilities of all parties involved in practicum rotations.

Student Name			
(please print)	 	 	

Student Signature \_\_\_\_\_

Date \_\_\_\_\_