**New Application: Blood Banking/Transfusion Medicine**

**Review Committee for Pathology**

**ACGME**

**Oversight**

**Resources**

1. Describe the office space, meeting rooms, and laboratory space available to support patient care-related teaching, educational, research activities, and clinical service work. [PR I.D.1.a)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

1. Provide the data requested below for each site participating in the program. [PR.I.D.1.b)]
2. General Data

|  | **Site #1** | **Site #2** | **Site #3** | **Total** |
| --- | --- | --- | --- | --- |
| Crossmatches | # | # | # | # |
| Accreditation (AABB, CAP) | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Licensure (FDA, Other (specify)) | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Emergency Room Visits | # | # | # | # |
| Neonatal Intensive Care Visits | Level I | # | # | # | # |
| Level II | # | # | # | # |
| Level III | # | # | # | # |
| Open heart procedures | # | # | # | # |
| Transplants | Bone marrow | # | # | # | # |
| Heart | # | # | # | # |
| Kidney | # | # | # | # |
| Liver | # | # | # | # |
| Other (Specify) | Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| Is this a regional trauma center? | Choose an item. | Choose an item. | Choose an item. |  |
| Reference lab ARC accreditation rating | # | # | # |  |
| List other specialized facilities | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |  |

1. Donor Facility

Note: These data refer to units prepared *on-site* at the specified location.

|  | **Site #1** | **Site #2** | **Site #3** | **Total** |
| --- | --- | --- | --- | --- |
| Donors drawn in facility | # | # | # | # |
| Autologous units drawn | # | # | # | # |
| Cryoprecipitate | # | # | # | # |
| Fresh frozen plasma | # | # | # | # |
| Cryopreserved bone marrow | # | # | # | # |
| Leukocyte reduced | # | # | # | # |
| Packed red blood cells | # | # | # | # |
| Platelet concentrates | # | # | # | # |
| Leukocyte concentrates | # | # | # | # |
| Deglycerolized cells | # | # | # | # |
| Stored plasma | # | # | # | # |
| Whole blood | # | # | # | # |
| Other preparations (specify) | Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |

1. Cell Typing and Serological Studies

|  | **Site #1** | **Site #2** | **Site #3** | **Total** |
| --- | --- | --- | --- | --- |
| ABO typing recipients | # | # | # | # |
| ABO typing donors | # | # | # | # |
| Alloantibody titers | # | # | # | # |
| Antibody identification | # | # | # | # |
| Direct antiglobulin test | # | # | # | # |
| Crossmatch testing | # | # | # | # |
| Flow cytometric crossmatch | # | # | # | # |
| Immediate spin crossmatch | # | # | # | # |
| Hepatitis Testing | Hepatitis B antigen | # | # | # | # |
| Other (Specify) | Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| HLA Typing | # | # | # | # |
| Leukocyte antibodies | # | # | # | # |
| HIV Testing | # | # | # | # |
| NAT Testing | # | # | # | # |
| Mixed lymphocyte cultures | # | # | # | # |
| Platelet antibodies | # | # | # | # |
| Platelet crossmatch | # | # | # | # |
| Rh typing | # | # | # | # |
| Type and screen | # | # | # | # |
| Other viral serologic tests (specify) | Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |

1. Transfusion Service

|  | **Site #1** | **Site #2** | **Site #3** | **Total** |
| --- | --- | --- | --- | --- |
| Units transfused | # | # | # | # |
| Cryoprecipitate | # | # | # | # |
| Deglycerolized red blood cells | # | # | # | # |
| Fresh frozen plasma | # | # | # | # |
| Immune anti-D globulin (# of vials) | # | # | # | # |
| Leukocytes | # | # | # | # |
| Platelet concentrates | # | # | # | # |
| Red blood cells | # | # | # | # |
| Whole blood | # | # | # | # |
| Washed components | # | # | # | # |
| Other (specify) | Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |

1. Other Procedures

|  | **Site #1** | **Site #2** | **Site #3** | **Total** |
| --- | --- | --- | --- | --- |
| Therapeutic leukoreduction | # | # | # | # |
| Granulocyte collection | # | # | # | # |
| Stem cell collection | # | # | # | # |
| Red cell exchange | # | # | # | # |
| Photopheresis | # | # | # | # |
| Platelet reduction | # | # | # | # |
| Therapeutic plasmapheresis | # | # | # | # |
| Plateletpheresis collection | # | # | # | # |
| Core blood work-ups | # | # | # | # |
| Therapeutic phlebotomy | # | # | # | # |
| Transfusion reactions investigated | # | # | # | # |
| Antibody identifications | # | # | # | # |
| Other (specify) | Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |

1. Will the laboratory have a blood banking/transfusion medicine information system that is approved by the Food and Drug Administration (FDA) for use in blood banking/transfusion medicine?
[PR I.D.1.c)] [ ]  YES [ ]  NO

**Personnel**

**Other Program Personnel**

1. Briefly describe the qualified laboratory technical personnel that will provide support for the clinical, teaching, educational, and research activities of the fellowship. [PR II.D.1.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

1. Provide the following information for other educational programs (e.g., other GME programs from this and other sites, residency/fellowship programs for medical technologists, masters and doctoral programs, or post-doctoral programs for clinical scientists) that use program facilities for educational experiences in pathology. Add additional rows as necessary. [PR I.E.]

| **Name of Site and Type of Program** | **Length of rotation****(in weeks)** | **Maximum number of learners per year** | **Maximum number of learners present at the same time** |
| --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will demonstrate competence in the following. Also indicate the method(s) that will be used to assess competence. [PR IV.B.1.b).(2); PR V.A.1.c)]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Providing appropriate and effective consultation in the context of blood banking/transfusion medicine services, including: [PR IV.B.1.b).(2).(a)] |
| Blood ordering, blood product indications, and transfusion practices[PR IV.B.1.b).(2).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Cellular therapy[PR IV.B.1.b).(2).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Donor and patient regulatory issues[PR IV.B.1.b).(2).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Donor and therapeutic apheresis[PR IV.B.1.b).(2).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Immunohematology, histocompatibility, and infectious disease testing in donor management, blood component preparation, and blood inventory management[PR IV.B.1.b).(2).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Perinatal, pediatric, transplantation, massive transfusion, and trauma patient care[PR IV.B.1.b).(2).(a).(vi)] | Click here to enter text. | Click here to enter text. |
| Management and direction of a transfusion service and blood center[PR IV.B.1.b).(2).(a).(vii)] | Click here to enter text. | Click here to enter text. |
| Management of patients with special transfusion requirements, such as alloimmunization, hemoglobinopathies, and single or multiple coagulation factor deficiencies[PR IV.B.1.b).(2).(a).(viii)] | Click here to enter text. | Click here to enter text. |
| Peri-operative blood management[PR IV.B.1.b).(2).(a).(ix)] | Click here to enter text. | Click here to enter text. |
| The management and supervision of essential procedures, including: [PR IV.B.1.b).(2).(b)] |
| Blood management[PR IV.B.1.b).(2).(b).(i)] | Click here to enter text. | Click here to enter text. |
| Collecting blood components, including donor apheresis[PR IV.B.1.b).(2).(b).(ii)] | Click here to enter text. | Click here to enter text. |
| Donor notification, lookback, and component retrieval[PR IV.B.1.b).(2).(b).(iii)] | Click here to enter text. | Click here to enter text. |
| Histocompatibility testing[PR IV.B.1.b).(2).(b).(iv)] | Click here to enter text. | Click here to enter text. |
| Preparing blood components[PR IV.B.1.b).(2).(b).(v)] | Click here to enter text. | Click here to enter text. |
| Selecting and using specific apheresis technologies to ensure appropriate care, clinical management, and safety of patients and donors undergoing apheresis medicine therapies or blood product collection procedures[PR IV.B.1.b).(2).(b).(vi)] | Click here to enter text. | Click here to enter text. |
| Testing blood components[PR IV.B.1.b).(2).(b).(vii)] | Click here to enter text. | Click here to enter text. |
| Therapeutic phlebotomy[PR IV.B.1.b).(2).(b).(viii)] | Click here to enter text. | Click here to enter text. |
| Transfusing blood components[PR IV.B.1.b).(2).(b).(ix)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will demonstrate expertise in their knowledge in each of the following areas. Also indicate the method(s) that will be used to assess expertise. [PR IV.B.1.c).(1); PR V.A.1.c)]

| **Area of Expertise** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Adverse effects of blood donation[PR IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Adverse effects of blood transfusion, including transfusion-transmitted diseases and non-infectious hazards of transfusion[PR IV.B.1.c).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Alternatives to blood transfusion[PR IV.B.1.c).(1).(c)] | Click here to enter text. | Click here to enter text. |
| Coagulation (hemostasis/thrombosis)[PR IV.B.1.c).(1).(d)] | Click here to enter text. | Click here to enter text. |
| Ethical issues[PR IV.B.1.c).(1).(e)] | Click here to enter text. | Click here to enter text. |
| Red blood cell, platelet, and neutrophil immunology[PR IV.B.1.c).(1).(f)] | Click here to enter text. | Click here to enter text. |
| Scientific basis of transfusion[PR IV.B.1.c.(1).(g)] | Click here to enter text. | Click here to enter text. |
| Selection and recruitment of blood donors[PR IV.B.1.c).(1).(h)] | Click here to enter text. | Click here to enter text. |
| Transplantation, including hematopoietic, solid organ, and tissue[PR IV.B.1.c).(1).(i)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one planned quality improvement activity or project that will allow fellows to demonstrate the ability to evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care. [PR IV.B.1.d)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Systems-based Practice**

1. Describe the learning activity(ies) through which fellows demonstrate an awareness of and responsiveness to the larger context and system of health care: [PR IV.B.1.f)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. Outline how clinical experience will include supervision of trainees and/or laboratory personnel, and graded responsibility, including independent diagnosis and decision making. [PR IV.C.3.a)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

1. Outline the educational activities specific to blood banking/transfusion medicine, review of the medical literature in the subspecialty area, and use of study sets of unusual cases. [PR IV.C.3.b)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

1. Briefly describe how fellows will participate in ongoing clinical consultations. [PR IV.C.4.)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

1. Briefly describe how fellows will participate in the interpretation of laboratory data as part of patient care decision making and patient care consultation? [PR IV.C.5.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

1. Describe how fellows will be provided with direct responsibility, with appropriate supervision, to make decisions in the laboratory. [PR IV.C.6.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

1. List the planned didactic schedule, including blood banking/transfusion medicine conferences, journal clubs, and joint conferences for fellows. Add additional rows as necessary [PR IV.C.7.a)]

| **Type of session** | **Frequency** | **Responsible Department** | **Required?(Yes/No)** | **Attendance Taken?(Yes/No)** |
| --- | --- | --- | --- | --- |
| Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| Click or tap here to enter text. |[ ] [ ] [ ] [ ]
| Click or tap here to enter text. |[ ] [ ] [ ] [ ]

1. Describe fellow participation in these conferences. How much responsibility will they have for their preparation and presentation? [PR IV.C.7.a)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |