



## Cooperating Lab FAQ's Information

### What is the role of a "Cooperating Laboratory?"

The primary role of the cooperating laboratory is to provide *basic skill development* for the distant student for Phlebotomy and Medical Laboratory Technician Program at Barton County Community College. The cooperative lab support you provide is the "hands-on" instruction and mentoring the students cannot achieve with only online learning. The cooperative lab learning model has proven to be equal or better than the basic training received by students using Barton's Great Bend campus cooperative laboratory.

As a supporting Cooperating Laboratory you agree to allow personnel from your laboratory to provide direct, on-site supervision and basic bench instruction related to performance of routine laboratory procedures, to evaluate respective laboratory competencies, to serve as proctors for various examinations if possible, and to give other valuable assistance as needed and you are staffed for.

### How much time per week is the student expected to be in the Cooperating Laboratory for the specified learning experiences?

All students is expected to spend the same amount of time in their supporting Cooperating Laboratory as another other student in the same course at a different cooperative lab. Documentation is done with time logs and daily diaries.

#### Phlebotomy:

Requires 1-2 hours per week during the 17 weeks OR for the 9 week course it requires 2-3 hours per week to develop basic specimen collection skills. Phlebotomy is offered spring, fall and summer on line with cooperative lab support. Eligibility for clinical practicum (of 100/120 hours AND 100 successful collections) is based on a grade of C or better in the phlebotomy course and the recommendation by the clinical instructor. The clinical practicum is arranged with the health care facility AND the MLT/Phlebotomy program director. If you are a nationally certified phlebotomist you are welcome to apply to the MLT program and complete your general education courses.

**Fall:** *Urinalysis & body fluids:* 2 hrs/week

*Clinical Chemistry:* no coop lab

*Pathogenic Micro:* 4 hrs/week; ideal 1 hour for 4 consecutive days, at least 2hrs for  
2 consecutive days

**Spring:** *Hematology & Coagulation:* 4 hrs/week

*Immunology/ Serology:* no cooperative lab

*Parasitology, mycology, mycobacterium:* no coop lab requirement

*Immunoematology:* 4 hrs/week,

*Clinical Lab Operations:* no coop lab requirement



### **How does the student document their learning experiences?**

Students keep a time log and daily diary that details the amount of time they are in the cooperating laboratory...the log must be signed by the person who is supervising their learning experience. Development of the required laboratory competencies can be documented by personnel in the Cooperating Laboratory using forms provided by the College to the students. The student is responsible for transmittal of logs and diaries to their Barton instructor.

### **When do the courses start and finish?**

The fall semester begins in August and ends in December. The spring semester begins in January and ends in May. Phlebotomy has a summer course that starts in May/ first of June and completes in 9 weeks. Phlebotomy is sometimes offered spring and fall in Session I or III, each a nine week class.

### **For what courses would we provide a Cooperating Laboratory experience?**

This depends on each individual student's curriculum plan that a student can provide for you. This also depends on the volume and variety of testing and staffing situation in your laboratory. The College staff, upon review of information about your laboratory, can help you determine your sites suitability to be a supportive Cooperating Laboratory for the various courses in this program.

### **Who are the instructors for the courses?**

The MLT instructors are Cheryl Lippert, Dana Weber, and adjunct faculty. The student can tell you the name of the instructor for each course or it can be viewed at this link under the [MLT student handbook](#).

### **How do I contact an instructor?**

Call Barton Community College at 888-423-1711, the department secretary will direct your call to the appropriate instructor. Email is usually the best and the student will have access in their course to the instructors email. Instructors last name first initial.bartonccc.edu [lippertc@bartonccc.edu](mailto:lippertc@bartonccc.edu) as an example.



Clinical Facility Fact Sheet (CLS/MT & CLT/MLT)

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Accredited by: Please check appropriate agency;

Joint Commission \_\_\_\_\_, CAP \_\_\_\_\_, COLA \_\_\_\_\_, CLIA \_\_\_\_\_, Other \_\_\_\_\_

If you are **not** accredited by any of the above agencies or checked OTHER, please complete the "Documentation of Safety Measures" form.

Clinical Coordinator or Contact Person at site: (name) \_\_\_\_\_

(email) \_\_\_\_\_

Clinical Laboratory Volume (specify annual number of procedures): \_\_\_\_\_

Indicate whether tests are performed in the following areas:

Hematology: \_\_\_\_\_ Chemistry: \_\_\_\_\_ Microbiology: \_\_\_\_\_

Immunology/Serology: \_\_\_\_\_ Immunochemistry: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Molecular Diagnostics: \_\_\_\_\_

Daytime laboratory staff (convert part-time to full-time equivalent)



Notice of Understanding for *Cooperating Laboratory*

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

Nature of the Cooperating Laboratory Experience: (check all that apply)

MLT Program *or*

Phlebotomy Training

Name of Cooperating Laboratory: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contact name \_\_\_\_\_ Contact info \_\_\_\_\_

When signed by the appropriate parties, this **Notice of Understanding** indicates that the College and the Cooperating Laboratory, both being desirous of cooperating in a plan to provide education experiences for medical laboratory technology and phlebotomy students, both mutually agree as follows:



Within the terms of this Notice, the **Cooperating Laboratory** will:

- Maintain the standards necessary for a medical laboratory as specified by State and Federal guidelines
- Retain responsibility for overall supervision and delivery of patient care
- Make available to the student the clinical facilities of the institution including necessary procedure manuals, equipment, supplies and available instructional materials
- Allow personnel from the laboratory to provide direct on-site supervision and basic bench instruction related to performance of routine laboratory procedures, to evaluate respective laboratory competencies, and to give other valuable assistance as needed
- Provide instruction that "mirrors" the basic training received in the Great Bend campus BCC MLT Laboratory and help the student develop basic medical laboratory or phlebotomy competencies to the specified target level
- Provide adequate staffing in the clinical areas so that no student will be expected to give service to patients in the Cooperating Laboratory apart from that rendered for its educational value as a part of the planned medical laboratory technology or phlebotomy curriculum
- Provide liability coverage for the operation of its facility and to save and hold harmless the College for and against any and all liability for damages to any person and/or property of any and all persons resulting from negligent operations of the Cooperating Laboratory
- Regard students of the College, when assigned for clinical experience, as having the status of learners who will not replace Cooperating Laboratory employees
- Retain the right to restrict a student, faculty member, or other agent of the College from participating in the clinical experience or from the Cooperating Laboratory grounds for good cause shown
- Ensure the provision of emergency care for illness or injury to the student

Within the terms of this Notice the **College** will:

- Offer courses related to medical laboratory technology and phlebotomy
- Provide qualified instructors who will plan and coordinate the didactic learning experiences of the students
- Provide guidelines for the experience in the Cooperating Laboratory
- Maintain an appropriate certificate of insurance stating that each student and faculty member, while performing the duties or services arising in performance of this Notice, shall have liability insurance
- Hold the Cooperating Laboratory harmless from any and all liability for damages to any person and/or property of any and all persons resulting from the operations of the College's educational program



Within the terms of this Notice the **Student** will:

- Abide by existing rules and regulations of the Cooperating Laboratory
- Maintain the confidentiality of patient records
- Provide proof of meeting the requirements for immunizations as specified by the College or cooperative lab institution (Verified Credentials)
- Maintain proof of medical insurance coverage (Verified Credentials)
- Hold the Cooperating Laboratory and the College harmless from any and all liability for damages to any person and/or property of any and all persons resulting from the operations of the College's educational program
- Reimburse the Cooperating Laboratory and/or the College for the cost of any damage to equipment used inappropriately or in a negligent manner

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed student name \_\_\_\_\_

Coop Lab Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Coop Lab Supervisor name \_\_\_\_\_

Signature of MLT Program Director \_\_\_\_\_ Date \_\_\_\_\_



**Essential Skills Checklist** (complete for areas you are providing cooperative lab support)

**Facility:** \_\_\_\_\_ **Location:** \_\_\_\_\_

*Please check each skill or procedure that your laboratory will be able to provide the Phlebotomy and/or MLT student as a clinical affiliate.*

**PHLEBOTOMY and Specimen collections (1-3 hours per week)**

- Patient identification procedures
- Specimen collection by venipuncture
- Specimen collections by skin puncture
- Specimen processing

**Clinical Practicum 1 MLT courses**

**UA and Body Fluids (2 hours per week)**

- Routine QC of reagents and equipment
- Safety
- Dilutions and Serial dilutions
- Routine urinalysis: physical, chemical, and microscopic (normal & abnormal)  
List backup (confirmatory) testing: \_\_\_\_\_
- Urine /Serum pregnancy tests
- Occult blood on stool
- Body fluids
  - cell count  manual  automated
  - CSF
  - Synovial fluid
  - Amniotic fluid
  - Seminal fluid
  - Other: (please specify) \_\_\_\_\_

**HEMATOLOGY/COAGULATION (2-4 hours per week)**

- Peripheral smears: evaluation of WBC, RBC & platelet morphology (normal & abnormal, wbc <1000, >50,000)
- Polychromatic stain
- Manual WBC count
- Manual platelet count
- Reticulocyte count
- Erythrocyte sedimentation rate
- routine coagulation analyzer:** Operation, quality control, routine maintenance and basic troubleshooting for:
  - Protime with INR
  - APTT
  - Fibrinogen

- FDP or D-Dimer
- Other list \_\_\_\_\_
- Routine quality control of reagents and equipment
- Dilutions and Serial dilutions

**IMMUNOLOGY/SEROLOGY (no coop lab support required)**

- Routine quality control of reagents and equipment
- Safety
- Agglutination methods (ie latex, heme)list: \_\_\_\_\_
- Dilutions and Serial Dilutions
- Syphilis Testing (VDRL/ RPR)
- Chromatographic EIA (please list): \_\_\_\_\_
- List kits tests performed: \_\_\_\_\_

**Clinical Practicum II MLT courses**

**BLOOD BANK (4 hours per week)**

- Method:  tube  gel
- ABO, Rh including weak D
  - Antibody screen
  - Crossmatch, immediate spin & complete
  - Direct antiglobulin test
  - Issue of product for transfusion
  - Cord blood testing: ABO, Rh, DAT
  - Routine quality control of reagents and equipment

**CHEMISTRY**

- routine chemistry analyzer:** Operation, calibration, quality control, routine maintenance and basic troubleshooting
- immunochemistry analyzer:** Operation, calibration, quality control, routine maintenance and basic troubleshooting
- routine blood gas analyzer:** Operation, calibration, quality control, routine maintenance and basic troubleshooting
- Routine quality control of reagents and equipment
- Dilutions and serial dilutions

**MICROBIOLOGY**

- Routine QC of reagents and equipment
- Safety
- Gram stain (preparation, interpretation, and performance)
  - direct
  - from culture

Culture setup and interpretation for the following: (colony morphology, Gram stain, routine media & set up, interpretation)

- Blood
- Urine
- Stool
- Respiratory (upper, lower)
- Genital
- CSF and other body fluids
- Wound

Identification of the following organisms:

- Staph aureus
- Coagulase negative staph
- S. pyogenes
- S. agalactiae
- E. faecalis
- S. pneumoniae
- E. coli
- Kleb pneumo
- Proteus mirabilis
- Ent cloacae
- Salmonella
- Shigella
- Bacillus (not anthracis)
- Corynebacterium spp.
- Pseudomonas aeruginosa
- H. influenza
- Campylobacter jejuni
- N. gonorrhoeae
- N. meningitis

Automated identification (please list): \_\_\_\_\_

Antibiotic susceptibility testing

- Automated panels
- Kirby-Bauer
- Other (please list) \_\_\_\_\_

**Anaerobes** (to what level)

- collect and send
- ID only
- ID and suscep.

**Parasitology** (to what level)

- collect and send
- ID (wet mount, sedimentation, perm)
- ID serologically



**Mycology** (to what level)

- collect and send
- ID (culture) send for ID
- ID (serologically)

**Mycobacterium** (to what level)

- collect and send
- ID (cult)
- ID and susc

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Name of Clinical Laboratory

Signature of Lab Manager/Supervisor

Date

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PRINTED name of Lab Manager/Supervisor



SAFETY DOCUMENTATION

Clinical Affiliate Name: \_\_\_\_\_ Date: \_\_\_\_\_

Does the Laboratory Policy and Procedure Manual contain information about and procedures for emergencies in the following areas?

- 1. Biohazards, lab orientation and safety, and PPE? Yes\_\_\_ No\_\_\_
- 2. Chemical accidents? Yes\_\_ No\_\_
- 3. Slips and spills? Yes \_\_ No\_\_\_
- 4. Fire safety and emergency procedures? Yes\_\_ No\_\_\_
- 5. Electric hazards? Yes\_\_ No\_\_\_
- 6. HIPPA? Yes\_\_ No \_\_
- 7. Other
- 8. Other
- 9. Other

Please list frequency of employee orientation \_\_\_\_\_

Please list frequency of updates \_\_\_\_\_

Please list safety equipment available in your laboratory, i.e. Safety shower, sharps containers, PPE....

Printed name of individual completing this \_\_\_\_\_

Title: \_\_\_\_\_