

## TRAINEE HANDBOOK 2017



## Clinical Pathology

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It is essential to read this Handbook in conjunction with the ***Trainee Handbook – Administrative Requirements*** which is relevant to all trainees. This has information about the College's structure and policies, together with details of requirements for registration, training and examination applications.

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## INTRODUCTION

The College offers a fellowship in Clinical Pathology. This is in addition to the General Pathology fellowship which includes Clinical Pathology plus Anatomical Pathology and Cytology. The objective is to meet a need for pathologists who have the necessary skills to manage clinical pathology laboratories and to interpret and communicate laboratory tests for referring clinical doctors.

Clinical pathology deals with the diagnosis and management of disease by the use of a wide range of diagnostic laboratory medicine techniques, including examination of the patient. Clinical pathologists have a very broad understanding of the pathophysiology of disease, the diagnostic value of individual tests and also of the laboratory and its workings.

Clinical pathologists must be familiar with the theoretical basis of investigation and the scientific principles of anatomical, biochemical and physiological processes of the healthy human body and the mechanisms that fail during disease. They must also have knowledge and experience of the limits of investigative processes, pitfalls in measurements and in interpretation of diagnostic techniques. They are often responsible for managing laboratories, ensuring the quality of the results and providing a diagnostic service and advice to clinicians.

They use their expertise in chemical pathology, haematology, microbiology, immunology and molecular pathology in the diagnosis and management of patients and in offering expert opinion to clinicians as to the choice of specimen, taking into account the clinical setting and its limitations in the interpretation of results.

They have expertise in laboratory procedures for accessioning, management, cost efficiency, safety and processing of specimens, to ensure that accurate and high quality material is available for laboratory testing and the formulation of diagnostic opinions. They advise and work with scientific staff in relation to laboratory procedures.

They guide and teach medical and other trainees in pathology and facilitate clinico-pathological research activities. At the same time, they must be fully aware of the limits of their knowledge and be prepared to consult.

The possible roles and requirements of the clinical pathologist include:

- as a supervising pathologist in a small area hospital or branch laboratory of a large private practice;
- sharing duties with other general or specialist pathologists in a district hospital or medium sized private practice;
- working in a teaching hospital or large private practice, either as a clinical pathologist in one or more departments or, with additional training and experience, as a specialist in a single discipline or as head of a department or director of a combined grouping of departments.

## PERSONAL CHARACTERISTICS NEEDED

The clinical pathologist needs the following traits:

- an interest in both technical and scientific laboratory matters;
- interpretive and report writing skills;
- communication and interpersonal skills;
- the ability to combine test data from all pathology subspecialties to assist in diagnosis and ongoing patient management;
- capacity to work as part of a team of medical, nursing and laboratory personnel;
- capacity for leadership and management

## GENERAL AIMS OF THE TRAINING PROGRAM

By the time trainees complete the requirements for Fellowship, they should be able to

- Demonstrate an advanced understanding of all disciplines of clinical pathology and the role of clinical pathology in diagnosis and patient management;
- Offer expert pre-analytical advice to clinicians regarding the choice of samples and tests most likely to yield relevant information for the suspected disease process being investigated;
- Liaise with clinicians, explain the limitations of analytic tests in the interpretation of results and formulate clinico-pathological correlations;
- Competently accession, process and manage specimens according to laboratory protocols and demonstrating expert use of instrumentation and automation systems and of the laboratory information system;
- Demonstrate competence with microscopy and related skills
- Produce, validate, interpret and report laboratory test results;
- Design, troubleshoot and validate manual and automated laboratory tests;
- Communicate diagnostic information and recommendations to requesting clinicians and others in a professional manner;
- Have a working knowledge of laboratory management procedures and be able to deal effectively with issues concerning staff and resource allocation;
- Understand procedures concerned with formulating a laboratory budget and the budgetary impacts of events internal and external to the laboratory;
- Stay up-to-date with new techniques and ideas and maintain the habit of life-long learning, as shown by self-directed learning and participation in continuing professional development programs;
- Offer guidance and teaching to trainees in the clinical pathology disciplines.

Furthermore, the RCPA policy on patient expectations of pathologists specifies that pathologists will:

- Demonstrate and maintain competence
- Be respectful of patients
- Treat specimens respectfully
- Foster constructive collegiality and teamwork within the laboratory
- Be part of the medical team looking after patients
- Provide accurate and timely results
- Be professional in their approach
- Be involved in appropriate accreditation and quality activities
- Provide value for public and private expenditure.

## TRAINING REQUIREMENTS

The equivalent of five years of full-time pathology laboratory training is required: consisting of three years of core clinical training followed by two years of ancillary skill training and consolidation of skills.

In some circumstances, trainees who have commenced single discipline training may apply to the Board of Education and Assessment to convert to clinical pathology.

The three years core clinical training generally involves one year each to be spent in chemical pathology, haematology and microbiology in order to acquire the core competencies in the individual areas. The disciplines of genetics and immunopathology are included in this period of training. Training must be conducted in RCPA accredited laboratories which can provide the required experience.

The two following years of senior training emphasise the interpretation of results and the appropriate investigative approach to a clinical problem or patient. Skill areas covered include people management, quality systems, informatics and communication. This time is spent

consolidating and using the knowledge learnt in the clinical areas through a senior role supervising testing and communicating results to referring doctors, with an emphasis on interpretation of results. Rotations through different institutions are encouraged.

There are no discipline-specific examinations in genetics or immunology but knowledge is required and includes an understanding of common laboratory tests and clinical problems (see respective handbooks). There should also be an insight into the more specialised investigations, including when, where and how they are initiated. These topics may appear in any of the examinations for microbiology, haematology or clinical chemistry but will be appropriate for that discipline.

Workplace-based assessments in genetics and immunology to be completed during training are based on those in the handbooks for each of these two disciplines but modified to be more appropriate for a clinical pathologist.

Trainees in all disciplines require a supervisor report confirming satisfactory performance, success at formal exams and evidence of having satisfactorily completed a portfolio of workplace based assessment activities.

Training in smaller laboratories is acceptable with access to suitably experienced pathologists and "linked" establishments with more specialised tests. A proportion of the training is encouraged to occur in specialist laboratories to enable a more in depth insight.

An alternative training program may be approved by the Board of Education and Assessment whereby the candidate sits the Basic Pathological Sciences examination and passes two Part 1 examinations in separate disciplines, followed by an oral examination prior to granting Fellowship.

## **SUPERVISION**

All training must be supervised. More than one supervisor can be nominated if trainees divide the year between two or more unrelated laboratories. The College recommends that any one supervisor be responsible for no more than two trainees.

The supervisor will normally be a Fellow of the College; if the trainee spends significant periods working in an area where the supervisor has no personal involvement, the supervisor must certify that suitable supervision is being provided. The supervisor must also ensure that adequate supervision is arranged in their absence.

Trainees working towards higher academic degrees (eg PhD), whose research supervisor is not suitable to be the RCPA training supervisor, should nominate an alternative. While it is not appropriate for supervision to be delegated largely to a non-pathologist, it is appropriate for senior staff with relevant experience to sign off some workplace-based assessment forms.

Supervisors should devise a prospective training program, on initial registration and annually which should be submitted to the RCPA. Supervisors should also ensure that the trainee has sufficient time and opportunities to carry out the required training activities.

Supervisors and others to whom aspects of training have been delegated (for example secondment to another laboratory) are expected to monitor and provide regular feedback on the development of the trainee's competence. A formal meeting with the trainee should occur every three months. Supervisors should meet regularly with the trainee; observe their laboratory performance and interactions with scientists, peers and clinicians; and review result reporting.

The formal duties of supervisors, such as the requirement to report the trainee's progress to the Board of Censors, are described in the RCPA Induction Manual for Supervisors and the RCPA policy on the Role of the Supervisor. Please refer to these documents for detailed information

## LEARNING OUTCOMES

It is recognised that the extent of knowledge acquired in each discipline will be limited by the time of exposure to it. Trainees should thus concentrate on common clinical questions and interpretations, sample collection, test principles, and laboratory management. A rational and inquiring approach to less common problems is expected but deeply complex issues will be accorded less emphasis.

Section 2 of this handbook provides guidance as to the minimum essential technical knowledge and skills in each discipline. However trainees are strongly advised to also refer to the more comprehensive learning outcomes and training activities specified in the current trainee handbook in the discipline for which they are training, ie, chemical pathology, haematology or microbiology.

These learning outcomes and training activities relate to four functional roles of pathologists, as

- Discipline-specific functions of the pathologist in the laboratory
- Functions of the anatomical pathologist as manager in the laboratory
- Research and scholarship
- Professional qualities

The handbooks for immunology, biochemical genetics and medical genomics are also relevant as sources of information about learning outcomes and training activities in the immunological and genetic aspects of work in the clinical disciplines.

The discipline-specific handbooks are all available for download on the Careers and Training section on the RCPA website.

## ASSESSMENT

In each discipline, assessment is by formal examinations, by submission of a portfolio containing evidence of completion of practical activities in the workplace and by the periodic and annual supervisor reports. Assessment in each discipline must be completed before the trainee may progress to the next discipline.

The requirements are summarised below. Please refer to the Appendices for details.

Single discipline trainees who have been permitted by the Board of Education and Assessment to convert to clinical pathology will have the necessary assessment determined accordingly.

Trainees should refer to the Appendices for the detailed assessment requirements that are relevant to clinical pathology for each discipline. A summary of these requirements is below:

### ***Formal Examinations***

Detailed descriptions of the formal examinations are in Appendices 1-4. In summary, they are:

- Basic pathological sciences examination: usually taken before or during the first year of training. See Appendix 1 for detailed requirements.
- Practical assessments in each discipline at the end of each year which must be passed before the progressing to the next discipline.
- At the end of the three years' core clinical training, an integrated cross-disciplinary written examination and oral examination.
- Completion of the Fellowship involves completion of a case book which is compiled in the senior years and two exit oral examinations, one with a clinical focus and one with a management focus.

Alternatively, trainees may apply to the Board of Education and Assessment to take

- The Basic Pathological Sciences examination: usually taken before or during the first year of training. See **Appendix 1** for detailed requirements.
- Part I examinations in any two of the single disciplines of chemical pathology, haematology, immunopathology, microbiology or genetic pathology.
- An oral exit examination to assess understanding of management issues and quality systems as they apply to the pathology laboratory.

Examinations are prepared in accordance with [RCPA Guideline 3/2015 Quality Framework for RCPA Examinations – Written, Practical and Oral.](#)

### **Supervisor Reports**

Trainees must submit a supervisor report for each year of training, with additional reports for periods of rotation. The reports should be kept in the portfolio. The guidelines for completing the supervisor report are in **Appendix 5**.

### **The portfolio and workplace-based assessment**

The **portfolio** is a physical collection of assessment forms and other documents that provide evidence that trainees have successfully completed a range of activities that form part of their daily work in the laboratory. The portfolio records the trainee's progress in developing technical skills and professional values, attitudes and behaviours that are not readily assessed by formal examinations.

Trainees have the responsibility of initiating the workplace-based assessments and ensuring that they have completed the required number by the required dates. They should identify suitable opportunities to have their competence assessed, negotiate a suitable time for the assessment with a suitably qualified assessor and provide the appropriate form. Assessments should be made regularly without significant disruption to workplace productivity.

Each discipline of clinical pathology has specific portfolio requirements which are summarised in **Appendices 2-4**. The portfolio forms are in **Appendices 6-9**.

In addition, some portfolio requirements related to professional qualities are not tied to any specific discipline, ie,

- Laboratory Safety eLearning module
- Quality Management eLearning module
- Ethics eLearning module
- Cultural competence eLearning module

These modules can be completed at any time during training. The certificates of completion should be printed and kept in the portfolio. Note that the Ethics module does not have a certificate of completion. Instead, the workbook should be printed and signed off by the supervisor. Evidence of completion of cultural competence training provided by an employer, who is a registered health services provider, is an acceptable alternative to the RCPA cultural competence module certificate.

## **RESOURCES**

Further useful resource information such as web sites and journals, is available from the discipline specific handbooks which are all available through the Careers and Training section on the RCPA website.

### **Books**

Year of publication and edition number have been intentionally omitted. The current edition of the following texts should be sought.

#### **General**

- Vinay Kumar, Ramzi S Cotran, Stanley L Robbins. Robbins Basic Pathology

- Harrison's Principles of Internal Medicine. Eds Dennis L Kasper et al

### **Chemical Pathology**

- Baynes J, Dominiczak MH. Medical Biochemistry. Mosby, London.
- Besser GM, Thorner MO. Comprehensive Clinical Endocrinology. Mosby.
- Blau N, Hoffmann GF, Leonard J, Clarke JTR (eds). Physician's Guide to the Treatment and Follow-up of Metabolic Diseases. Springer-Verlag, Berlin Heidelberg.
- Burtis CA, Ashwood ER, Bruns DE (eds): Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. Elsevier Saunders, St Louis.
- Fernandes J, Saudubray J-M, van den Berghe G. (eds): Inborn Metabolic Diseases. Diagnosis and Treatment. Springer, Berlin.
- Fraser CG. Biological Variation: From Principles to Practice. AACC Press.
- Kaplan LA, Pesce AJ. (eds). Clinical Chemistry. Theory, Analysis, Correlation. Mosby, St Louis.
- Kronenberg H, Melmed S, Polonsky K, Larsen PR (eds). Williams Textbook of Endocrinology. Saunders.
- Scriver CR, Beaudet AL, Sly WS, Valle D (eds). The Metabolic & Molecular Bases of Inherited Disease. McGraw-Hill.
- Walmsley RN, White GH. A Guide to Diagnostic Clinical Chemistry. Blackwell.
- Westgard JO. Basic QC Practices. Westgard QC, Inc.
- Zilva J, Pannall P, Mayne P. Clinical Chemistry in Diagnosis and Treatment. Hodder Arnold.

### **Microbiology**

- Black, J. Microbiology: Principles and Explorations, John Wiley and Sons Ltd.
- Christie AB. Infectious Diseases: Epidemiology and Clinical Practice, 4th edition. Churchill Livingstone, New York.
- Murray, P (ed) Manual of Clinical Microbiology, 9th Edition. American Society of Microbiology.
- Mayhall, C Glen (no date) Hospital Epidemiology and Infection Control. Culinary and Hospitality Industry Publications Services (CHIPS).
- Mandell GL, Bennett, JE and Dolin R. Mandell, Douglas and Bennett's Principles and Practice of Infectious Diseases, Churchill Livingstone.
- [Therapeutic Guidelines: Antibiotics](#)
- Topley and Wilson's Microbiology and Microbial Infections. Wiley-Blackwell.
- Winn WC, Allen SD, Janda WM, Koneman EW, Schreckenberger PC, Procop GW and Woods GL Koneman's Color Atlas and Textbook of Diagnostic Microbiology, AACC.

### **Haematology**

- American Association of Blood Banks. Technical Manual.
- American Society of Hematology Annual Scientific Meeting Education Program book
- Bain BJ, Clark DM, Wilkins B Bone Marrow Pathology.
- Bain BJ Haemoglobinopathy Diagnosis.
- Bain BJ Blood Cells A Practical Guide.
- Dacie and Lewis [Lewis, Bain and Bates] Practical Haematology.
- Hoffbrand V, Tuddenham E & Catovsky D Postgraduate Haematology.
- Hoffman's Hematology: Basic Principles & Practice.
- Rossi's Textbook of Transfusion Medicine,
- Wintrobe's Clinical Haematology.
- WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues. eds. Swerdlow et al.

### **Journals and websites**

Refer to the [Clinical Pathology](#) section of the RCPA website:



## Section 2

# LEARNING OUTCOMES AND RECOMMENDED TRAINING ACTIVITIES

Trainees should refer to the comprehensive lists of learning outcomes and training activities specified for the Part I examinations in the current trainee handbook in the discipline for which they are training.

In recognition of the limited period of training in these disciplines for trainees in clinical pathology, the following guidelines are provided, regarding the **minimum** essential technical knowledge and skills in chemical pathology, haematology and microbiology.

### Chemical pathology: essential knowledge and skills

#### Equipment and procedures

- Explain the relative benefits and disadvantages of the design and operating characteristics of particular instrumentation and platforms;
- Perform calibration procedures on as many platforms and analytes as possible;
- Understand quality control standards regarding water purity in the laboratory
- Use the following:
  - Automated general chemistry analyser;
  - High performance liquid and other chromatography;
  - Serum protein electrophoresis;
  - Atomic absorption spectroscopy;
  - Polymerase chain reaction (PCR);
  - Blood gas analysis;
  - Immunoassay;
  - Point of care testing.
- Be aware of the developments and innovations

#### Perform and understand protocols for performing the following dynamic tests

- Synacthen stimulation test;
- Overnight dexamethasone suppression test;
- Oral glucose tolerance test
- Water deprivation test
- Insulin hypoglycaemia test
- Glucagon stimulation test

## Haematology: essential knowledge and skills

Prepare, examine, describe, interpret and perform the following sterile procedures:

- Bone marrow aspiration
- Trephine biopsies
- Cannulation and phlebotomy including venesection

Perform the following laboratory tests:

- Full blood count (morphology)
- Bone marrow morphology
- Genotype studies (cytogenetics and molecular genetics)
- Erythrocyte studies
- Haemolysis studies
- Coagulation studies
- Blood transfusion studies – phenotype studies
- Flow cytometry
- Paediatric studies

Select, perform, interpret and detect/correct errors in

- Routine stains;
- Special stains.

Knowledge and skills in relation to transfusion:

- Carry out pre-transfusion testing of donors and recipients;
- Understand donation, preparation, storage and transport issues;
- Understand specifications of and indications for blood products, including modification;
- Provide clinical advice on appropriate selection and administration of blood and blood products;
- Provide urgent blood and blood product support
- Laboratory testing, reporting, documentation;
- Monitor transfusion efficacy;
- Interpret blood bank results;
- Understand the risks and complications of transfusions;
- Recognise, investigate and manage transfusion reactions and other transfusion-related adverse events.

## Microbiology: essential knowledge and skills

### Public health and preventative medicine:

- Advise on detection, surveillance and intervention with respect to infectious diseases of public health importance;
- Participate in regular meetings with public health units or equivalent;
- Formulate strategies to investigate and manage outbreaks of infectious disease;
- Ensure compliance with notification requirements;
- Advise on immunisation.

### Use of antimicrobial agents:

- Advise on selection and use of antimicrobial agents to patients, colleagues, institutional bodies;
- Participate in institutional drug committee activities, eg, audits, meetings;
- Implement, support and develop antimicrobial control policy in training institution.

### Infection control:

- Advise on infection control measures to patients, colleagues, institutional bodies;
- Ensure compliance with relevant legislative and regulatory frameworks;
- Participate in institutional infection control committee activities, eg, audits, meetings;
- Implement, support and develop procedures for safe laboratory practice;
- Liaise between laboratory practice and infection control requirements, eg, outbreak surveillance, subtyping;
- Prepare articles to be sterilised by various and most appropriate methods;
- Operate an autoclave safely and effectively
- Detect faults in heat sterilising apparatus.

### Perform clinical collection procedures for:

- Urethral swabs
- Skin scrapings
- Blood cultures
- Naso-pharyngeal aspirate
- Others where appropriate

### Analytic methods:

- Prepare and use routine stains;
- Prepare specimens for microscopy;
- Prepare faecal stains and concentrates
- Identify ova, cysts and parasites
- Prepare and examine skin scrapings and other tissues for fungal examination;
- Prepare and examine specimens by Gram stain, acid fast, toluidine blue, India ink, Giemsa, fluorescent antibody;
- Prepare and examine blood films for blood-borne parasites;
- Select media for specimen inoculation;
- Process specimens;
- Prepare culture media and agar plates;
- Plate out clinical specimens;
- Set up anaerobic cultures and obtain pure cultures;
- Maintain and inoculate tissue culture for virus isolation;
- Detect viral replication in tissue culture;
- Determine TC/D values for viral isolates;
- Prepare mycological slide cultures
- Mycobacterial culture

- Perform and interpret tests commonly used to identify microorganisms;
- Determine viable counts in bacterial suspensions;
- Use automated apparatus to detect bacteraemia;
- Identify medically important fungi;
- Identify medically important mycobacteria;
- Prepare, execute and interpret antibiotic susceptibility tests;
- Detection of beta-lactamases
- Determine the bactericidal activity of antibiotics or serum containing serum antibiotics;
- Determine the synergy between combinations of antibiotics;
- Perform antimicrobial assays on blood and body fluids by bioassay or other methods;
- Prepare, execute and interpret antifungal susceptibility tests;
- Determine the synergy between combinations of antifungal agents.

Perform and interpret automated and non-automated specific immunological and serological tests;

- Serologic assay;
- Molecular biologic assays;
- Antigen and antibody detection by methods such as
- Agglutination
- Precipitation
- Immunoassay including coeliac antibody testing
- Complement fixation
- Immunofluorescence
- Tissue and nuclear antibodies
- Direct fluorescent antigen (DFA) testing

Techniques for measuring specific immunoglobulins and other proteins including:

- RAST testing
- Immunoperoxidase
- Immunoblotting

Molecular techniques:

- Extract nucleic acids from specimens
- Set up PCR assays
- Prepare and read gels
- Understand the place of newer techniques in genetics and immunopathology.

Regarding the storage, use and maintenance of laboratory equipment

- Prepare specimens, bacterial, fungal and viral isolates and mammalian cells for retention and preservation;
- Use and maintain laboratory equipment including but not limited to Incubators, centrifuges, safety cabinets, refrigerators.

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## Appendix 1

### Basic Pathological Sciences Examination

All trainees must pass or be [exempted](#) from the Basic Pathological Sciences examination. The examination may be taken before commencement of training and is open to registered trainees as well as any medical graduate or medical student.

Although a pass in Basic Pathological Sciences is not a prerequisite for attempting Part I examination, a pass or exemption must be achieved before proceeding to sit the Part II examination.

The purpose of the Basic Pathological Sciences Examination is to assess familiarity with the most important pathological processes and biological principles of disease that form essential knowledge for any medical graduate who considers a career in the pathological disciplines.

The examination has become necessary because pathology may no longer be taught as a “core” discipline in some Australasian medical schools, hence an understanding of basic patho-biological processes is no longer guaranteed in many medical graduates. Such knowledge is essential for a successful start and satisfactory progress in the training program.

#### Examination Format and Content

The examination is a single 2.5 hour paper of 100 one-best-answer multiple choice questions, based on the [BPS syllabus on the RCPA website](#).

The syllabus reflects knowledge that appears in current, authoritative texts as well as newer knowledge that may not yet appear in textbooks.

The topics cover the basic mechanisms of disease that trainees need to understand so they are equipped to train in their chosen discipline and to understand pathology disciplines other than their own chosen field. To cite just a few examples, the microbiology trainee needs to know what a septic infarct looks like; the chemical pathology trainee needs to know about the anatomical pathology changes seen in metabolic syndrome; the anatomical pathology trainee needs to understand why certain antibodies are used in routine diagnosis and the genetic pathology trainee needs to understand how enzyme deficiencies may lead to morphological changes.

The syllabus is primarily based on Chapters 1-10 of the Professional Edition of Robbins and Cotran Pathologic Basis of Disease (9th ed. 2015. Elsevier) by Abul K. Abbas, Vinay Kumar, and Jon C. Aster. References to supplementary materials are also given, which explain details more clearly than the textbook or contain helpful diagrams. As much as possible these references are from Open Access journals, but for copyright reasons the actual articles are not able to be placed on the College website.

## Appendix 2

### Assessment in the Chemical Pathology component of Clinical Pathology

Assessment in the chemical pathology component of clinical pathology is by

- formal examinations;
- a portfolio of evidence of having participated in a sufficient number and type of activities;
- satisfactory supervisor reports.

#### **Formal examinations**

A “hands-on” practical examination and a written (theoretical) examination of practical aspects of chemical pathology are held at the end of the year. These examinations assess readiness to progress from chemical pathology. The standard reached is expected to be near to that of Part I candidates.

On completion of examinations in the separate disciplines of chemical pathology, microbiology and haematology, integrated cross-discipline written examination and oral examinations are held.

#### **Supervisor Reports**

Trainees must submit a supervisor report for each year of training, including periods of rotation. Please refer to *RCPA Trainee Handbook – Administrative Requirements* for key dates for submitting these reports. It is the trainee’s responsibility to ensure that supervisor reports are completed and submitted by the due date. Failure to do so may jeopardise the accreditation of training time or finalisation of examination results. The [report form](#) can be downloaded from the RCPA website.

#### **Portfolio for the chemical pathology component**

This appendix sets out the portfolio requirements for chemical pathology. The forms that must be used to record the activities are in **Appendix 6** unless stated otherwise. During the chemical pathology training year trainees should also note the requirements regarding immunology and medical genomics in **Appendix 9**.

Chemical pathology portfolio activities are carried out in the workplace and provide evidence that the trainee is developing technical skills and professional values, attitudes and behaviours that are not readily assessed by formal examinations.

It is strongly recommended that trainees commence the workplace-based assessment activities that must be recorded in the portfolio at the earliest possible time after commencing training.

Portfolio Section	Mandatory activities	Evidence
1	<b>Laboratory safety</b> checklist	To be completed within 3 months of starting training ( <b>Appendix 9</b> ) Laboratory Safety eLearning module . See <b>Professional Qualities</b> section below.
2	<b>Supervisor reports</b> for the required duration of training and the pre-exam report.	Reports and a brief reflection (maximum 1 page) on the supervisor's comments ( <b>Appendix 5</b> )
3	<b>DOPS</b> A total of fifteen (15) to be completed satisfactorily within the period of chemical pathology training: - 13 investigations DOPS - 1 specimen reception DOPS - 1 instrument maintenance DOPS	<b>DOPS forms</b> for • <b>Investigations</b> • <b>Specimen reception</b> • <b>Instrument maintenance</b> Forms to be signed as satisfactory by supervisor or other appropriately qualified person.
4	<b>CbD</b> (case based discussion) At least three (3) to be signed off as satisfactory within the period of chemical pathology training	<b>CbD forms</b> All forms to be signed as satisfactory by supervisor or other appropriately qualified person.
5	<b>Routine automated biochemistry</b>	<b>Logbook</b> Investigations should be recorded in the logbook and verified periodically by the supervisor or delegate.  The supervisor should sight and sign off the logged lab work at the periodic supervisor's meetings and at the end-of-year formal review.
6	<b>Paediatric and metabolic investigations.</b> A minimum of three (3) to be signed off as satisfactory within the period of chemical pathology training.	<b>Logbook</b> Investigations should be recorded in the logbook and verified periodically by the supervisor or delegate.  The supervisor should sight and sign off the logged lab work at the periodic supervisor's meetings and at the end-of-year formal review.
7	<b>Clinical consultations</b> Telephone consultations with clinicians. A minimum of one consultation per week	<b>Logbook</b> Consultations that the trainee has conducted should be recorded in the logbook and signed off by the supervisor at the periodic supervisor's meetings.
8	<b>Ward rounds, clinical and laboratory meetings</b>  Two (2) meetings per week should be signed off to verify the trainee's participation.  Trainee must have presented cases at a minimum of four (4) clinical or laboratory meetings per year.	<b>Supervisor Sign-off Form for Clinical Meetings</b> Trainees should also keep a list of cases/entities presented at each meeting  Each meeting logged on the form should be signed by the supervisor to verify the trainee's involvement in the meeting.
9	<b>Teaching sessions</b> Log teaching sessions conducted for students, laboratory colleagues or other audiences.	<b>Logbook</b> Teaching sessions that the trainee has conducted should be recorded in the logbook and signed off by the supervisor at the periodic meetings with the supervisor.
10	<b>Immunology and medical genomics</b> These activities must be completed by the end of the period of clinical training	<b>Appendix 9.</b>
11	<b>Professional qualities</b> Safety, Quality Management, Ethics, Cultural Competence	<b>eLearning modules</b> certificates of completion can be completed at any time during Clinical Pathology Training.



The completed hard copy forms and logbook pages for recording these workplace activities should be filed in the chemical pathology section of your **portfolio folder** with separate sections, as in the table above.

A soft copy **chemical pathology portfolio summary** (Excel spreadsheet) must also be compiled so that trainees can keep track of what they have completed. The spreadsheet can be downloaded from the RCPA website. A print-out of this spreadsheet must be included as the front page of the portfolio. It is the trainee's responsibility to keep both hard and soft copy records up-to-date.

The portfolio must be made available to the supervisor to check periodically and when they are preparing the supervisor report. Supervisors are asked to check the portfolio and summary spreadsheet for completeness periodically and should review and sign off completed portfolio forms and logbook on the annual, rotation and pre-exam supervisor report.

A print-out of the summary spreadsheet for the chemical pathology component of clinical pathology should be appended to the supervisor report which is sent to the College prior to enrolling for the chemical pathology examination. The summary spreadsheet will be reviewed by the Chief Examiner and the Registrar of the Board of Education and Assessment. The signatories and trainee may be contacted to confirm evidence of satisfactory completion.

**NOTE:** The portfolio itself should not be sent to the College unless requested for audit.

## Appendix 3

### Assessment in the Haematology Component of Clinical Pathology

Assessment in the haematology component of clinical pathology is by

- formal examinations;
- a portfolio of evidence of having participated in a sufficient number and type of activities;
- satisfactory supervisor reports.

#### **Formal examinations**

A “hands-on” practical examination and a written (theoretical) examination of practical aspects of haematology are held at the end of the year. These examinations assess readiness to progress from haematology. The standard reached is expected to be near to that of Part I candidates.

On completion of examinations in the separate disciplines of chemical pathology, microbiology and haematology, integrated cross-discipline written examination and oral examinations are held.

#### **Supervisor Reports**

Trainees must submit a supervisor report for each year of training, including periods of rotation. Please refer to *RCPA Trainee Handbook – Administrative Requirements* for key dates for submitting these reports. It is the trainee’s responsibility to ensure that supervisor reports are completed and submitted by the due date. Failure to do so may jeopardise the accreditation of training time or finalisation of examination results. The [report form](#) can be downloaded from the RCPA website.

#### **Portfolio for the haematology component**

This appendix sets out the portfolio requirements for haematology. The forms that must be used to record the activities are in **Appendix 7** unless stated otherwise. During haematology training year trainees should also note the requirements regarding immunology and medical genomics in **Appendix 9**.

Haematology portfolio activities are carried out in the workplace and provide evidence that the trainee is developing technical skills and professional values, attitudes and behaviours that are not readily assessed by formal examinations.

It is strongly recommended that trainees commence the workplace-based assessment activities that must be recorded in the portfolio at the earliest possible time after commencing training.

Portfolio Section	Mandatory activities	Evidence
1	<b>Laboratory safety checklist</b>	To be completed within 3 months of starting training ( <b>Appendix 9</b> ) Laboratory Safety eLearning module. See <b>Professional Qualities</b> section below.
2	<b>Supervisor reports</b> for the required duration of training and the pre-exam report.	Reports and a brief reflection (maximum 1 page) on the supervisor’s comments. (See <b>Appendix 5</b> )
3	<b>DOPS</b> A total of two (2), one each for	<b>DOPS forms</b> Observed and signed as satisfactory by supervisor

Portfolio Section	Mandatory activities	Evidence
	<ul style="list-style-type: none"> <li>- practical transfusion serology</li> <li>- bone marrow biopsy and report</li> </ul>	or other appropriately qualified person.
4	<b>Bone marrow biopsies</b> 35 to be logged in addition to the bone marrow DOPS. The logged biopsies need not be observed by the supervisor.	<b>Bone marrow biopsy log</b> Signed by supervisor or other appropriately qualified person.
5	<b>Blood film examination</b> Minimum 70 to be logged, including 60 abnormal	<b>Blood film log</b> Signed by supervisor or other appropriately qualified person.
6	<b>Case-based Discussions</b> Four (4) to be completed satisfactorily during training.	<b>CbD forms</b> Signed as satisfactory by supervisor or other appropriately qualified person.
7	<b>Meetings</b> At least one meeting per week should be logged and signed off to verify the trainee's participation.  Trainee must have presented cases at a minimum of six (6) of these meetings	<b>Supervisor Sign-off Form for Meetings</b>  Trainees should also keep a list of cases/entities presented at each meeting  Each meeting logged on the form should be signed by the supervisor to verify the trainee's involvement in the meeting.
8	<b>Teaching sessions</b> Log teaching sessions conducted for students, laboratory colleagues or other audiences.	<b>Supervisor Sign-off form for Teaching Sessions</b> Teaching sessions that the trainee has conducted should be recorded in the logbook.  The supervisor should sight and sign off the logged teaching sessions at the periodic supervisor's meetings and at the end-of-year formal review.
9	<b>Immunology and medical genomics</b> These activities must be completed by the end of the period of clinical training	<b>Appendix 9.</b>
10	<b>Professional qualities</b> Safety, Quality Management, Ethics, Cultural Competence	<b>eLearning modules</b> certificates of completion can be completed at any time during Clinical Pathology Training.

The completed hard copy forms and logbook pages for recording these workplace activities should be filed in the haematology section of your **portfolio folder** with separate sections, as in the table above.

A soft copy **haematology portfolio summary** (Excel spreadsheet) should also be compiled so that trainees can keep track of what they have completed. The spreadsheet can be downloaded from the RCPA website. A print-out of this spreadsheet must be included as the front page of the portfolio. It is the trainee's responsibility to keep both hard and soft copy records up-to-date.

The portfolio must be made available to the supervisor to check periodically and when they are preparing the supervisor report. Supervisors are asked to check the portfolio and summary spreadsheet for completeness periodically and should review and sign off completed portfolio forms and logbook on the annual, rotation and pre-exam supervisor report.

A print-out of the summary spreadsheet for the haematology component of clinical pathology should be appended to the supervisor report which is sent to the College prior to enrolling for the haematology examinations. The summary spreadsheet will be reviewed by the Chief Examiner and the Registrar of the Board of Censors. The signatories and trainee may be contacted to confirm evidence of satisfactory completion.

**NOTE:** The portfolio itself should not be sent to the College unless requested for audit.

## Appendix 4

### Assessment in the Microbiology component of Clinical Pathology

Assessment in the microbiology component of clinical pathology is by

- formal examinations;
- portfolio of evidence of having participated in a sufficient number and type of activities;
- satisfactory supervisor reports.
- formal examinations

A “hands-on” practical examination and a written (theoretical) examination of practical aspects of microbiology are held at the end of the year. These examinations assess readiness to progress from microbiology. The standard reached is expected to be near to that of Part I candidates.

On completion of examinations in the separate disciplines of chemical pathology, microbiology and haematology, integrated cross-discipline written examination and oral examinations are held.

#### ***Supervisor Reports***

Trainees must submit a supervisor report for each year of training, including periods of rotation. Please refer to *RCPA Trainee Handbook – Administrative Requirements* for key dates for submitting these reports. It is the trainee’s responsibility to ensure that supervisor reports are completed and submitted by the due date. Failure to do so may jeopardise the accreditation of training time or finalisation of examination results. The [report form](#) can be downloaded from the RCPA website.

#### ***Portfolio for the microbiology component***

This appendix sets out the portfolio requirements for microbiology. The forms that must be used to record the activities are in **Appendix 8** unless stated. During microbiology training, trainees should also note the requirements regarding immunology and medical genomics in **Appendix 9**.

Microbiology portfolio activities are carried out in the workplace and provide evidence that the trainee is developing technical skills and professional values, attitudes and behaviours that are not readily assessed by formal examinations.

It is strongly recommended that trainees commence the workplace-based assessment activities that must be recorded in the portfolio at the earliest possible time after commencing training.

<b>Portfolio Section</b>	<b>Mandatory activities</b>	<b>Evidence</b>
1	<b>Laboratory safety checklist</b>	To be completed within 3 months of starting training ( <b>Appendix 9</b> ) Laboratory Safety eLearning module. See <b>Professional Qualities</b> section below.
2	<b>Supervisor reports</b> for each year and/or rotation	Reports and a brief reflection (maximum 1 page) on the supervisor's comments for each report. ( <b>Appendix 5</b> )
3	<b>DOPS</b> Twelve (12) clinical pathology microbiology bench DOPS to be completed before the written examination.	<b>DOPS form</b> All forms to be signed by supervisor or other appropriately qualified person
4	<b>CbD</b> (case based discussion) From four (4) different sites of infection before sitting the written examination	<b>CbD form</b> All forms to be signed by supervisor or other appropriately qualified person.
5	<b>Incident reports:</b> Reflections on significant events: One (1) per year	<b>Significant incident report form</b>
6	<b>Clinical meetings:</b> Two (2) meetings per week during microbiology training. Choose from the list on the form.  Trainee must have presented cases at a minimum of three (3) clinical or laboratory meetings per year.	<b>Supervisor Sign-off Form for Clinical Meetings</b>  Trainees should also keep a list of cases/entities presented at each meeting. Each meeting logged on the form should be signed by the supervisor to verify the trainee's involvement in the meeting.
7	<b>Infection control and public health</b> At least three (3) different activities per year during microbiology training. See Appendix 10.	<b>Infection control and public health form</b>  Activities that the trainee has conducted should be recorded in the logbook and signed off by the supervisor at the periodic supervisor's meetings.
8	<b>Antibiotic stewardship</b> At least 2 different activities during microbiology training.	<b>Antibiotic stewardship form</b> To be signed off by the supervisor at the periodic supervisor's meetings.
9	<b>Quality activities</b> At least 3 different activities during microbiology training.	<b>Quality form</b> To be signed off by the supervisor at the periodic supervisor's meetings.
10	<b>Management, Safety, Ethics</b> At least two (2) activities during microbiology training.	<b>Management, Safety, Ethics</b> To be signed off by the supervisor at the periodic supervisor's meetings.
11	<b>Teaching sessions</b> At least three (3) activities during microbiology training.	<b>Teaching sessions form</b> To be signed off by the supervisor at the periodic supervisor's meetings.
12	<b>Immunology and medical genomics</b> These activities must be completed by the end of the period of clinical training	<b>Appendix 9.</b>
11	<b>Professional qualities</b> Safety, Quality Management, Ethics, Cultural Competence	<b>eLearning modules</b> certificates of completion can be completed at any time during Clinical Pathology Training.

The completed hard copy forms and logbook pages for recording these workplace activities should be filed in the microbiology section of your **portfolio folder** with separate sections, as in the table above.

A soft copy **microbiology portfolio summary** (Excel spreadsheet) should be compiled so that trainees can keep track of what they have completed. The spreadsheet can be downloaded from the RCPA website. A print-out of this summary spreadsheet must be included as the front page of the portfolio. It is the trainee's responsibility to keep both hard and soft copy records up-to-date.

The portfolio must be made available to the supervisor to check periodically and when they are preparing the supervisor report. Supervisors are asked to check the portfolio and summary spreadsheet for completeness periodically and should review and sign off completed portfolio forms and logbook on the annual, rotation and pre-exam supervisor report.

A print-out of the summary spreadsheet for the microbiology component of clinical pathology should be appended to the supervisor report which is sent to the College prior to enrolling for the haematology examinations. The summary spreadsheet will be reviewed by the Chief Examiner and the Registrar of the Board of Censors. The signatories and trainee may be contacted to confirm evidence of satisfactory completion.

**NOTE:** The portfolio itself should not be sent to the College unless requested for audit.

## Appendix 5

### Guidelines for completing the Supervisor Report Form

Please refer to the following documents:

- [Information about the role and responsibilities of supervisors and resources to support supervision](#)
- [The RCPA policy on the Supervision of Training and Accreditation of Supervisors](#)

The [supervisor report forms](#) should be completed by the supervisor in the relevant discipline in consultation with other pathologists and laboratory staff with a significant role in the trainee's training program and with reference to the trainee's portfolio. The portfolio should include all required forms and logbook pages as well as all previous supervisors' reports.

Trainees must make their up-to-date portfolio available to the supervisor for the annual, rotation and pre-examination reviews. For the pre-examination review, a print-out of the portfolio summary spread sheet must also be made available.

Trainees are responsible for the safe keeping of all these records and should not contact the College for the previous year's supervisor report.

#### **Submitting the Supervisor Report**

It is the trainee's responsibility to ensure that the form is completed and submitted by the due date. At least one supervisor report is due annually and may be submitted with the annual registration for the subsequent year. For trainees who participate in rotational programs, one report is required to be submitted on completion of each period of rotation at a different institution.

The additional pre-examination supervisor report is due by the date specified in the *RCPA Trainee Handbook – Administrative Requirements* (on the RCPA website).

A print-out of the portfolio summary spreadsheet must be appended to the pre-examination report and submitted to the RCPA prior to the written examination at a time determined by the RCPA. The summary will be reviewed by the Registrar, Board of Education and Assessment and the Chief Examiner. The signatories and trainees may be contacted to confirm evidence of satisfactory completion. The actual portfolio should not be sent unless requested for audit.

Please post the form by the due date to  
The Royal College of Pathologists of Australasia  
207 Albion Street, Surry Hills NSW 2010 AUSTRALIA

***Faxed reports will not be accepted.***

## Appendix 6

### Forms for the portfolio: Chemical Pathology component

The following pages are forms and logbook pages to be used to record activities for the portfolio for the chemical pathology component of clinical pathology training. Please make as many copies as you need and file the completed forms safely in the portfolio folder.

- DOPS form for investigations
- DOPS form for specimen reception
- DOPS form for instrument maintenance
- Cbd form
- Routine automated biochemistry
- Metabolic and paediatric biochemistry
- Clinical consultations
- Teaching sessions
- Supervisor sign off form for attendance at ward rounds and clinical meetings, and case presentations at these meetings



## **Chemical (Clinical) Pathology DOPS (Direct Observation of Practical Skills) Assessment**

### **Instructions for trainees and supervisors**

The purpose of the Direct Observation of Practical Skills (DOPS) assessment is to indicate trainees' acquisition of practical laboratory skills; to show that they can work safely in the laboratory; and to provide feedback to trainees about their progress by highlighting strengths and areas for improvement, thereby encouraging their professional development.

Trainees are required to complete nine (9) DOPS forms during training. Each should demonstrate competence using a different type of instrument or technique. Trainees should initiate the DOPS assessment by requesting an appropriate assessor to observe them when they are confident they can complete it satisfactorily.

It is important for the assessor to observe the trainee doing the entire activity. Observations can be made by the supervisor and also by suitably qualified scientific staff. Assessors who are RCPA Fellows can note this as a quality activity in their annual CPDP submission.

The assessor should complete the DOPS form while the trainee is present and spend 5-10 minutes providing immediate feedback.

### ***Grading, standards and outcome of assessment***


Each aspect of the trainee's performance should be graded. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment.


The trainee's strengths as well as areas for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the DOPS form.


The final outcome should be graded according to whether the standard of performance is as expected for the stage of training. A trainee whose performance does not meet the standard will be able to repeat the assessment with no penalty.

### ***Record keeping***

The DOPS forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in his/her portfolio. Only DOPS for which the trainee has met the standard need to be recorded in the portfolio.

 <p><b>RCPA</b> The Royal College of Pathologists of Australasia</p>		<p><b>Chemical (Clinical) Pathology Investigations DOPS Assessment form</b> (DOPS = Direct Observation of Practical Skills)</p>		
<p><b>Trainee name</b></p>		<p><b>Trainee ID ( RCPA)</b></p>	<p><b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if &gt;Y5, please specify</p>	
<p><b>Assessor name</b></p>		<p><b>Assessor position</b> <input type="checkbox"/> Pathologist <input type="checkbox"/> Scientist <input type="checkbox"/> Snr trainee <input type="checkbox"/> Other (pls specify)</p>		
<p><b>Instrument or technique (tick the box that applies).Thirteen (13) different techniques required during training</b></p> <p><input type="checkbox"/> Multi-test automated analyser</p> <p><input type="checkbox"/> Small manual or semi-automated analyser (eg blood gases, manual immunoassay, osmometry, breath testing, stone analysis)</p> <p><input type="checkbox"/> High performance liquid chromatography</p> <p><input type="checkbox"/> Gas chromatography</p> <p><input type="checkbox"/> Trace metal techniques (eg atomic absorption or ICPMS)</p> <p><input type="checkbox"/> Specialised protein methods - electrophoresis</p> <p><input type="checkbox"/> Specialised protein methods - immunochemistry</p> <p><input type="checkbox"/> Specialised protein methods – other (please specify.....)</p> <p><input type="checkbox"/> Molecular techniques</p> <p><input type="checkbox"/> QAP sample – follow through all stages of processing</p> <p><input type="checkbox"/> Trial a new test in parallel with automated test (please specify.....)</p> <p><input type="checkbox"/> Drugs/toxicology</p> <p><input type="checkbox"/> Point of care test (eg, ABG, troponin, etc)</p> <p><input type="checkbox"/> Other (please specify.....)</p>				
<p><b>Number of hours spent performing the method prior to DOPS assessment</b></p>		<p><b>Has the trainee completed the laboratory’s usual training process for this method?</b> <input type="checkbox"/> yes <input type="checkbox"/> no</p>		
<p><b>Please comment on whether these aspects of the trainee’s performance are as expected for the stage of training</b></p>		<b>Yes</b>	<b>No</b>	<b>n/a</b>
Understands the principles of the method				
Understands and complies with the laboratory documentation, package inserts, manuals, etc				
Completes an assay successfully and produces a valid result that is able to be reported				
Able to explain the QC procedures for this method, including internal and external QA				
Able to discuss anomalies and resolve uncertainties for the method				
Able to explain maintenance and trouble-shooting requirements for the method				
<p><b>Please comment on other relevant aspects, especially on aspects for improvement (use the reverse side if insufficient room)</b></p>				
<p>Final outcome (circle one) As expected for the stage of training Below expected for the stage of training</p>	Date of DOPS	Time taken for DOPS	Time taken for feedback	
Signature of assessor		Signature of trainee		
Name of laboratory				

		<h2 style="text-align: center;">Chemical (Clinical) Pathology DOPS for Specimen Reception Assessment Form</h2> <p style="text-align: center;">(Direct Observation of Practical Skills)</p>		
<b>Trainee name</b>		<b>Trainee ID ( RCPA)</b>	<b>Stage of training</b> Y1 Y2    Y3 Y4 Y5 if >Y5, please specify	
<b>Assessor name</b>		<b>Assessor position</b> <input type="checkbox"/> Pathologist <input type="checkbox"/> Scientist <input type="checkbox"/> Snr trainee <input type="checkbox"/> Other (pls specify)		
<b>Number of hours spent in specimen reception prior to DOPS assessment</b>		<b>Has the trainee completed the laboratory's usual training process for this method?</b> <input type="checkbox"/> yes <input type="checkbox"/> no		
<b>Please comment on whether these aspects of the trainee's performance are as expected for the stage of training</b>		<b>Yes</b>	<b>No</b>	<b>n/a</b>
Handles samples safely				
Enters data correctly				
Understands the principles for sorting samples and handling urgent requests				
Understands and complies with the laboratory documentation, manuals, etc				
Able to discuss anomalies and resolve problems				
<b>Please comment on other relevant aspects, especially on aspects for improvement (use the reverse side if insufficient room)</b>				
<b>Final outcome (circle one)</b> As expected for the stage of training Below expected for the stage of training		<b>Date of DOPS</b>	<b>Time taken for DOPS</b>	<b>Time taken for feedback</b>
<b>Signature of assessor</b>		<b>Signature of trainee</b>		
<b>Name of laboratory</b>				

		<h2 style="text-align: center;">Chemical (Clinical) Pathology DOPS for Instrument Maintenance Assessment Form</h2> <p style="text-align: center;">(Direct Observation of Practical Skills)</p>	
<b>Trainee name</b>		<b>Trainee ID ( RCPA)</b>	<b>Stage of training</b> Y1 Y2    Y3 Y4 Y5 if >Y5, please specify
<b>Assessor name</b>		<b>Assessor position</b> <input type="checkbox"/> Pathologist <input type="checkbox"/> Scientist <input type="checkbox"/> Snr trainee <input type="checkbox"/> Other (pls specify)	
<b>How to use this form</b> Complete this form when you are involved in maintenance activities for a complex piece of laboratory equipment. Use a new form for each instrument and tick as many boxes in Section B as apply. The minimum requirement is to be involved in the maintenance of two pieces of equipment.			
<b>Section A: Instrument (tick box that applies)</b>  <input type="checkbox"/> Multi-test automated analyser. Specify component..... ..... <input type="checkbox"/> Small manual or semi-automated analyser <input type="checkbox"/> HPLC <input type="checkbox"/> GC <input type="checkbox"/> Electrophoresis equipment <input type="checkbox"/> Other (please specify) .....		<b>Section B (tick as many as apply)</b>  <input type="checkbox"/> Flush <input type="checkbox"/> Change filter <input type="checkbox"/> Change membranes <input type="checkbox"/> Change gaskets <input type="checkbox"/> Repressurise <input type="checkbox"/> Recalibrate <input type="checkbox"/> Other (please specify)	
<b>Please comment on whether the trainee's involvement and performance are as expected for the stage of training</b>			
<b>Please comment on other relevant aspects, especially on aspects for improvement</b>			
Final outcome (circle one) As expected for the stage of training Below expected for the stage of training		Date of DOPS	Time taken for DOPS
Signature of assessor		Signature of trainee	
Name of laboratory			

# Chemical (Clinical) Pathology CbD (Case-based Discussion) Assessment Form

## Instructions for trainees and supervisors

Throughout training, trainees should seek opportunities to present and discuss cases with experienced colleagues and receive feedback. At least three (3) CbD forms should be signed off as satisfactory before the written examination in chemical pathology.

The CbDs should be for routine situations and those with frequently occurring, manageable complications.

CbD assessments indicate the development of the ability to interpret and relate pathological results to clinical findings; to plan appropriate investigations, and make decisions in relation to patient care, including decisions with ethical and legal dimensions. The purpose of the CbD assessment is also to provide feedback to trainees about their progress by highlighting strengths and areas for improvement, thereby encouraging their professional development.

The trainee should initiate each CbD assessment. The trainee should select two (2) recent cases in which s/he has been involved clinically or through laboratory tests. The assessor should select one (1) of these for the trainee to present and discuss. The trainee should select a suitable assessor, who should be an RCPA Fellow but does not need to be the listed supervisor. The assessor could note this as a quality activity in their annual CPDP submission. The trainee should request a mutually convenient time to meet for about 30 minutes. The presentation/discussion should take about 15-20 minutes. A further 5-10 minutes should be allowed for the assessor to give immediate feedback and complete the CbD form. In addition to the formal CbD assessment, supervisors are encouraged to have an informal discussion of the second case prepared by the trainee.

Each CbD case discussion should cover one or more of the different aspects of practice indicated on the CbD form.


### ***Grading, standards and outcome of assessment***

Each aspect of the trainee's performance should be graded. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment. The assessor should discuss strengths as well as areas for improvement with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the CbD form.

The final outcome should be graded according to whether the standard of performance is as expected for the stage of training. A trainee whose performance does not meet the standard will be able to repeat the assessment with no penalty.

### ***Record keeping***

The CbD forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in his/her portfolio. Only CbDs for which the trainee has met the standard need to be recorded in the portfolio.

 <b style="font-size: 2em; font-weight: bold;">RCPA</b> The Royal College of Pathologists of Australasia	<b style="font-size: 1.2em;">Chemical (Clinical) Pathology Case-based Discussion (CbD) Assessment Form</b>																
<b>Trainee name</b>	<b>Trainee ID (RCPA)</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if more than Yr5, please specify															
<b>Assessor name and position</b>																	
<b>Focus of discussion (tick as many as apply)</b>																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> bone - calcium, magnesium;</td> <td style="width: 50%; border: none;"><input type="checkbox"/> proteins, enzymology</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> liver, gastroenterology; nutrition</td> <td style="border: none;"><input type="checkbox"/> trace metals</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> water, electrolytes</td> <td style="border: none;"><input type="checkbox"/> toxicology</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> lipids</td> <td style="border: none;"><input type="checkbox"/> genetics/molecular pathology</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> gases, acid/base metabolism</td> <td style="border: none;"><input type="checkbox"/> paediatric</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> diabetes</td> <td style="border: none;"><input type="checkbox"/> pregnancy</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other endocrinology (.....)</td> <td style="border: none;"><input type="checkbox"/> other</td> </tr> </table>				<input type="checkbox"/> bone - calcium, magnesium;	<input type="checkbox"/> proteins, enzymology	<input type="checkbox"/> liver, gastroenterology; nutrition	<input type="checkbox"/> trace metals	<input type="checkbox"/> water, electrolytes	<input type="checkbox"/> toxicology	<input type="checkbox"/> lipids	<input type="checkbox"/> genetics/molecular pathology	<input type="checkbox"/> gases, acid/base metabolism	<input type="checkbox"/> paediatric	<input type="checkbox"/> diabetes	<input type="checkbox"/> pregnancy	<input type="checkbox"/> other endocrinology (.....)	<input type="checkbox"/> other
<input type="checkbox"/> bone - calcium, magnesium;	<input type="checkbox"/> proteins, enzymology																
<input type="checkbox"/> liver, gastroenterology; nutrition	<input type="checkbox"/> trace metals																
<input type="checkbox"/> water, electrolytes	<input type="checkbox"/> toxicology																
<input type="checkbox"/> lipids	<input type="checkbox"/> genetics/molecular pathology																
<input type="checkbox"/> gases, acid/base metabolism	<input type="checkbox"/> paediatric																
<input type="checkbox"/> diabetes	<input type="checkbox"/> pregnancy																
<input type="checkbox"/> other endocrinology (.....)	<input type="checkbox"/> other																
<b>Complexity of case (tick box)</b> <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high																	
<b>Brief description of case presented, discussed and assessed</b>																	
<b>Why was this case selected for discussion?</b>																	
<b>Does this case broaden the trainee's experience by being different from previous cases that have been discussed?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a																	
<b>Please comment on whether these aspects of the trainee's performance are as expected for the stage of training</b>		<b>Yes</b>	<b>No</b>	<b>n/a</b>													
Ability to present case clearly and concisely																	
Good understanding of clinical issues relating to the case																	
Good understanding of laboratory issues relating to the case																	
Depth of understanding and awareness of current literature relevant to this case																	
Ability of interpret results in a balanced and rational way																	
Ability to provide and clearly communicate well reasoned professional advice																	
Ability to clinically correlate the laboratory tests results in the setting of clinical presentation of the patient.																	
Ability to suggest further relevant or more useful tests towards the management of the patient in relation to diagnosis and monitoring including prognostication.																	
Ability to communicate findings to a non-medical person (e.g. patient, lawyer)																	
Understanding of management and financial aspects of the case																	
Overall laboratory and clinical judgment																	
<b>Please comment on other relevant aspects, especially on aspects for improvement</b> (use the reverse side if insufficient room)																	
Final outcome (please circle) As expected for the stage of training Below expected for the stage of training		Date of CbD	Time taken for CbD	Time taken for feedback													
Signature of assessor			Signature of trainee														
Name of laboratory																	



## Chemical (Clinical) Pathology Routine Automated Biochemistry Log

### How to use this form

From the beginning of training, trainees should log their experience with routine automated biochemistry processors. Only runs that the trainee has been directly involved with should be logged.

Examples of suitable activities include:

- Reading and evaluation of documentation
- Instrument setup and preparation
- Routine analysis of specimens
- Reviewing results and quality control
- Troubleshooting QC problems
- Troubleshooting instrument problems
- Dealing over-range results and dilutions
- Dealing with small volume specimens
- Dealing with haemolysed, lipaemic and icteric specimens
- Dealing with unexpected or critical results
- Other


At the end of each rotation, the log should be sighted and signed off by the assessor (usually a scientist) and also signed off on the annual supervisor report.

**The trainee should be assessed as competent in this activity before the practical exams**

Trainee name			Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 If > Y5 please specify	
No	Date	Activity	Assay	Instrument/component	

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....

 <div style="display: inline-block; vertical-align: middle;"> <h1 style="margin: 0;">RCPA</h1> <p style="margin: 0; font-size: 0.8em;">The Royal College of Pathologists of Australasia</p> </div>	<h2 style="margin: 0;">Chemical (Clinical) Pathology Paediatric &amp; Metabolic Investigations Log</h2>
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**How to use this form**  
 From the beginning of training, trainees should log experience with paediatric investigations including those for inborn errors of metabolism. The number of runs that the trainee has been directly involved with should be logged or individual specimens in rare cases. A minimum of three (3) must be logged.

Activities that should be logged include doing and observing runs as well as interpretation with calculations and reporting

At the end of each rotation, the log should be sighted and signed off by the assessor (will usually be the scientist on the bench) and also signed off on the annual supervisor report.

Trainee name		Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 If > Y5 please specify	
No	Date	No. of runs/cases (please specify)	Assay used	Instrument used

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....





# RCPA

The Royal College of Pathologists of Australasia

## Chemical (Clinical) Pathology Clinical Consultations Log

### How to use this form

From the beginning of training, trainees should log clinical consultations that involve significant, difficult or unusual cases that are the subject of telephone calls with clinicians or of consultations directly with patients. At the end of each rotation, the log should be sighted and signed off by the supervisor and also signed off on the annual supervisor report.

**A minimum of one such consultation per week should be recorded during training.**

<b>Trainee name</b>	<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 If > Y5 please specify
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No	Date	Brief summary of issue discussed

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....



## Chemical (Clinical) Pathology Supervisor sign off form Ward rounds and Clinical Meetings

**How to use this form**

This form is to be used to record that the trainee has fulfilled the following requirements:

- attend a minimum of two (2) meetings per week throughout training, eg, grand rounds, ward rounds, endocrinology, etc.
- present cases at a minimum of four (4) clinical or laboratory meetings per year throughout training.


The supervisor is asked to sign after each meeting to verify off the trainee's participation. Trainees should retain a list of the cases/entities presented at each meeting in the portfolio.

At the end of each year, this form and appended case lists should be sighted by the supervisor and signed off on the annual supervisor report.

Trainee name		Trainee ID	Stage of training	
			Y1 Y2	Y3 Y4 Y5
			if > Y5 please specify	
No	Meeting date	Brief description of meeting	Did trainee present cases? Y/N	Supervisor signature

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....

	<h2 style="margin: 0;">Chemical (Clinical) Pathology Teaching sessions Log</h2>
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**How to use this form**  
 From the beginning of training, trainees should log all teaching sessions conducted for students, laboratory colleagues or other audiences.

At the end of each rotation, the log should be sighted and signed off by the supervisor or appropriate senior person and also signed off on the annual supervisor report. Please do not send forms to the RCPA.

Trainee name			Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 If > Y5 please specify
No	Date	Duration of session	Audience	Topic presented

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....

## Appendix 7

### Forms for the portfolio: Haematology component

The following pages are forms and logbook pages to be used to record activities for the portfolio for the haematology component of clinical pathology training. Please make as many copies as you need and file the completed forms safely in the portfolio folder.

The forms are

- DOPS form for practical transfusion serology
- DOPS form for bone marrow biopsy and report
- CbD form
- Log of bone marrow biopsies
- Log of attendance and presentation of cases/issues at meetings
- Log of teaching sessions
- Log of blood films

## Haematology (Clinical Pathology) Directly Observed Practical Skills

### Instructions for trainees and supervisors

The purpose of the Direct Observation of Practical Skills (DOPS) assessment is show that the trainee is able to work safely in the laboratory; and to provide feedback to the trainee about their progress by highlighting strengths and areas for improvement, thereby encouraging their professional development.

Trainees are required to complete DOPS forms to demonstrate competence in different types of techniques. Trainees should initiate the DOPS assessment by requesting an appropriate assessor to observe them when they are confident they can complete it satisfactorily.

DOPS forms must be completed for:

- Practical transfusion serology
- Bone marrow biopsy

It is important for the assessor to observe the trainee doing the entire activity. Observations can be made by the supervisor and also by other suitably qualified staff. Assessors who are RCPA Fellows can note this as a quality activity in their annual CPDP submission.

The assessor should complete the DOPS form while the trainee is present and spend 5-10 minutes providing immediate feedback.

#### ***Grading, standards and outcome of assessment***


Each aspect of the trainee's performance should be graded in terms of whether or not it is as expected or below expected for the stage of training. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment.


The trainee's strengths as well as areas for improvement should be discussed with the trainee. Feedback should be given sensitively and in a suitable environment. Areas for development should be identified, agreed and recorded on the DOPS form.

The final outcome should only be graded as consistent with the level of training if all aspects have been performed to the standard expected of a trainee at that stage. A trainee whose performance falls below this level will be able to repeat the assessment without penalty.

#### ***Record keeping***

The DOPS forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in the Portfolio. Only DOPS forms with a satisfactory outcome need to be kept in the portfolio.

 <h1 style="margin: 0;">RCPA</h1> <p style="margin: 0;">The Royal College of Pathologists of Australasia</p>	<h2 style="margin: 0;">Haematology (Clinical Pathology) DOPS form for Practical Transfusion Serology</h2> <p style="margin: 0;">(DOPS = Directly Observed Practical Skill) This form is to be completed by the observer</p>			
<p><b>How to use this form</b></p> <p>The Practical Transfusion Serology DOPS must be observed by a senior laboratory Blood Bank scientist and should take about 2-3 hours. It assesses competence in the performance of standard basic transfusion serology techniques, as well as interpretation and reporting of results, e.g. provision of compatible red cell units and advice in relation to current/future transfusion.</p> <p>The exercise should be completed in the first few months of the year in which the trainee sits the Part I examinations. It is intended in part to be practice for the 'wet' Transfusion practical examination, which is set in conjunction with the RCPA Transfusion Serology Quality Assurance Program (QAP).</p> <p>The <b>completed DOPS Practical Transfusion Serology form</b> is to be kept in the trainee's portfolio and should be signed by the assessor and signed off in the annual supervisor's report. Please do not send forms to the RCPA.</p>				
<b>Trainee name</b>	<b>Trainee ID ( RCPA)</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if >Y5, please specify		
<b>Assessor name</b>	<b>Assessor position</b>			
<b>Number of hours spent performing the method prior to DOPS assessment</b>	<b>Has the trainee completed the laboratory's usual training process for this method?</b> <input type="checkbox"/> yes <input type="checkbox"/> no			
<b>Please indicate whether these aspects of the trainee's performance are as expected for the stage of training</b>		<b>Yes</b>	<b>No</b>	<b>n/a</b>
Appropriate lab practice, e.g. safety, specimen handling, storage, disposal				
Clerical checks				
Transfusion history where available				
Blood Group/Ab screening				
Additional serological testing e.g. phenotype, elution, extended testing for Ab ID				
Cross match				
Documentation/interpretation of results				
Selection of appropriate blood products				
Advice on current/future transfusion				
<b>Please comment on other relevant aspects, especially on aspects for improvement</b> (use the reverse side if insufficient room)				
<b>Final outcome</b> (circle one) As expected for the stage of training Below expected for the stage of training		Date of DOPS	Time taken for DOPS	Time taken for feedback
Signature of assessor			Signature of trainee	
Name of laboratory				

		<h2 style="margin: 0;">Haematology (Clinical Pathology) DOPS form for Bone Marrow Biopsy &amp; Report</h2> <p style="margin: 0;">(DOPS = Directly Observed Practical Skill) This form is to be completed by the observer</p>		
<p><b>How to use this form</b> Before doing this DOPS, trainees must be considered by their supervisors to be competent to perform all steps of a bone marrow biopsy as indicated below without assistance. The trainee must be observed performing a minimum of one (1) Bone Marrow Biopsy DOPS. Ordinarily this will occur by the end of the first four months of laboratory training. A minimum of 35 must be performed and documented during training.</p> <p>The <b>completed DOPS bone marrow biopsy form</b> is to be kept in the portfolio and should be signed by the assessor and signed off in the annual supervisor's report. Please do not send forms to the RCPA.</p>				
<b>Trainee name</b>		<b>Trainee ID ( RCPA )</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if >Y5, please specify	
<b>Assessor name</b>		<b>Assessor position</b> <input type="checkbox"/> Pathologist <input type="checkbox"/> Senior clinician <input type="checkbox"/> Other (pls specify)		
<b>Number of hours spent performing the method prior to DOPS assessment</b>		<b>Has the trainee completed the laboratory's usual training process for this method?</b> <input type="checkbox"/> yes <input type="checkbox"/> no		
<b>Please indicate whether these aspects of the trainee's performance are as expected or better than expected for the stage of training</b>			<b>Yes</b>	
<b>Pre-procedure</b>			<b>No</b>	
Indications for procedure			<b>n/a</b>	
Patient review for risk. Special issues/preparation e.g. on anticoagulants, anti-retrovirals, diabetic, allergies, anaesthetic problems				
Explanation/consent/complications				
<b>Procedure:</b>				
OHS issues, e.g. needle stick, blood splash				
Sterile procedure				
Setup of patient including anatomy/positioning				
Conscious sedation [should know and follow local procedures]				
Local anaesthesia, pharmacology, complications, drug checking				
Resuscitation [should have documented CPR sign off from local institution]				
<b>Obtaining adequate aspirate and trephines samples</b>				
Equipment including BM needle, needles, syringes, slides				
Difficult/special situations, eg, obese patients, hard bone, dry tap, children				
Criteria for taking additional tests e.g. flow/molecular/cytogenetics				
<b>Post procedure:</b>				
Specimen labelling, handling, transport, sign in to laboratory				
Dressings, wound pressure, observations, advice to patient				
Documentation of procedure in medical record				
Identification, management & reporting of immediate and late complications/incidents				
<b>Please comment on other relevant aspects, especially on aspects for improvement</b> (use the reverse side if insufficient room)				
<b>Final outcome</b> (circle one) As expected for the stage of training Below expected for the stage of training		Date of DOPS	Time taken for DOPS	Time taken for feedback
Signature of assessor		Signature of trainee		
Name of laboratory				



# Haematology (Clinical) Pathology Bone marrow biopsy and report Log

**How to use this form**

Candidates must be considered competent to perform and report bone marrow biopsies. Please use this form to record at least 35 during haematology training.  
The log should be sighted and signed off by the supervisor periodically and also signed off on the annual supervisor report

<b>Trainee name</b>	<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 If > Y5 please specify
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No.	Lab number	Date	Diagnosis and comments

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....





# Haematology (Clinical) Pathology Blood film Log

**How to use this form**

Candidates must be considered competent by the supervisor and commence film reporting as early as possible in the Haematology period of training.

A minimum of 70 are required with at least 60 abnormal.

The log should be sighted and signed off by the supervisor periodically and also signed off on the annual supervisor report

<b>Trainee name</b>	<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 If > Y5 please specify
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No.	Date	Lab number	Parameters and morphology	Comments +/- diagnosis

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....

## Haematology (Clinical Pathology) CbD (Case-based Discussion) Assessment Form

Throughout training trainees should seek opportunities to present and discuss cases with experienced colleagues and receive feedback. The CbD form should be used to formally record at least four (4) cases of which should be signed off as satisfactory before the examination.

CbD assessments indicate the development of the ability to interpret and relate pathological results to clinical findings; to plan appropriate investigations and make decisions in relation to patient care, including decisions with ethical and legal dimensions. The purpose of the CbD assessment is also to provide feedback to trainees about their progress by highlighting strengths and areas for improvement, thereby encouraging their professional development.

The trainee should initiate each CbD assessment and select a suitable assessor, who should be an RCPA Fellow but does not need to be the listed supervisor. The trainee should select four (4) recent cases in which s/he has been involved through identification of abnormal laboratory tests/new patient cases/clinical liaison requests, etc. The assessor should select one (1) of these for the trainee to present and discuss. The assessor could note this as a quality activity in their annual CPDP submission. The trainee should request a mutually convenient time to meet for about 30 minutes. The presentation/discussion should take about 15-20 minutes. A further 5-10 minutes should be allowed for the assessor to give immediate feedback and complete the CbD form. In addition to the formal CbD assessment, supervisors are encouraged to have an informal discussion of the second case prepared by the trainee.

Each CbD case discussion should cover one or more of the different aspects of practice indicated on the CbD form.


### ***Grading, standards and outcome of assessment***

Each aspect of the trainee's performance should be graded in terms of whether or not it is as expected for the stage of training. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment. The assessor should discuss strengths as well as areas for improvement with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the CbD form.

The final outcome should only be graded as consistent with the level of training if all aspects have been performed to the standard expected of a trainee at that stage. A trainee whose performance falls below this level will be able to repeat the assessment with no penalty.

### ***Record keeping***

The CbD forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in the portfolio. Only CbD forms with a satisfactory outcome need to be kept in the portfolio.

		<h2 style="text-align: center;">Haematology (Clinical Pathology) Case-based Discussion (CbD) Assessment Form</h2>			
<b>Trainee name</b>		<b>Trainee ID (RCPA)</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if more than Yr5, please specify		
<b>Assessor name and position</b>					
<b>Focus of discussion (tick as many as apply)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Laboratory work-up of a new patient with acute leukaemia/other high grade haematological malignancy</li> <li><input type="checkbox"/> Approach to a complex anti-coagulation management, e.g. ant-coagulation in pregnancy, heparin-induced thrombosis/thrombocytopenia syndrome, peri-operative anti-coagulation etc</li> <li><input type="checkbox"/> Work-up of a complex transfusion serological problem, e.g. transfusion for patients with multiple allo-antibodies, autoimmune haemolysis, rare blood groups, a clinically significant transfusion reaction, transfusion in pregnancy/the neonate, etc</li> <li><input type="checkbox"/> Investigation of a local OHS issue, focussing on documentation, management and corrective action</li> <li><input type="checkbox"/> Approach to management of QAP results obtained by the laboratory, with discussion of potential causes, investigation and documentation of unsatisfactory results. Ideally discussed with the relevant supervising scientist.</li> </ul>					
<b>NOTE:</b> These forms are to be kept in portfolio. Please do not send forms to the RCPA.					
<b>Complexity of case (tick box)</b> <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high					
<b>Brief description of case presented, discussed and assessed</b>					
<b>Why was this case selected for discussion?</b>					
<b>Does this case broaden the trainee's experience by being different from previous cases that have been discussed?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a					
<b>Please indicate whether these aspects of the trainee's performance are as expected or better than expected for the stage of training</b>			<b>Yes</b>	<b>No</b>	<b>n/a</b>
Ability to present case clearly and concisely					
Good understanding of clinical issues relating to the case					
Good understanding of laboratory issues relating to the case					
Depth of understanding and awareness of current literature relevant to this case					
Ability of interpret results in a balanced and rational way					
Ability to provide and clearly communicate well reasoned professional advice					
Ability to clinically correlate the laboratory tests results in the setting of clinical presentation of the patient.					
Ability to suggest further relevant or more useful tests towards the management of the patient in relation to diagnosis and monitoring including prognosis.					
Ability to communicate findings to a non-medical person (e.g. patient, lawyer)					
Understanding of management and financial aspects of the case					
Overall laboratory and clinical judgment					
<b>Please comment on other relevant aspects, especially on aspects for improvement (use the reverse side if insufficient room)</b>					
Final outcome (please circle)  Satisfactory Not Satisfactory		Date of CbD		Time taken for CbD	Time taken for feedback
Signature of assessor				Signature of trainee	



## Haematology (Clinical Pathology) Supervisor sign off form for Meetings

**How to use this form**

This form is to be used to record that the trainee has fulfilled the following requirements:

- Throughout training, attend at least one (1) per week of the available meetings in one or more of the following categories
  - multidisciplinary clinical meetings
  - quality/audit meetings
  - transfusion meetings
  - laboratory management meetings as appropriate to training site
- Present cases or issues at a minimum of six (6) meetings per year throughout training.

The supervisor or appropriate senior person is asked to sign after each meeting to verify the trainee's participation. Trainees should retain a list of the cases/entities presented at each meeting in the portfolio. At the end of each year, this form and appended case lists should be sighted by the supervisor and signed off on the annual supervisor report. Please do not send forms to the RCPA.

Trainee name		Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 if > Y5 please specify	
No	Meeting date	Brief description of meeting	Trainee presented case/s or other material? Y/N	Supervisor signature

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....



# Haematology (Clinical Pathology) Teaching sessions Log

**How to use this form**

From the beginning of training, trainees should log all teaching sessions conducted for students, laboratory colleagues or other audiences.

At the end of each rotation, the log should be sighted and signed off by the supervisor or appropriate senior person and also signed off on the annual supervisor report. Please do not send forms to the RCPA.

Trainee name				Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 If > Y5 please specify
No	Date	Duration of session	Audience	Topic presented	

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....

## Appendix 8

### Forms for the portfolio: Microbiology component

The following pages are forms and logbook pages to be used to record activities for the portfolio for the chemical pathology component of clinical pathology training. Please make as many copies as you need and file the completed forms safely in the portfolio folder.

- DOPS form
- CbD form
- Incident report
- Clinical meetings
- Infection control and public health
- Antibiotic stewardship
- Quality activities
- Management, safety, ethics
- Teaching sessions
- Supervisor sign off form for attendance at ward rounds and clinical meetings, and case presentations at these meetings

## Microbiology (Clinical Pathology)

### DOPS (Direct Observation of Practical Skills) Assessment

The purpose of the Direct Observation of Practical Skills (DOPS) assessment is to indicate trainees' acquisition of practical laboratory skills; to show that they can work safely in the laboratory; and to provide feedback on progress by highlighting strengths and areas for improvement, thereby encouraging their professional development.

Twelve (12) clinical pathology microbiology bench DOPS are required before the written examination.

It is important to observe the trainee doing the activity. Observations can be made by the supervisor and also by suitably qualified scientific staff. Assessors who are RCPA Fellows can note this as a quality activity in their annual CPDP submission.

Trainees should initiate the DOPS assessment by requesting an appropriate assessor to observe them when they are confident they can complete it satisfactorily. The time taken will vary according to the skill. QAP specimens may be used for DOPS.

When observing competence in a multi-part skill, the assessor should tick the bench in Section A of the form and as many of the Section B boxes as have been observed (eg, accession, microscopy/staining, culture, reading, microbial identification, susceptibility testing). Observations might take place intermittently over the course of 2-3 days. Assessors should observe all Section B steps at least once but it is not necessary to observe the same step repeatedly.

Over time the assessments should cover each general and special bench and all the skills of accession, microscopy, staining, culture, reading, microbial identification, susceptibility testing, molecular techniques and antigen testing. If a laboratory is unable to provide all twelve (12) specified general benches, one (1) unspecified bench may be substituted.

The assessor should complete the DOPS form while the trainee is present and spend 5-10 minutes providing immediate feedback.

#### ***Grading, standards and outcome of assessment***


Each aspect of the trainee's performance should be graded. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment.

The trainee's strengths as well as areas for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the DOPS form.

The final outcome should be graded according to whether the standard of performance is as expected for the stage of training. A trainee whose performance does not meet the standard will be able to repeat the assessment with no penalty.

#### ***Record keeping***

The DOPS forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in his/her portfolio. Only DOPS for which the trainee has met the standard need to be kept in the portfolio

		<b>Microbiology (Clinical Pathology) DOPS Assessment Form</b> (Direct Observation of Practical Skills)		
<b>Trainee name</b>		<b>Trainee ID ( RCPA)</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if >Y5, please specify	
<b>Assessor name</b>		<b>Assessor position</b> <input type="checkbox"/> Pathologist <input type="checkbox"/> Scientist <input type="checkbox"/> Snr Trainee <input type="checkbox"/> Other (pls specify)		
<b>USE ONE FORM PER BENCH.</b> <b>If using Section A, tick as many from Section B as apply.</b>				
<b>Section A: General Benches (tick box that applies)</b> <input type="checkbox"/> Specimen reception <input type="checkbox"/> Urine bench <input type="checkbox"/> Faeces bench <input type="checkbox"/> Respiratory: ear, nose, throat bench <input type="checkbox"/> Tips & swabs – pus, genital, eye bench <input type="checkbox"/> Sterile site – tissue & fluid, including CSF, bone, joint bench <input type="checkbox"/> Nosocomial & environmental bench <input type="checkbox"/> Blood culture bench <input type="checkbox"/> Mycology bench <input type="checkbox"/> Other (please specify)		<b>Section B (tick as many as apply)</b> <input type="checkbox"/> Accession <input type="checkbox"/> Microscopy/staining <input type="checkbox"/> Culture set up (eg media, atmosphere, etc) <input type="checkbox"/> Culture reading <input type="checkbox"/> Microbial identification <input type="checkbox"/> Susceptibility testing <input type="checkbox"/> Other (please specify)		
<b>Brief description of procedure to be observed and assessed</b>				
<b>Please comment on whether these aspects of the trainee's performance are as expected for the stage of training</b>		<b>Yes</b>	<b>No</b>	<b>n/a</b>
Specimen handling, preparation, laboratory information system requirements				
Select appropriate media/equipment;use according to standard operating procedures				
Interpret and discuss findings, with reference to specimen, test and patient type				
Investigation of possible laboratory error				
Perform and record quality control information relevant to the bench				
Safe handling and observes appropriate occupational health and safety requirements				
Final written report				
Timely, efficient, cooperative performance				
<b>Please comment on other relevant aspects, especially on aspects for improvement</b>				
Final outcome (circle one) As expected for the stage of training Below expected for the stage of training		Date of DOPS	Time taken for DOPS	Time taken for feedback
Name (please print) and signature of assessor			Signature of trainee	
Name of laboratory				



## Microbiology (Clinical Pathology) CbD (Case-based Discussion) Assessment Form

Throughout training, trainees should seek opportunities to present and discuss cases with experienced colleagues and receive feedback.

The CbD form should be used to have signed off at least four (4) CbD forms for low-to-medium complexity cases from different infection sites for routine situations and those with frequently occurring, manageable complications. Additional high complexity cases are also encouraged, for difficult or unusual situations which may be more complex because of:

- the specialised technical procedures required to identify the organism;
- clinical factors, eg, a wide differential diagnosis requiring a range of investigations;  
or
- the implications e.g. public health significance.

CbD assessments in microbiology indicate ability to interpret and relate pathological results to clinical findings; to plan appropriate investigations and make decisions in relation to patient care, including decisions with ethical and legal dimensions. The purpose of the CbD assessment is also to provide feedback to trainees about their progress by highlighting strengths and areas for improvement, thereby encouraging their professional development.

The trainee should initiate each CbD assessment and should select two (2) recent cases of patient infections in which s/he has been involved clinically or through laboratory tests. The assessor should select one (1) of these for the trainee to present and discuss. The assessor, who should be an RCPA Fellow but not necessarily the listed supervisor, can note this as a quality activity in their annual CPDP submission. The trainee should request a mutually convenient time for a 30 minute discussion, which allows 15-20 minutes for the presentation/discussion and 5-10 minutes for the assessor to give immediate feedback and complete the CbD form.

Each CbD topic should be chosen from a **different** site of infection, as listed on the CbD form and can focus on one or more of the following aspects:


- medical record keeping;
- clinical/microbiological assessment;
- clinical management, ie, selection of investigation(s), interpreting and reporting results, advice regarding antimicrobial therapy, prophylaxis or immunisation;
- infection control and health protection/public health;
- quality improvement;
- professionalism, eg ethical/legal aspects, teamwork


### ***Grading, standards and outcome of assessment***

Each aspect of the trainee's performance should be graded. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment. Feedback should be given sensitively in a suitable environment and should include strengths and areas for development which should be identified agreed and recorded on the CbD form. The final outcome should be graded according to whether the standard of performance is as expected for the stage of training. A trainee whose performance does not meet the standard will be able to repeat the assessment with no penalty.

### ***Record keeping***

The CbD forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in his/her Portfolio. Only CbDs for which the trainee has met the standard need to be kept in the portfolio.

 <p><b>RCPA</b> The Royal College of Pathologists of Australasia</p>		<p><b>Microbiology (Clinical Pathology) Case-based Discussion (CbD) Assessment Form</b></p>	
<p><b>Trainee name</b></p>		<p><b>Trainee ID (RCPA)</b></p>	<p><b>Stage of training</b> Year1 Yr2 Yr3 Yr4 Yr5 if more than Yr5, please specify</p>
<p><b>Assessor name</b></p>		<p><b>Assessor position</b> <input type="checkbox"/> Pathologist <input type="checkbox"/> Senior registrar <input type="checkbox"/> other( specify)</p>	
<p><b>Site of Infection (tick box)</b></p> <p><input type="checkbox"/> blood stream <input type="checkbox"/> cardiovascular <input type="checkbox"/> respiratory <input type="checkbox"/> bone/joint <input type="checkbox"/> wound/soft tissue <input type="checkbox"/> gastrointestinal <input type="checkbox"/> central nervous system <input type="checkbox"/> intra-abdominal <input type="checkbox"/> urinary tract <input type="checkbox"/> burns/plastics <input type="checkbox"/> sexually transmitted infections <input type="checkbox"/> other (please specify)</p>		<p><b>Technique</b></p> <p><input type="checkbox"/> microscopy <input type="checkbox"/> culture <input type="checkbox"/> serologic diagnosis <input type="checkbox"/> molecular <input type="checkbox"/> other (please specify)</p>	
<p><b>Complexity of case (tick box) :</b> <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high</p>			
<p><b>Brief description of case presented, discussed and assessed</b></p>			
<p><b>Please comment on whether these aspects of the trainee's performance are as expected for the stage of training</b></p>			<p><b>Yes</b></p>
			<p><b>No</b></p>
			<p><b>n/a</b></p>
<p>Initial assessment of clinical, pathological, microbiological aspects of case</p>			
<p>Appropriate initial and follow up investigation/s selected</p>			
<p>Interpretation of findings</p>			
<p>Clinical management advice (eg, regarding therapy, prophylaxis, immunisation)</p>			
<p>Infection control/public health advice</p>			
<p>Overall laboratory and clinical judgment</p>			
<p>Reporting of findings</p>			
<p>Ability to present and discuss case</p>			
<p><b>Please comment on other relevant aspects, especially on aspects for improvement</b></p>			
<p>Final outcome (please circle) As expected for the stage of training Below expected for the stage of training</p>		<p>Date of CbD</p>	<p>Time taken for CbD</p>
			<p>Time taken for feedback</p>
<p>Name (please print) and signature of assessor</p>			<p>Signature of trainee</p>
<p>Name of laboratory</p>			

		<b>Microbiology (Clinical Pathology) Significant incident report form</b>		
<b>Trainee name</b>		<b>Trainee ID (RCPA)</b>	<b>Stage of training</b> Year1 Yr2 Yr3 Yr4 Yr5 if more than Yr5, please specify	
<b>Nature of incident: what happened and why was it significant?</b>				
<b>What led to the incident?</b>				
<b>Action taken at the time of the incident. Could it have been handled differently?</b>				
<b>Review of similar incidents</b>				
<b>Actions taken (or needed) to prevent future similar incidents</b>				
<b>Reflection by trainee</b>				
<b>Supervisor name (please print) and signature</b>				<b>Date</b>
<b>Name of laboratory</b>				



**Microbiology (Clinical Pathology)**  
**Sign off form**  
**Clinical Meetings**

**How to use this form**

This form is to be used to record that the trainee has attended at least 2 different meetings per week from the following list during the period of microbiology training

- Multi-disciplinary clinical meetings, grand rounds, ward rounds, CPC clinic-pathological correlation meetings, morbidity and mortality meetings, etc. Signature required from supervisor or meeting chair.
- Conferences, courses, seminars, workshops, forums on clinical microbiology. Please attach receipt or other evidence of attendance.
- Journal club, small group learning session in clinical microbiology
- Other – relevant to clinical microbiology (please specify)

Meetings concerned with management, QA, ethics, infection control, etc, are **not** to be recorded on this form.

The list of cases/entities presented at each meeting should be appended and for each activity, trainees must write a one page (maximum) reflection on what they gained from the activity

Trainees must **present cases** at a minimum of four (4) clinical or laboratory meetings during their microbiology training.

At the end of each year, this form, appended reflections and other appended documents should be sighted by the supervisor and signed off on the annual supervisor report.

<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if > Y5 please specify	
No	Meeting date	Brief description of clinical meeting (include meeting name, location, where relevant)	Trainee presented Yes/ No	Signature of supervisor or meeting chair

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....



**Microbiology (Clinical Pathology)**  
**Sign off form**  
**Infection control, public health**

**How to use this form**

This form is to be used to record that the trainee has performed at least **three (3) different activities** from the following list during the period of microbiology training:

- Participate in WHS committees, infection control/public health committees. Statement from committee chair regarding trainee’s role in the committee.
- Participate in infection control rounds, investigation of outbreaks or case reviews/audits of hospital acquired infection.
- Visit public health laboratory to learn about procedures for outbreak investigation.
- Retrieve statistical information on notifiable diseases and resistant organisms from the lab database, using CLSI or other guidelines, including rationale for selection/reporting.
- Discuss procedures for notification of infectious diseases with supervisor or clinician.
- Other (please specify)


For each activity, trainees must write a one page (maximum) reflection on what they gained from the activity.

At the end of each year, this form, appended reflections and any other appended documentation should be sighted by the supervisor and signed off on the annual supervisor report.

<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if > Y5 please specify
No	Date	Brief description of activity (including committee name, location, where relevant)	Supervisor signature

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....

 <h1 style="margin: 0;">RCPA</h1> <p style="margin: 0;">The Royal College of Pathologists of Australasia</p>	<h2 style="margin: 0;">Microbiology (Clinical Pathology)</h2> <h3 style="margin: 0;">Sign off form</h3> <h2 style="margin: 0;">Antibiotic stewardship</h2>						
<p><b>How to use this form</b></p> <p>This form is to be used to record that the trainee has engaged in at least <b>2 different activities</b> from the following list during the period of microbiology training:</p> <ul style="list-style-type: none"> <li>Participate in drug committee meetings. Statement from committee chair regarding trainee's role in the committee.</li> <li>Audit antibiotic use in collaboration with a pharmacist.</li> <li>Provide clinical advice on appropriate antibiotic use. Keep a diary that records de-identified patient history, advice given and outcomes on up to 10 patients.</li> <li>Other (please specify)</li> </ul> <p>For each activity, trainees must write a one page (maximum) reflection on what they gained from the activity.</p> <p>At the end of each year, this form, appended reflections and any other appended documentation should be sighted by the supervisor and signed off on the annual supervisor report.</p>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Trainee name</b></td> <td style="width: 20%;"><b>Trainee ID</b></td> <td style="width: 30%;"><b>Stage of training</b></td> </tr> <tr> <td></td> <td></td> <td>Y1 Y2 Y3 Y4 Y5 if &gt; Y5 please specify</td> </tr> </table>		<b>Trainee name</b>	<b>Trainee ID</b>	<b>Stage of training</b>			Y1 Y2 Y3 Y4 Y5 if > Y5 please specify
<b>Trainee name</b>	<b>Trainee ID</b>	<b>Stage of training</b>					
		Y1 Y2 Y3 Y4 Y5 if > Y5 please specify					
<b>No</b>	<b>Date</b>	<b>Brief description of activity</b> (including committee name, location, where relevant)	<b>Supervisor signature</b>				

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....



**Microbiology (Clinical Pathology)**  
**Sign off form**  
**Quality activities**

**How to use this form**

This form is to be used to record that the trainee has participated in at least **three (3) different activities** from the following list during the period of microbiology training:

- Participate in external and internal quality management, processing external QA samples, review of documents/manuals, etc. **Examples of suitable activities are on the following page.**
- Attend NATA training courses or RCPA management course. Attach registration or other evidence of attendance.
- Clinical or case audit, including review of methods. Examples of suitable activities are on the following page.
- Participate in and contribution to meetings concerned with introducing new tests or instruments, altered work flow, etc. Examples of suitable activities are on the following page.
- Complete the Quality Management eLearning Module in RCPA Education Online. Attach the certificate of competence.
- Other (please specify)

For each activity, trainees must write a one page (maximum) reflection on what they gained from the activity.

At the end of each year, this form, appended reflections and any other appended documentation should be sighted by the supervisor and signed off on the annual supervisor report.

<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if > Y5 please specify
No	Date	Brief description of activity (include committee, meeting, location, where relevant)	Supervisor signature

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....

## Examples of quality activities

When devising quality activities, trainees should use the following examples as a guide to the type of activity and the amount of effort that is expected.

### External and internal quality management

- External quality management: Review a survey report from QAP. Note any errors or discrepancies, and write or present a brief discussion about possible sources of error and possible corrective/preventive actions.
- Internal quality management: Read the following [ASM document on quality control](#) and carry out one of the test procedures described in it:

### Clinical or case audit, including reviews of methods

- Read the following document on [pre-analytical errors](#).
- Carry out an audit of a selected series of samples in the laboratory, for example document all instances of specimen rejection over a period of time, noting reasons for rejection, appropriateness of actions taken and/or suggestions for preventive strategies.
- Review requests for a particular type of test, eg hepatitis serology, correlating clinical information with test procedures carried out in the laboratory. If any deficiencies noted, what could be done to correct them?
- Carry out an audit relating to post-analytical factors, eg, assess whether there are appropriate mechanisms to ensure that wound culture reports to surgical units are reviewed by a doctor caring for the patient.
- Carry out an audit relating to post-analytical factors, eg, correlate a series of antibiotic sensitivity reports with patient charts to determine whether antibiotic therapy was appropriate or if suitable modifications were made based on the reports.

### Introduce new tests/instruments, altered work flows, etc

- Write a brief discussion about how introduction of MALDI-TOF technology will impact on specimen turnaround times and/or the impact on work flow for scientists and/or the impact on how and when pathologists sign out reports.





**Microbiology (Clinical Pathology)**  
**Sign off form**  
**Management, Safety, Ethics**

**How to use this form**

This form is to be used to record that the trainee has performed at least **two (2) activities** from the following list during the period of microbiology training:

- Attend departmental management committees, budget meetings, other management-related meetings, ethics review committees.
- Undertake significant management roles, eg, chairperson, secretary, treasurer of microbiology-related committees.
- Complete the Ethics eLearning module in RCPA Education Online. Attach the certificate of competence.
- Complete the Laboratory Safety eLearning module in RCPA Education Online. Attach the certificate of competence.
- Other (please specify)

For each activity, trainees must write a one page (maximum) reflection on what they gained from the activity.

At the end of each year, this form, appended reflections and any other appended documentation should be sighted by the supervisor and signed off on the annual supervisor report.

<b>Trainee name</b>		<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if > Y5 please specify
No	Date	Brief description of activity (including committee name, location, where relevant)	Supervisor signature

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....

 <h1 style="margin: 0; font-size: 2em; font-weight: bold;">RCPA</h1> <p style="margin: 0; font-size: 0.8em;">The Royal College of Pathologists of Australasia</p>	<h2 style="margin: 0;">Microbiology (Clinical Pathology) Teaching sessions Log</h2>
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**How to use this form**  
 From the beginning of training, trainees should log all teaching sessions conducted for students, laboratory colleagues or other audiences.

A minimum of three (3) teaching sessions are required during the period of microbiology training.

The log should be sighted and signed off by the supervisor or appropriate senior person and also signed off on the annual supervisor report. Please do not send forms to the RCPA.

Trainee name				Trainee ID	Stage of training Y1 Y2 Y3 Y4 Y5 If > Y5 please specify
No	Date	Duration of session	Audience	Topic presented	

Trainee name .....Signature.....

Supervisor name .....Signature.....Date.....

## Appendix 9

### **Forms for the portfolio: Immunology and Medical Genomics and the laboratory safety checklist**

The following pages are forms and logbook pages to be used to record activities for the portfolio. Please make as many copies as you need and file the completed forms safely in the portfolio folder.

- DOPS form for immunology
- Teaching sessions in immunology
- DOPS form for medical genomics
- CbD form for medical genomics
- Laboratory safety checklist

## **DOPS for Immunology and Medical Genomics**

**To be completed during clinical training**

### **Instructions for Trainees and Supervisors**

The purpose of the Direct Observation of Practical Skills (DOPS) assessment is to indicate trainees' acquisition of practical laboratory skills; to show that they can work safely in the laboratory; and to provide feedback to trainees about their progress by highlighting strengths and areas for improvement, thereby encouraging their professional development.

Trainees are required to complete DOPS forms demonstrating competence in a minimum of two (2) different instruments or techniques in immunology and in four (4) different techniques in medical genomics during the period of clinical training.

Trainees should initiate the DOPS assessment by requesting an appropriate assessor to observe them when they are confident they can complete it satisfactorily.

It is important for the assessor to observe the trainee doing the entire activity. Observations can be made by the supervisor and also by suitably qualified scientific staff. Assessors who are RCPA Fellows can note this as a quality activity in their annual CPDP submission.

The assessor should complete the DOPS form while the trainee is present and spend 5-10 minutes providing immediate feedback.

### ***Grading, standards and outcome of assessment***


Each aspect of the trainee's performance should be graded as consistent (or not) with expectations for the stage of training. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment.

The trainee's strengths as well as areas for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the form.

The final outcome should only be graded as consistent with the level of training if all aspects have been performed to the standard expected of a trainee at that stage. A trainee whose performance falls below this level will be able to repeat the assessment with no penalty.

### ***Record keeping***

The DOPS forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in the portfolio. Only satisfactory DOPS need to be recorded in the portfolio.


		<h2 style="text-align: center;">Immunopathology (Clinical Pathology) DOPS (Direct Observation of Practical Skills) Assessment Form</h2>		
<b>Trainee name</b>		<b>Trainee ID ( RCPA)</b>	<b>Stage of training</b> Y1 Y2    Y3 Y4 Y5 if >Y5, please specify	
<b>Assessor name</b>		<b>Assessor position</b> <input type="checkbox"/> Pathologist <input type="checkbox"/> Scientist <input type="checkbox"/> Snr Trainee <input type="checkbox"/> Other (pls specify)		
<b>Instrument or technique (tick the box that applies).</b> Three (3) to be completed during training and should be performed on suitable patient samples (and not blood from a trainee).				
<input type="checkbox"/> Stain a peripheral blood sample for flow cytometry with three separate cell surface markers in a single tube using whole blood lysis technique (laboratory staff to run the sample).				
<input type="checkbox"/> Stain an ANA slide manually using a range of positive samples, and report using the fluorescence microscope.				
<input type="checkbox"/> Perform an ELISA manually, construct a standard curve using the OD readings, and generate patient results.				
<input type="checkbox"/> Perform a manual assay based on gel precipitation (eg EPG manually, RID, ouchterlony double-diffusion etc) and interpret the result.				
<b>Number of hours spent performing the method prior to DOPS assessment</b>		<b>Has the trainee completed the laboratory's usual training process for this method?</b> <input type="checkbox"/> yes <input type="checkbox"/> no		
<b>Please indicate whether these aspects of the trainee's performance are as expected or better than expected for the stage of training</b>		<b>Yes</b>	<b>No</b>	<b>n/a</b>
Understands the principles of the method				
Understands and complies with the laboratory documentation, package inserts, manuals, etc				
Completes assay successfully and produces a valid result that is able to be reported				
Able to explain the QC procedures for this method, including internal and external QA				
Able to discuss anomalies and resolve uncertainties for the method				
Able to explain maintenance and trouble-shooting requirements for the method				
<b>Please comment on other relevant aspects, especially on aspects for improvement</b> (use the reverse side if insufficient room)				
Final outcome (circle one)  As expected for the stage of training Below expected for the stage of training		Date of assessment	Time taken for DOPS	Time taken for feedback
Signature of assessor			Signature of trainee	

 <p><b>RCPA</b> The Royal College of Pathologists of Australasia</p>	<h2 style="margin: 0;">Immunopathology (Clinical Pathology) Teaching sessions Log</h2>
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**How to use this form**  
 During clinical training, trainees should log attendance at a minimum of four (4) teaching sessions.  
 The log should be sighted and signed off by the supervisor periodically and also signed off on the annual supervisor report.

Trainee name			Trainee ID	Stage of training
				Y1   Y2   Y3   Y4   Y5 If > Y5 please specify
	Date	Audience	Topic	

Trainee name..... Signature.....  
 Supervisor name..... Signature..... Date.....

		<b>Medical Genomics (Clinical Pathology): DOPS (Direct Observation of Practical Skills) assessment form</b>			
Trainee name		Trainee ID	Stage of training ( <i>circle</i> ) Y1 Y2 Y3 Y4 Y5 if >Y5, please specify:		
Assessor name		Assessor position <input type="checkbox"/> Pathologist <input type="checkbox"/> Scientist <input type="checkbox"/> Snr trainee <input type="checkbox"/> Other (pls specify)			
<b>Instrument or technique (tick the box that applies). A minimum of six (6) procedures to be observed or completed, ordinarily by the end of the clinical years of training.</b>					
<input type="checkbox"/> Nucleic acid preparation method(s), quantification/purity/intactness, storage/archiving <input type="checkbox"/> DNA labelling for FISH, microarray, other hybridisation based procedures <input type="checkbox"/> Microscopy (bright-field and fluorescence) <input type="checkbox"/> Banding and karyotype analysis <input type="checkbox"/> FISH analysis <input type="checkbox"/> PCR-based assays (end point, quantitative and real-time) and analysis <input type="checkbox"/> Gel-based hybridisation and analysis <input type="checkbox"/> Fragment separation, electrophoresis and analysis					
<b>Please comment on whether these aspects of the trainee's performance are as expected for the stage of training</b>			<b>Yes</b>	<b>No</b>	<b>n/a</b>
Understands the principles of the method					
Understands and complies with the laboratory documentation, package inserts, manuals, etc.					
Has completed an assay successfully and produced a valid result that can be reported					
Able to explain the QC procedures for this method, including internal and external QA					
Able to discuss anomalies and resolve uncertainties for the method					
Able to explain maintenance and trouble-shooting requirements for the method					
Please comment on other relevant aspects, especially on aspects for improvement (use the reverse side if insufficient room)					
<b>Final outcome</b> (please circle) As expected for the stage of training Below expected for the stage of training		Date of DOPS	Time taken for DOPS	Time taken for feedback	
Signature of assessor		Signature of trainee			
Name of laboratory					

## **Medical Genomics (Clinical Pathology) Case-based Discussion (CbD) Assessment**

Throughout their clinical training, trainees should seek opportunities to present and discuss cases with experienced colleagues and receive feedback. The CbD form should be used to formally record at least three (3) of these sessions.

Case presentations selected for CbD assessment represent excellent opportunities to prepare for the oral examinations. CbD assessments also provide supervisors and peers with useful insights into a trainee's level of progress in areas such as ability to interpret and relate pathological results to clinical findings; to plan appropriate investigations, and make decisions in relation to patient care, including decisions with ethical and legal dimensions. CbD assessments also create opportunities for supervisors to provide feedback to trainees about their progress. Feedback is important and should highlight both strengths and any areas requiring improvement, thereby further encouraging the trainee's professional development.

Trainees are responsible for initiating the CbD assessments. To prepare, the trainee should select two (2) recent cases in which s/he has been involved clinically or through laboratory tests. The assessor should select one (1) of these for the trainee to present and discuss. The trainee should select a suitable assessor, who should be an RCPA Fellow but does not need to be the listed supervisor. The assessor could note this as a quality activity in their annual CPDP submission. The trainee may present the case within a suitable clinical-laboratory meeting at which the assessor is present, after which the trainee and assessor should meet for individualised discussion. Alternatively, the trainee should request to meet with the assessor at a mutually convenient time for about 30 minutes. The presentation/discussion should take about 15-20 minutes. A further 5-10 minutes should be allowed for the assessor to give immediate feedback and complete the CbD form. In addition to the formal CbD assessment, supervisors are encouraged to have an informal discussion of the second case prepared by the trainee.

Each CbD case discussion should cover one or more of the different aspects of practice indicated on the CbD form.

### ***Grading, standards and outcome of assessment***


Each aspect of the trainee's performance should be graded. The "n/a" option should be used if the assessor has not observed that aspect or is otherwise unable to comment. The assessor should discuss strengths as well as areas for improvement with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the CbD form.


The final outcome should be graded according to whether the standard of performance is as expected for the stage of training. A trainee whose performance does not meet the standard will be able to repeat the assessment with no penalty.

### ***Record keeping***

The CbD forms must be fully completed, signed and dated by the trainee and the assessor. The forms must be retained by the trainee in his/her portfolio. Only the CbD for which the trainee has met the standard need to be recorded in the portfolio.



		<b>Medical Genomics (Clinical Pathology) Case-based Discussion (CbD) Assessment form</b>																	
<b>Trainee name</b>	<b>Trainee ID</b>	<b>Stage of training</b> Y1 Y2 Y3 Y4 Y5 if > Yr5, please specify:																	
<b>Assessor name</b>	<b>Assessor position</b> <input type="checkbox"/> Pathologist <input type="checkbox"/> Scientist <input type="checkbox"/> Snr trainee <input type="checkbox"/> Other (please specify)																		
<b>A minimum of four (4) case-based discussions are to be completed, ordinarily by the end of the clinical years of training.</b>																			
<b>Focus of discussion (tick as many as apply)</b> <table border="0"> <tr> <td><input type="checkbox"/> Diagnostic testing</td> <td><input type="checkbox"/> Therapeutic monitoring</td> </tr> <tr> <td><input type="checkbox"/> Predictive/presymptomatic testing</td> <td><input type="checkbox"/> Pre-implantation genetic testing</td> </tr> <tr> <td><input type="checkbox"/> Genotyping to predict drug responsiveness/ toxicity/ side effects</td> <td><input type="checkbox"/> Ethical issues</td> </tr> <tr> <td><input type="checkbox"/> Carrier testing</td> <td><input type="checkbox"/> Pre-analytical issues</td> </tr> <tr> <td><input type="checkbox"/> Prenatal testing</td> <td><input type="checkbox"/> Analytical issues</td> </tr> <tr> <td><input type="checkbox"/> Population screening, including newborn</td> <td><input type="checkbox"/> Interpretive and other post-analytical issues</td> </tr> <tr> <td><input type="checkbox"/> Cancer testing (diagnostic/prognostic)</td> <td><input type="checkbox"/> Urgent testing (prenatal, postnatal, haemato-onc.)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> other (please specify)</td> </tr> </table>				<input type="checkbox"/> Diagnostic testing	<input type="checkbox"/> Therapeutic monitoring	<input type="checkbox"/> Predictive/presymptomatic testing	<input type="checkbox"/> Pre-implantation genetic testing	<input type="checkbox"/> Genotyping to predict drug responsiveness/ toxicity/ side effects	<input type="checkbox"/> Ethical issues	<input type="checkbox"/> Carrier testing	<input type="checkbox"/> Pre-analytical issues	<input type="checkbox"/> Prenatal testing	<input type="checkbox"/> Analytical issues	<input type="checkbox"/> Population screening, including newborn	<input type="checkbox"/> Interpretive and other post-analytical issues	<input type="checkbox"/> Cancer testing (diagnostic/prognostic)	<input type="checkbox"/> Urgent testing (prenatal, postnatal, haemato-onc.)		<input type="checkbox"/> other (please specify)
<input type="checkbox"/> Diagnostic testing	<input type="checkbox"/> Therapeutic monitoring																		
<input type="checkbox"/> Predictive/presymptomatic testing	<input type="checkbox"/> Pre-implantation genetic testing																		
<input type="checkbox"/> Genotyping to predict drug responsiveness/ toxicity/ side effects	<input type="checkbox"/> Ethical issues																		
<input type="checkbox"/> Carrier testing	<input type="checkbox"/> Pre-analytical issues																		
<input type="checkbox"/> Prenatal testing	<input type="checkbox"/> Analytical issues																		
<input type="checkbox"/> Population screening, including newborn	<input type="checkbox"/> Interpretive and other post-analytical issues																		
<input type="checkbox"/> Cancer testing (diagnostic/prognostic)	<input type="checkbox"/> Urgent testing (prenatal, postnatal, haemato-onc.)																		
	<input type="checkbox"/> other (please specify)																		
<b>Brief description of case presented, discussed and assessed (use the reverse side if insufficient room)</b>																			
<b>Please comment on whether these aspects of the trainee's performance are as expected for the stage of training</b>			<b>Yes</b>	<b>No</b>	<b>n/a</b>														
Ability to present case clearly and concisely																			
Good understanding of clinical issues relating to the case																			
Good understanding of laboratory issues relating to the case																			
Depth of understanding and awareness of current literature relevant to this case																			
Ability to interpret results in a balanced and rational way																			
Ability to provide and clearly communicate well reasoned professional advice																			
Ability to clinically correlate laboratory test results with patient features.																			
Ability to suggest further relevant or more useful tests towards the management of the patient in relation to diagnosis and monitoring including prognostication.																			
Ability to communicate findings to a non-medical person (e.g. patient, lawyer)																			
Understanding of management and financial aspects of the case																			
Overall laboratory and clinical judgment																			
Please comment on both strengths and areas requiring improvement:																			
<b>Final outcome</b> (please circle) As expected for the stage of training Below expected for the stage of training		<b>Date of CbD</b>	<b>Time taken for CbD:</b>	<b>Time taken for feedback:</b>															
Name/ signature of assessor		Signature of trainee																	
Name of laboratory																			

 <p data-bbox="271 190 646 302"><b>RCPA</b></p> <p data-bbox="159 309 646 340">The Royal College of Pathologists of Australasia</p>	<p data-bbox="710 190 1284 280"><b>Clinical Pathology Laboratory safety checklist</b></p>
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This form is designed to confirm that trainees have understood and are able to apply laboratory safety instruction provided by the employer as it relates to the RCPA curriculum. It covers the essentials for new trainees and is the basis for subsequent learning that will be assessed and eventually lead to the ability to function in a laboratory management role as a pathologist.

- I have participated in a laboratory safety induction program or educational session
- I have reviewed the laboratory safety manual
- I know where to find the laboratory safety equipment and how to use it
- I have known immunity to hepatitis B (natural or vaccine)
- I have been vaccinated and/or screened for other infectious diseases as required by my laboratory
- I know how and when to wash my hands and carry this out
- I wear enclosed shoes in the laboratory and tie back long hair if applicable
- I wear appropriate protective clothing (gown, gloves, goggles, mask as needed) and always remove it before leaving the laboratory
- I cover any cuts or wounds before working in the laboratory
- I never eat or put anything in my mouth whilst in the laboratory
- I know how to handle blood and other body substances and tissues to avoid transmission of infection to myself and others
- I know how to prevent sharps injury
- I am aware of electrical, chemical, radiation and biological hazards and how to prevent them
- I know what to do in an emergency
- I know the procedure for reporting safety-related incidents
- I know where to find information about legislative requirements for laboratory safety
- I know where to find detailed information about laboratory hazards such as dangerous chemicals
- I always clean up after myself
- I set up my workspace and ensure correct posture and lifting technique so as to avoid strain and injury

Name:

Sign:

Witness (supervisor or senior pathologist):

Date: