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</tr>
</tbody>
</table>
INTRODUCTION

The purpose of this handbook is to give you general information regarding the Medical Laboratory Science (MLS) Program at the University of North Dakota. Students are responsible for all information related to their program curriculum and MLS policies. The curriculum information will be helpful in keeping track of your progression in the program.

Student Advisement:
The Medical Laboratory Science program requires each student to meet with an advisor at least once each semester for career and academic counseling. In this session, the student’s academic program is planned and program policies are reviewed. The primary advisor for each of the following group of students is:

MLS Program Advisor (traditional 2+2 and transfer):
   Janna Schill, Rm E387
   701-777-6302, janna.schill@med.und.edu

4+1 MLS Program Advisor
   Linda Ray, Rm E384
   701-777-3687, linda.ray@med.und.edu

MLT Advisor:
Pual Samson, Rm E357B
   701-777-6710, paul.samson@med.und.edu

Mayo Cohort Advisor:
Bob Porter, Rm E378
   701-777-2647, robert.porter@med.und.edu

Categorical Advisor:
Chris Triske, Rm E379
   701-777-3575, chris.triske@med.und.edu

Western College Alliance for Medical Laboratory Science (WCAMLS):
Karen Peterson, Rm E385
   701-777-2656, karen.peterson@med.und.edu

If you have any questions or need any help with registration or general questions feel free to also contact the MLS program administrative assistant, MaryBeth McGurran, Rm E370, 701-777-2634, marybeth.mcguuran@med.und.edu

Guidance:
Student services, support programs and activities are available at UND. Included are individual counseling and therapy, test services, career counseling, and substance abuse prevention office. These services can be reached at 1-800-CALL UND Extension 2127 or at 701-777-2127.
MEDICAL LABORATORY SCIENCE

MISSION STATEMENT
The mission of the Department of Medical Laboratory Science is to educate laboratory professionals to meet the healthcare needs of the state, region and the nation. The Department is dedicated to providing students with the knowledge and skills necessary to succeed as practicing professionals.

PHILOSOPHY
The philosophy of the Department of Medical Laboratory Science is to provide high quality laboratory science education to healthcare entities in North Dakota, the region, and nationally. The Department strives to provide a cutting-edge learning environment that offers continuing education, certification, undergraduate, and graduate programs which allow individuals to develop into leaders in the laboratory science field.

GOALS
Department of Medical Laboratory Science Goals:
• To provide the student with the entry-level competencies needed to work in their field of study.
• To provide the student with adequate knowledge and background experience to qualify for national certification examinations appropriate to their level of education.
• To provide instruction and evaluation based on identified competencies and content of the clinical discipline that is responsive to individual student needs.
• To encourage graduates to remain in the region by providing sufficient clinical experiences in state.
• To provide sufficient medical laboratory science and histotechnician professionals to meet the needs of state, city, and rural communities.
• To increase the depth of learning in various major fields of laboratory sciences.
• To prepare graduates to work in both large and small clinical laboratories.

NATIONAL ACCREDITATION FOR CLINICAL LABORATORY SCIENCES
The University of North Dakota, Medical Laboratory Science Program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) which is located at 5600 N. River Rd, Suite 720, Rosemont, IL 60018-5119.
FACULTY AND STAFF

The UND Department of Medical Laboratory Science (MLS) is located on the 3rd floor of the School of Medicine and Health Sciences (SMHS). The main office is located in room E370.

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Administrative Officer  
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Orientation Handbook Undergraduate: Update 5/17  
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Description of the Medical Laboratory Science Profession

The medical laboratory scientist is qualified by academic and applied science education to provide service and research in clinical laboratory science and related areas in rapidly changing and dynamic healthcare delivery systems. Medical laboratory scientists perform, develop, evaluate, correlate and assure accuracy and validity of laboratory information; direct and supervise clinical laboratory resources and operations; and collaborate in the diagnosis and treatment of patients. The medical laboratory scientist has diverse and multi-level functions in the principles, methodologies and performance of assays; problem-solving; troubleshooting techniques; interpretation and evaluation of clinical procedures and results; statistical approaches to data evaluation; principles and practices of quality assurance/quality improvement; and continuous assessment of laboratory services for all major areas practiced in the contemporary clinical laboratory.

Medical laboratory scientists possess the skills necessary for financial, operations, marketing, and human resource management of the clinical laboratory.

Medical laboratory scientists practice independently and collaboratively, being responsible for their own actions, as defined by the profession. They have the requisite knowledge and skills to educate laboratory professionals, other health care professionals, and others in laboratory practice as well as the public.

The ability to relate to people, a capacity for calm and reasoned judgment and a demonstration of commitment to the patient are essential qualities. Communications skills extend to consultative interactions with members of the healthcare team, external relations, customer service and patient education.

Medical laboratory scientists demonstrate ethical and moral attitudes and principles that are necessary for gaining and maintaining the confidence of patients, professional associates, and the community.

(NAACLS 2014)
DESCRIPTION OF ENTRY LEVEL COMPETENCIES
OF THE MEDICAL LABORATORY SCIENTIST

At entry level, the medical laboratory scientist will possess the entry level competencies necessary to perform the full range of clinical laboratory tests in areas such as Clinical Chemistry, Hematology/Hemostasis, Immunology, Immunohematology/Transfusion medicine, Microbiology, Urine and Body Fluid Analysis and Laboratory Operations, and other emerging diagnostics, and will play a role in the development and evaluation of test systems and interpretive algorithms.

The medical laboratory scientist will have diverse responsibilities in areas of analysis and clinical decision-making, regulatory compliance with applicable regulations, education, and quality assurance/performance improvement wherever laboratory testing is researched, developed or performed.

At entry level, the medical laboratory scientist will have the following basic knowledge and skills in:

A. Application of safety and governmental regulations and standards as applied to clinical laboratory science;

B. Principles and practices of professional conduct and the significance of continuing professional development;

C. Communications sufficient to serve the needs of patients, the public and members of the health care team;

D. Principles and practices of administration and supervision as applied to clinical laboratory science;

E. Educational methodologies and terminology sufficient to train/educate users and providers of laboratory services;

F. Principles and practices of clinical study design, implementation and dissemination of results.

(NAACLS 2014)
ESSENTIAL FUNCTIONS

University of North Dakota
Medical Laboratory Science Program

Essential Functions represent the non-academic requirements of the program that all students must master to successfully participate in the program and become employable. All MLS students, and therefore, all applicants are expected to:

1. Vision: be able to read and interpret charts, graphs, and labels; read and interpret instrument panels and printouts, discriminate colors, hue, shading or intensity and clarity, read microscopic material and record results

2. Speech and Hearing: be able to communicate effectively and sensitively in order to assess and comprehend verbal communication and adequately transmit information.

3. Motor Functions: Possess all skills necessary to carry out diagnostic procedures; manipulate tools, instruments and equipment; perform phlebotomy safely and accurately; travel to a clinical site for practical experience.

4. Behavioral Requirements: possess the emotional health required for full utilization of applicant’s intellectual abilities; be able to recognize emergency situations and take appropriate action.

5. Physical Requirements: be able to complete fine repetitive hand movement; twist and bend; handle flammable and infective materials; handle hazardous chemicals and electrical equipment, lift 10 lbs.; maintain prolonged sitting or standing positions; maintain concentration with distracting noises and close proximity to fellow workers; tolerate unpleasant odors, work in a building either above or below ground level; work in an environment without windows; and perform keyboarding.

6. Critical Thinking: be able to appropriately perform complex interpretative testing.

7. Professionalism: be able to maintain a professional attitude and appearance.

All students must read the MLS specific essential functions and verify in a written document that they believe they can meet all of the requirements listed. The signed document will be kept in their MLS program file. The written document to sign is included at the end of this handbook.

In addition to MLS specific essential functions the UND SMHS Technical Standards for Matriculation, Progression, and Graduation is located in Appendix I.
General Information

Programs of Study

There are several different program options. They include:

- Traditional student curriculum design (2+2 track) BS Degree
- Certificate in Medical Laboratory Science (4+1 track)
- Western College Alliance for MLS (3+1 track)
- Articulation Program (MLT track)
- Mayo Clinic Cohort Program (Mayo track)
- Categorical Certificate (Categorical track)

Traditional Student Curriculum Design (2+2 Track) BS Degree:

Students complete a pre-professional curriculum (Pre-MLS) at UND. The pre-professional curriculum includes approximately 4 semesters of specific preparatory coursework for admission into the professional (BS-MLS) program. The professional program (BS-MLS) program is approximately five semesters in length and includes two semesters of preparatory coursework and three semesters in the final clinical year. The final 12 months of the professional curriculum covers 37 credits which includes a 12 week on campus experience in the summer semester, online coursework, and a 27 week clinical affiliation experience. Upon successful completion of all courses, the student receives a BS in MLS degree from the University of North Dakota. The 2+2 track is described in more detail later in this unit of the handbook.

Certificate in Medical Laboratory Science (4+1 Track):

Students enrolled in the certificate program have earned a baccalaureate degree from a regionally accredited college or university. Prior to entering the final clinical year of the professional program the student must complete specific prerequisite courses. The final clinical year is the same as the traditional (2+2 track). The 4+1 student earns a certificate in Medical Laboratory Science from UND upon successful completion of all courses. If the student wishes to earn a second baccalaureate degree in Medical Laboratory Science from the University of North Dakota, he/she must also have completed coursework to meet the essential studies requirements (make appointment for verification with your academic advisor). The 4+1 track curriculum is described in more detail later in this unit of the handbook.

Western College Alliance for Medical Laboratory Science (WCAMLS) (3+1 Track):

Students in the 3+1 track are from affiliated universities of the collaborative WCAMLS. Students from the affiliated universities/colleges complete their first three years at their home university and enroll in year two (final clinical year) of the UND’s Medical Laboratory Science professional curriculum which includes the summer practicum on campus with the following fall and spring semesters at a UND MLS clinical affiliate.

Each of the affiliated colleges have aligned specific curriculum content in their first three years with UND’s MLS program. The universities and colleges that do not offer MLS specific courses
such as hematology, clinical immunology, or medical microbiology may contact the University of North Dakota to deliver these courses by distance learning. MLS 325L Hematology Laboratory can be taken immediately preceding the summer practicum on the UND campus in a concentrated section.

The MLS program is responsible for providing the final clinical year of the professional curriculum. After successfully completing the final year, students receive a B.S. degree from their home institution and a certificate from UND indicating they have successfully completed the NAACLS accredited MLS program.

Affiliation agreements between the University of North Dakota and the affiliated university describe in detail items such as responsibilities of academic faculty, joint responsibilities, supervisory responsibilities for students, clinical teaching responsibilities, student professional liability coverage, student health and safety policies, and provision for renewal and termination. The WCAMLS (3+1) curriculum is described in more detail later in this unit of the handbook.

Articulation Program (MLT Track):

Medical Laboratory Technicians (MLT) or Clinical Laboratory Technicians (CLT), will follow individually designed programs of study to complete the curriculum for the baccalaureate in MLS degree. Transfer of credits must be from a regionally accredited institution and MLT/CLT specific coursework is transferred on a course by course basis.

MLT’s or CLT’s from community and technical colleges with academic articulation agreements will follow a specified curriculum plan.

Mayo Clinic Cohort Program (Mayo Track):

The University of North Dakota Medical Laboratory Science Program has a unique partnership with Mayo Clinic, Rochester, MN, to deliver education to current Mayo employees. The mechanism of delivery includes online lectures, intensive on site student laboratory experiences, and clinical site training.

Categorical Certificate (Categorical Track):

Categorical certificates offered include:

- Clinical Chemistry and Urinalysis
- Clinical Hematology and Hemostasis
- Clinical Immunohematology
- Clinical Microbiology

The MLS categorical certificate program provides advanced skills to baccalaureate-prepared students to become eligible to work in a high complexity clinical laboratory and meet the requirements to take a national certification examination in a specific categorical area.

The applicant to a categorical program requires a baccalaureate degree from a regionally accredited college with at least 20 semester credits of sciences (24 credits recommended). The mechanism of delivery includes online lectures and clinical site training. A clinical affiliate
experience site must agree to participate and meet the approval of the categorical coordinator before the student is allowed to enroll in the program.

**Additional Program Information:**

**Clinical Affiliates:**
The UND MLS program is affiliated with over 60 medical centers. The purpose of the medical center affiliation is to provide MLS learning experiences for students in a medical laboratory. The affiliation agreements with the medical centers specify the reason for the agreement, the responsibility of the academic faculty, responsibilities of the clinical facility, joint responsibilities, supervisory responsibilities for students, student professional liability coverage, student health and safety policies, provision for renewal, and termination clause providing for program completion of enrolled students. Students in all programs of study complete an experience at a clinical affiliate. An example of a clinical affiliation agreement is included in Appendix II.

**MLS Tuition**
When a student is registered in a 300 and 400 level MLS courses, a specific MLS tuition is assessed. Additional information is available in the Medical Laboratory Science Program office, 1301 N Columbia Road, Grand forks, ND, 701-777-2634 or marybeth.mcguinan@med.und.edu.

**Essential Functions**
Prospective students should review the UND MLS Essential Function Requirements that are listed in this handbook and on the MLS website at http://www.med.und.edu/mls. The student must verify in writing that they meet these requirements before entrance into the professional program.

**Criminal Background Check**
Prospective students need to be aware that they must pass a criminal background check before acceptance into the professional curriculum with an update completed before entrance into the final clinical year. Failure to pass the background check may deny the student entrance into summer practicum and completion of the required curriculum. The background check will be only accepted from a UND School of Medicine and Health Sciences approved company or by a company approved by the clinical affiliate. Concerns about this policy can be discussed with the UND MLS department chair or clinical education coordinator. Additional information may be found on the MLS website at http://www.med.und.edu/mls.

**Drugs of Abuse Screen**
Prospective students need to be aware that they may be required to submit to a drugs of abuse screen.
CURRICULUM DESIGN AND ACADEMIC REQUIREMENTS

Traditional 2 + 2 Track Curriculum Design:
The BS MLS degree includes two years of pre-professional (pre-MLS) education followed by two years of the BS-MLS coursework. The final clinical year consists of three semesters of coursework. The curriculum requires 126 credits (36 of which must be numbered 300 or above, and 60 credits of which must be from a 4 year institution) including:

I. Essential Studies Requirements, depending upon entrance date to UND. (see university listing).
II. Required MLS Curriculum

Academic Requirements (Pre-MLS):
The pre-professional curriculum is a blend of basic sciences, essential studies, and MLS specific courses.

Freshman Year – Fall Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>BIO 150/150L</td>
<td>General Biology I &amp; Laboratory</td>
<td>4</td>
</tr>
<tr>
<td>CHEM 121/121L (Q)</td>
<td>General Chemistry I &amp; Laboratory</td>
<td>4</td>
</tr>
<tr>
<td>ENGL 110</td>
<td>College Composition I</td>
<td>3</td>
</tr>
<tr>
<td>MATH 110</td>
<td>College Algebra</td>
<td>3</td>
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Freshman Year – Spring Semester

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<tr>
<td>BIO 151</td>
<td>General Biology II</td>
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<tr>
<td>CHEM 122/122L (Q)</td>
<td>General Chemistry II &amp; Chemistry Lab</td>
<td>4</td>
</tr>
<tr>
<td>COMM 110</td>
<td>Introduction to Public Speaking</td>
<td>3</td>
</tr>
<tr>
<td>ENGL 130</td>
<td>Composition II</td>
<td>3</td>
</tr>
<tr>
<td>Humanities Elective (G)</td>
<td>Elective (Global Diversity)</td>
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Sophomore Year – Fall Semester

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<tr>
<td>MLS 101</td>
<td>Orientation to Medical Laboratory Science</td>
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</tr>
<tr>
<td>ANAT 204</td>
<td>Anatomy for Paramedical Personnel</td>
<td>3</td>
</tr>
<tr>
<td>COMM 212</td>
<td>Interpersonal Communications</td>
<td>3</td>
</tr>
<tr>
<td>Mbio 202</td>
<td>Introductory Medical Microbiology Lecture</td>
<td>3</td>
</tr>
<tr>
<td>Social Science Elective</td>
<td>Introduction to Psychology (Recommended) (Elective)</td>
<td>3</td>
</tr>
<tr>
<td>Credits</td>
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<td>14</td>
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</table>

Sophomore Year – Spring Semester

<table>
<thead>
<tr>
<th>Course Code</th>
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<tbody>
<tr>
<td>MLS 234</td>
<td>Human Parasitology</td>
<td>2</td>
</tr>
<tr>
<td>MLS 234L</td>
<td>Human Parasitology Laboratory</td>
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</tr>
<tr>
<td>CHEM 340/340L</td>
<td>Survey of Organic Chemistry/Lab</td>
<td>5</td>
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<tr>
<td>Social Science Elective</td>
<td>Social Science Elective</td>
<td>3</td>
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<tr>
<td>PPT 301</td>
<td>Physiology</td>
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Admission requirements for the Professional Program are listed in the policy section of this handbook.
### Academic Requirements Professional (Junior and Senior BS-MLS):

#### Junior Year – Fall Semester

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<tr>
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<tbody>
<tr>
<td>MLS 301</td>
<td>Immunology</td>
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<tr>
<td>MLS 325</td>
<td>Hematology</td>
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<tr>
<td>MLS 325L</td>
<td>Hematology Laboratory</td>
<td>2</td>
</tr>
<tr>
<td>MLS 336</td>
<td>Laboratory Calculations</td>
<td>1</td>
</tr>
<tr>
<td>Social Science Elective (U)</td>
<td>Introduction to Sociology</td>
<td>3</td>
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<tr>
<td>Humanities Elective</td>
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#### Junior Year – Spring Semester

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<tbody>
<tr>
<td>MLS 340</td>
<td>Molecular Diagnostics</td>
<td>2</td>
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<tr>
<td>MLS 340L</td>
<td>Molecular Diagnostics Laboratory</td>
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</tr>
<tr>
<td>MLS 380</td>
<td>Professional Issues in Clinical Laboratory Science</td>
<td>1</td>
</tr>
<tr>
<td>MLS 394</td>
<td>Medical Microbiology</td>
<td>2</td>
</tr>
<tr>
<td>BICH 301</td>
<td>Biochemistry</td>
<td>3</td>
</tr>
<tr>
<td>Humanities Elective</td>
<td>Elective (Humanities Category)</td>
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<tr>
<td>MGMT 300</td>
<td>Principles of Management</td>
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#### Senior Year – Summer Semester (on UND campus)

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<th>Course Code</th>
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<tbody>
<tr>
<td>MLS 471</td>
<td>Clinical Chemistry I</td>
<td>2</td>
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<td>MLS 472</td>
<td>Pre-analytical Skills</td>
<td>1</td>
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<tr>
<td>MLS 473</td>
<td>Clinical Hemostasis I</td>
<td>2</td>
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<tr>
<td>MLS 474</td>
<td>Clinical Urinalysis I</td>
<td>2</td>
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<td>MLS 477</td>
<td>Clinical Immunohematology I</td>
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<td>MLS 477L</td>
<td>Clinical Immunohematology I Laboratory</td>
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<tr>
<td>MLS 478</td>
<td>Clinical Microbiology I</td>
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</tr>
<tr>
<td>MLS 479</td>
<td>Clinical Hematology I</td>
<td>2</td>
</tr>
</tbody>
</table>

#### Senior Year – Fall Semester (At clinical affiliate)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>MLS 489</td>
<td>Clinical Body Fluids</td>
<td>1</td>
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<tr>
<td>MLS 487</td>
<td>Medical Mycology</td>
<td>1</td>
</tr>
<tr>
<td>MLS 480</td>
<td>Clinical Immunohematology II</td>
<td>2</td>
</tr>
<tr>
<td>MLS 481</td>
<td>Clinical Chemistry II</td>
<td>2</td>
</tr>
<tr>
<td>MLS 483</td>
<td>Clinical Hemostasis II</td>
<td>1</td>
</tr>
<tr>
<td>MLS 484</td>
<td>Clinical Microbiology II</td>
<td>2</td>
</tr>
<tr>
<td>MLS 485</td>
<td>Clinical Urinalysis II</td>
<td>1</td>
</tr>
<tr>
<td>MLS 488</td>
<td>Clinical Hematology II</td>
<td>2</td>
</tr>
</tbody>
</table>

Advancement requirements for the Final Clinical Year are listed in the policy section of this handbook.
Senior Year – Spring Semester (At clinical affiliate)  

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLS 490 (CA)</td>
<td>Financial &amp; Quality Mgmt of the Clinical Laboratory</td>
<td>3</td>
</tr>
<tr>
<td>MLS 491</td>
<td>Clinical Chemistry III</td>
<td>2</td>
</tr>
<tr>
<td>MLS 492</td>
<td>Clinical Immunohematology III</td>
<td>2</td>
</tr>
<tr>
<td>MLS 494</td>
<td>Clinical Immunology</td>
<td>1</td>
</tr>
<tr>
<td>MLS 495</td>
<td>Clinical Microbiology III</td>
<td>2</td>
</tr>
<tr>
<td>MLS 498</td>
<td>Clinical Hematology III</td>
<td>2</td>
</tr>
</tbody>
</table>

Credits: 12

Q = Quantitative Reasoning   
G = Global Diversity   
C = Communication   
CA = Capstone and Advanced Communication   
U = US Diversity

TOTAL SENIOR CREDITS: 37
TOTAL PROGRAM CREDITS: 126
CERTIFICATE IN MEDICAL LABORATORY SCIENCE (4+1 TRACK)

The MLS program offers a 4+1 curriculum plan. A student is eligible for this program if they have earned a BS or BA degree and have completed the following prerequisite courses:

<table>
<thead>
<tr>
<th>Courses</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Chemistry</td>
<td>(8)</td>
</tr>
<tr>
<td>Organic Chemistry</td>
<td>(3)</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>(3)</td>
</tr>
<tr>
<td>General Biology</td>
<td>(6)</td>
</tr>
<tr>
<td>Microbiology***</td>
<td>(3)</td>
</tr>
<tr>
<td>Anatomy</td>
<td>(3)</td>
</tr>
<tr>
<td>Physiology</td>
<td>(3)</td>
</tr>
<tr>
<td>MLS 234 Human Parasitology*</td>
<td>(2)</td>
</tr>
<tr>
<td>MLS 301 Immunology*</td>
<td>(2)</td>
</tr>
<tr>
<td>MLS 325 Hematology*</td>
<td>(3)</td>
</tr>
<tr>
<td>MLS 325L Hematology Laboratory**</td>
<td>(2)</td>
</tr>
<tr>
<td>MLS 340 Molecular Diagnostics*</td>
<td>(2)</td>
</tr>
</tbody>
</table>

Strongly Recommended:
- MLS 336 Laboratory Calculations*
- MLS 394 Medical Microbiology*

*Available online from the UND MLS program.

**Offered as an intensive lab on campus in May one week before the summer session.

***MMLS 394 can be taken in place of General Microbiology.

Advancement requirements for the Final Clinical Year are listed in the policy section of this handbook.

The final clinical year (12 months) covers 37 credits which includes a 12 week on campus experience in the summer semester, online coursework, and a 27 week clinical affiliation experience. The 12 week on campus experience on the UND campus in Grand Forks, ND is required, and includes lecture and laboratory classes organized in blocks. No more than two classes will be held per block. Lecture and laboratory experiences are held at least eight hours each day.

A certificate in MLS from the University of North Dakota is issued verifying completion of 12 months of clinical training in the UND NAACLS accredited program.

<table>
<thead>
<tr>
<th>Summer Semester (On UND campus)</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLS 471</td>
<td>Clinical Chemistry I .................................................2</td>
</tr>
<tr>
<td>MLS 472</td>
<td>Clinical Pre-analytical Testing ..................................1</td>
</tr>
<tr>
<td>MLS 473</td>
<td>Clinical Hemostasis I ...............................................2</td>
</tr>
<tr>
<td>MLS 474</td>
<td>Clinical Urinalysis I .............................................2</td>
</tr>
<tr>
<td>MLS 477</td>
<td>Clinical Immunohematology I ........................................1</td>
</tr>
<tr>
<td>MLS 477L</td>
<td>Clinical Immunohematology I Laboratory .........................1</td>
</tr>
<tr>
<td>MLS 478</td>
<td>Clinical Microbiology I ............................................2</td>
</tr>
<tr>
<td>MLS 479</td>
<td>Clinical Hematology I .............................................2</td>
</tr>
</tbody>
</table>
### Fall Semester (at clinical affiliate)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLS 480</td>
<td>Clinical Immunohematology II</td>
<td>2</td>
</tr>
<tr>
<td>MLS 481</td>
<td>Clinical Chemistry II</td>
<td>2</td>
</tr>
<tr>
<td>MLS 483</td>
<td>Clinical Hemostasis II</td>
<td>1</td>
</tr>
<tr>
<td>MLS 484</td>
<td>Clinical Microbiology II</td>
<td>2</td>
</tr>
<tr>
<td>MLS 485</td>
<td>Clinical Urinalysis II</td>
<td>1</td>
</tr>
<tr>
<td>MLS 487</td>
<td>Medical Mycology</td>
<td>1</td>
</tr>
<tr>
<td>MLS 488</td>
<td>Clinical Hematology II</td>
<td>2</td>
</tr>
<tr>
<td>MLS 489</td>
<td>Clinical Body Fluids</td>
<td>1</td>
</tr>
</tbody>
</table>

### Spring Semester (at clinical affiliate)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLS 490</td>
<td>Financial &amp; Quality Mgmt of the Clinical Laboratory</td>
<td>3</td>
</tr>
<tr>
<td>MLS 491</td>
<td>Clinical Chemistry III</td>
<td>2</td>
</tr>
<tr>
<td>MLS 492</td>
<td>Clinical Immunohematology III</td>
<td>2</td>
</tr>
<tr>
<td>MLS 494</td>
<td>Clinical Immunology</td>
<td>1</td>
</tr>
<tr>
<td>MLS 495</td>
<td>Clinical Microbiology III</td>
<td>2</td>
</tr>
<tr>
<td>MLS 498</td>
<td>Clinical Hematology III</td>
<td>2</td>
</tr>
</tbody>
</table>
WESTERN COLLEGE ALLIANCE FOR MEDICAL LABORATORY SCIENCE (WCAMLS) (3+1 TRACK)

The UND Medical Laboratory Science program is affiliated with Bemidji State University, Bemidji, MN; Jamestown College, Jamestown, ND; Mayville State University; Mayville, ND; Minot State University, Minot, ND; Montana State University, Billings, MT; Northern State University, Aberdeen, SD; St. Cloud State University, St. Cloud, MN; University of Mary, Bismarck, ND; University of Minnesota Crookston, Crookston, MN; University of South Dakota, Vermillion, SD; University of Wisconsin, LaCrosse, LaCrosse, WI; Valley City State University, Valley City, ND; Winona State University, Winona, MN.

Additional requirements for admission are listed in the policy section of this handbook.

The program of study for the first three years at these colleges is aligned with the UND MLS program. Students from these institutions apply to the UND MLS program for their final year of study. The final clinical year (12 months) covers 37 credits which includes a 12 week on campus experience in the summer semester, online coursework, and a 27 week clinical affiliation experience.

The 12 week experience is on the UND campus in Grand Forks, ND, is required, and includes lecture and laboratory classes organized in blocks. No more than two classes will be held per block. Lecture and laboratory experiences are held at least eight hours each day.

A certificate in MLS from the University of North Dakota is issued verifying completion of 12 months of clinical training in the UND NAACLS accredited program. The students are eligible for BS or BA degree in MLS or a related major, or a certificate from their respective institution.

### Summer Semester (on UND Campus)

<table>
<thead>
<tr>
<th>Course</th>
<th>Description</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLS 471</td>
<td>Clinical Chemistry I (online before clinical site)</td>
<td>2</td>
</tr>
<tr>
<td>MLS 472</td>
<td>Clinical Pre-analytical Testing</td>
<td>1</td>
</tr>
<tr>
<td>MLS 473</td>
<td>Clinical Hemostasis I</td>
<td>2</td>
</tr>
<tr>
<td>MLS 474</td>
<td>Clinical Urinalysis I</td>
<td>2</td>
</tr>
<tr>
<td>MLS 477</td>
<td>Clinical Immunohematology I</td>
<td>1</td>
</tr>
<tr>
<td>MLS 477L</td>
<td>Clinical Immunohematology I Laboratory</td>
<td>1</td>
</tr>
<tr>
<td>MLS 478</td>
<td>Clinical Microbiology I</td>
<td>2</td>
</tr>
<tr>
<td>MLS 479</td>
<td>Clinical Hematology I</td>
<td>2</td>
</tr>
</tbody>
</table>

### Fall Semester (at clinical affiliate)

<table>
<thead>
<tr>
<th>Course</th>
<th>Description</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLS 487</td>
<td>Medical Mycology</td>
<td>1</td>
</tr>
<tr>
<td>MLS 489</td>
<td>Clinical Body Fluids</td>
<td>1</td>
</tr>
<tr>
<td>MLS 480</td>
<td>Clinical Immunohematology II</td>
<td>2</td>
</tr>
<tr>
<td>MLS 481</td>
<td>Clinical Chemistry II</td>
<td>2</td>
</tr>
<tr>
<td>MLS 483</td>
<td>Clinical Hemostasis II</td>
<td>1</td>
</tr>
<tr>
<td>MLS 484</td>
<td>Clinical Microbiology II</td>
<td>2</td>
</tr>
<tr>
<td>MLS 485</td>
<td>Clinical Urinalysis II</td>
<td>1</td>
</tr>
<tr>
<td>MLS 488</td>
<td>Clinical Hematology II</td>
<td>2</td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
<td>Credits</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>MLS 490</td>
<td>Financial &amp; Quality Mgmt of the Clinical Laboratory</td>
<td>3</td>
</tr>
<tr>
<td>MLS 491</td>
<td>Clinical Chemistry III</td>
<td>2</td>
</tr>
<tr>
<td>MLS 492</td>
<td>Clinical Immunohematology III</td>
<td>2</td>
</tr>
<tr>
<td>MLS 494</td>
<td>Clinical Immunology</td>
<td>1</td>
</tr>
<tr>
<td>MLS 495</td>
<td>Clinical Microbiology III</td>
<td>2</td>
</tr>
<tr>
<td>MLS 498</td>
<td>Clinical Hematology III</td>
<td>2</td>
</tr>
</tbody>
</table>
MLT PROGRAM

Medical Laboratory Technician (MLT) or Clinical Laboratory Technician (CLT) graduates (board certified) are encouraged to apply to the UND MLS program. The student’s transcript is evaluated and a recommendation made to the UND Office of the Registrar regarding the number of credits to be transferred and the science courses to be waived. The student may be eligible for a shortened professional program based on previous coursework, years of experience working in a clinical laboratory, and a competency assessment (see Appendix III).

The MLT student, with national board certification, may complete the BS level curriculum part-time online while they are working or full time on campus.

Additional requirements for admission are listed in the policy section of this handbook.

MAYO CLINIC COHORT PROGRAM (MAYO TRACK)

In a joint venture between Mayo Clinic and the University of North Dakota’s MLS program, a unique cohort program has been established. The program blends online MLS curriculum from UND with onsite intensive laboratory training sessions and clinical rotations at Mayo Clinic. The program has been developed for working Mayo professionals and is designed to be completed around the work hours of the Mayo Clinic employee, with no outside travel required. Each student will have a curriculum plan developed specifically for them by the Mayo Cohort advisors.

Mayo Cohort Senior Semester Curriculum Design Information:

The senior courses (MLS 400 – level courses) are divided into five semester blocks. Semester blocks are independent of each other, students may start senior courses in either the fall or spring semester. At least one summer semester will be required.

“Reduced Load”- students may choose to enroll in fewer courses per semester, and extend their senior program (final clinical year) of study beyond five semesters.
# Example of Mayo Cohort Curriculum Design

## (Intensive Lab Schedule)

### UND Mayo Cohort "Senior" Semesters (1-5)

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 2</th>
<th>Semester 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Fall Semester</td>
<td>2018 Spring Semester</td>
<td>2018 Summer Semester</td>
</tr>
<tr>
<td>MLS 478 Cl. Microbiology I 2</td>
<td>MLS 477 Cl. Immunoheme I 1</td>
<td>MLS 472 Pre-analytical testing 1</td>
</tr>
<tr>
<td>MLS 487 Medical Mycology 1</td>
<td>MLS 477L Immunoheme I Lab 1</td>
<td>MLS 474 Cl. Urinalysis I 2</td>
</tr>
<tr>
<td>MLS 471 Cl. Chemistry I 2</td>
<td>MLS 479 Cl. Hematology I 2</td>
<td>MLS 492 Cl. Immunoheme III 2</td>
</tr>
<tr>
<td>Intensive Lab 1</td>
<td>Intensive Lab 2</td>
<td>Intensive Lab 3</td>
</tr>
<tr>
<td>November 13-18 &amp; 20-22</td>
<td>TBD: ~April (2 Weeks)</td>
<td>TBD: ~June/July (1 Week)</td>
</tr>
<tr>
<td>Topics: Microbiology/Mycology</td>
<td>Topics: 479 Heme</td>
<td>Topics: 477L Immunohematology</td>
</tr>
<tr>
<td>MLS 491 Cl. Chemistry III</td>
<td>MLS 487 Cl. Immunohemolysis</td>
<td>474 Urinalysis/Misc.</td>
</tr>
<tr>
<td>(3+ Full 8-Hour Days)</td>
<td>MLS 492 Cl. Hemostasis</td>
<td></td>
</tr>
<tr>
<td>Total Credits 5</td>
<td>Total Credits 8</td>
<td>Total Credits 7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 4</th>
<th>Semester 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 Fall Semester</td>
<td>2019 Spring Semester</td>
</tr>
<tr>
<td>MLS 489 Cl. Body Fluids 1</td>
<td>MLS 490 Cl. Fin. &amp; Qual. Mgmt 3</td>
</tr>
<tr>
<td>MLS 490 Cl. Fin. &amp; Qual. Mgmt 3</td>
<td>MLS 483 Cl. Hemostasis II 1</td>
</tr>
<tr>
<td>MLS 496 Cl. Hematology III (TBD: August (2 weeks))</td>
<td>MLS 494 Cl. Microbiology II 2</td>
</tr>
<tr>
<td>MLS 498 Cl. Urinalysis II 1</td>
<td>MLS 496 Cl. Hematology II 2</td>
</tr>
<tr>
<td>MLS 494 Cl. Immunology 1</td>
<td>Intensive Labs - Stable 3-50</td>
</tr>
<tr>
<td>Total Credits 8</td>
<td>Total Credits 9</td>
</tr>
</tbody>
</table>

### Mayo Clinical Intensive Rotations

The Mayo Laboratory Clinical Intensive Rotations (CIRs) listed above may vary when offered and need to be enrolled in when appropriate. (MLS 491,492,495,498)

- **Coagulation Rotation (MLS 473)** - Arranged after MLS 473 lecture is completed by the student with Layna Cardell
- **Phlebotomy Rotation (MLS 472)** - Arranged for MLS 472 in either the late summer or the fall semester by the student with Mary Kaye Peterson

### Study Guide Courses (SGCs)

- **MLS Study Guide Courses** - Review of MLS courses for ASCP National Board of Certification Exam

*Note: Short Mayo Rotations not included in this schedule and to be determined at a later date are the following:

- **Phlebotomy Rotation (MLS 472)**
- **Coagulation Rotation (MLS 473)**

Students may want to divide them up and take them over 2 semesters.*
CATEGORICAL CERTIFICATE TRACK

The categorical certificate curriculums include course work in the specific categorical discipline offered in the 2+2 track described previously and other course work required to be eligible to take a categorical exam. Upon successful completion of the curriculum, students will receive a certificate of completion and be eligible to take a categorical national board of certification exam. The curriculum includes both an academic and a clinical component and both components are completed at the clinical affiliate.

Categorical certificates offered include:
- Clinical Chemistry and Urinalysis
- Clinical Hematology and Hemostasis
- Clinical Immunohematology
- Clinical Microbiology

Additional requirements for admission are listed in the policy section of this handbook

CLINICAL CHEMISTRY/URINALYSIS CATEGORICAL

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLS 336</td>
<td>Laboratory Calculations*</td>
<td>1</td>
</tr>
<tr>
<td>MLS 340</td>
<td>Molecular Diagnostics</td>
<td>2</td>
</tr>
<tr>
<td>MLS 460</td>
<td>Laboratory Practice*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 465</td>
<td>Clinical Laboratory Management*</td>
<td>3</td>
</tr>
<tr>
<td>MLS 471</td>
<td>Clinical Chemistry I*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 474</td>
<td>Clinical Urinalysis I*/**</td>
<td>2</td>
</tr>
<tr>
<td>MLS 481</td>
<td>Clinical Chemistry II*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 485</td>
<td>Clinical Urinalysis II*</td>
<td>1</td>
</tr>
<tr>
<td>MLS 489</td>
<td>Clinical Body Fluids*</td>
<td>1</td>
</tr>
<tr>
<td>MLS 491</td>
<td>Clinical Chemistry III**</td>
<td>2</td>
</tr>
</tbody>
</table>

Total Categorical Credits.........................................................................................18 credits

HEMATOLOGY/HEMOSTASIS CATEGORICAL

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLS 325</td>
<td>Hematology*</td>
<td>3</td>
</tr>
<tr>
<td>MLS 325L</td>
<td>Hematology Laboratory**</td>
<td>2</td>
</tr>
<tr>
<td>MLS 336</td>
<td>Laboratory Calculations*</td>
<td>1</td>
</tr>
<tr>
<td>MLS 460</td>
<td>Laboratory Practice*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 465</td>
<td>Clinical Laboratory Management*</td>
<td>3</td>
</tr>
<tr>
<td>MLS 473</td>
<td>Clinical Hemostasis I*/**</td>
<td>2</td>
</tr>
<tr>
<td>MLS 479</td>
<td>Clinical Hematology I*/**</td>
<td>2</td>
</tr>
<tr>
<td>MLS 483</td>
<td>Clinical Hemostasis II*</td>
<td>1</td>
</tr>
<tr>
<td>MLS 488</td>
<td>Clinical Hematology II*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 489</td>
<td>Clinical Body Fluids*</td>
<td>1</td>
</tr>
<tr>
<td>MLS 498</td>
<td>Clinical Hematology III**</td>
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</tbody>
</table>

Total Categorical Credits.........................................................................................21 credits

Orientation Handbook Undergraduate: Update 5/17
### IMMUNOHEMATOLOGY CATEGORICAL

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLS 301</td>
<td>Immunology*</td>
<td>3</td>
</tr>
<tr>
<td>MLS 336</td>
<td>Laboratory Calculations*</td>
<td>1</td>
</tr>
<tr>
<td>MLS 460</td>
<td>Laboratory Practice*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 465</td>
<td>Clinical Laboratory Management*</td>
<td>3</td>
</tr>
<tr>
<td>MLS 473</td>
<td>Clinical Hemostasis I/*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 477</td>
<td>Clinical Immunohematology I*</td>
<td>1</td>
</tr>
<tr>
<td>MLS 477L</td>
<td>Clinical Immunohematology I Laboratory**</td>
<td>1</td>
</tr>
<tr>
<td>MLS 480</td>
<td>Clinical Immunohematology II*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 492</td>
<td>Clinical Immunohematology III**</td>
<td>2</td>
</tr>
<tr>
<td>MLS 494</td>
<td>Clinical Immunology*</td>
<td>1</td>
</tr>
</tbody>
</table>

Total Categorical Credits: 18 credits

### MICROBIOLOGY CATEGORICAL

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLS 234</td>
<td>Parasitology*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 336</td>
<td>Laboratory Calculations*</td>
<td>1</td>
</tr>
<tr>
<td>MLS 340</td>
<td>Molecular Diagnostics*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 394</td>
<td>Medical Microbiology*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 460</td>
<td>Laboratory Practice*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 465</td>
<td>Clinical Laboratory Management*</td>
<td>3</td>
</tr>
<tr>
<td>MLS 478</td>
<td>Clinical Microbiology I/*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 484</td>
<td>Clinical Microbiology II*</td>
<td>2</td>
</tr>
<tr>
<td>MLS 487</td>
<td>Medical Mycology*</td>
<td>1</td>
</tr>
<tr>
<td>MLS 495</td>
<td>Clinical Microbiology III**</td>
<td>2</td>
</tr>
</tbody>
</table>

Total: 19 credits

*Distance Course (Internet)  **Clinical Laboratory
COURSE DESCRIPTIONS

The Medical Laboratory Science program is within School of Medicine and Health Sciences at the University of North Dakota. The Medical Laboratory Science (MLS) courses offered are listed below:

101. Orientation to Medical Laboratory Sciences: 2 credits. Introduction to the role, ethics, conduct, certification, education, employment, and fundamental knowledge and skills related to medical laboratory science.

234. Human Parasitology: 2 credits. Physiological aspects of human parasites, their symbiotic host parasite relationships and clinical diagnostic techniques.

234L. Human Parasitology Laboratory: 1 credit. Laboratory methods for the identification and diagnosis of human parasites.

301. Immunology: 3 credits. Principles of clinical immunology focusing on cellular and molecular nature of antigens and immunoglobulin, the immune response, immunogenetics, and immune mediated disease.


325L. Hematology Laboratory: 2 credits Co-requisite: 325. Morphologic examination of blood and bone marrow and laboratory testing used in hematological study.

336. Laboratory Calculations: 1 credit. Calculations used in the clinical laboratory including measurement systems, dilutions, graphing, solution chemistry statistics of quality control and research interpretation.

340. Molecular Diagnostics: 2 credits. An introduction to specific molecular biology application in the laboratory and a discussion of cell biology, DNA chemistry, genetics, nucleic acid extraction and modification, blotting, polymerase chain reactions, and probes in relation to diagnostic investigations.

340L. Molecular Diagnostics Laboratory: 1 credit. Application of molecular techniques including the operation of molecular based instrumentation, DNA extraction and measurement, blotting, polymerase chain reactions, and utilization of probes.

380. Professional Issues in Clinical Laboratory Science: 1 credit. Discussion of MLS professional issues, ethics, current topics of healthcare delivery, governmental regulations, societal concerns, cultural diversity, disease prevention, research and environment.

394. Medical Microbiology: 2 credits. Medically important microorganisms are identified using a wide variety of clinical techniques. Included in the discussion will be susceptibility studies and the correlation of the presence of microorganisms to health and disease.
399. **Special Topics in Clinical Laboratory Science**: 1-13 credits. Lecture, discussion and readings in topics of current interest in the clinical laboratory sciences.

460. **Laboratory Practice**: 2 credits. This course represents an overview of standard laboratory practices including safety, glassware, microscopes, centrifuges, balances, specimen collection and handling.

464. **Clinical Review**: 3 credits. Emphasis is on concepts related to the role of a clinical laboratory scientist. Analysis and evaluation focuses on the theories of immunohematology, clinical chemistry, microbiology, hematology and other areas contributing to clinical application.

465. **Clinical Laboratory Management**: 3 credits. Management practices in the clinical laboratory including concepts related to service and quality, information management, financial management, personnel management, laboratory education and research.

471. **Clinical Chemistry I**: 2 credits. Theories and principles of clinical chemistry procedures are discussed as well as how the results of these procedures correlate to health and disease.

472. **Preanalytical Skills**: 1 credit. Theory and practice of phlebotomy in the clinical setting, specimen processing, review of state and federal regulations, safety and biohazard compliance, interpersonal relationship skills.

473. **Clinical Hemostasis I**: 2 credits. Physiologic mechanisms of normal human hemostasis as well as hereditary and acquired defects. Laboratory techniques performed and discussed are screening tests and specific assays for abnormalities, procedures to monitor therapeutic measures and practice, and maintenance of current instrumentation.

474. **Clinical Urinalysis I**: 2 credits. Theory, techniques and practice of microscopy and urinalysis with emphasis on identification of elements in the sediment.

477. **Clinical Immunohematology I**: 1 credit. Theory of modern transfusion techniques, component therapy, and quality assurance.

477L. **Clinical Immunohematology I Laboratory**: 1 credit. Practical application of modern transfusion techniques, component therapy, and quality assurance.

478. **Clinical Microbiology I**: 2 credits. Groups of medically important bacteria are studied and correlated to laboratory practice in identification. Included in the discussion are antibiotic susceptibility testing, quality control, and methods of identification including rapid, automated, and traditional methods.

479. **Clinical Hematology I**: 2 credits. Emphasis on interpretive correlation of hematology findings and pathophysiology. Topics of current interest and advances in hematology.

480. **Clinical Immunohematology II**: 2 credits. Applied theory and modern transfusion at the clinical affiliate.

483. Clinical Hemostasis II: 1 credit. Techniques and practice in routine phlebotomy and hemostasis at the clinical affiliate.

484. Clinical Microbiology II: 2 credits. Applied theory and practice in clinical microbiology at the clinical affiliate.

485. Clinical Urinalysis II: 1 credit. Applied theory and practice in urinalysis and observation, practice, or research in specialized areas or settings at the clinical affiliate.

487. Medical Mycology: 1 credit. Comparative morphology, physiology and pathogenicity of medically important fungi. Laboratory methods for identification, emphasize interpretation and evaluation of results including the recognition of contaminating organisms.


489. Clinical Body Fluids: 1 credit. Overview of the theory and practice in manual procedures of human body fluids. The body fluids to be discussed include: spinal, synovial and amniotic fluid, transudates and exudates, fecal specimens, gastric, sweat, and other body fluid secretions.

490. Financial and Quality Management of the Clinical Laboratory: 3 credits. A capstone course designed to provide senior students with the skills to manage a clinical laboratory. The course brings together previous content with a focus on laboratory profitability, quality management, and quality improvement.

491. Clinical Chemistry III: 2 credits. Techniques and practice in clinical chemistry at the clinical affiliate.

492. Clinical Immunohematology III: 2 credits. Techniques and modern transfusion practices at the clinical affiliate.

494. Clinical Immunology: 1 credit. Applied theory and practice in clinical immunology and serology at the clinical affiliate.

495. Clinical Microbiology III: 2 credits. Techniques and practice in clinical microbiology at the clinical affiliate.

498. Clinical Hematology III: 2 credits. Techniques and modern hematology practices at the clinical affiliate.
CLINICAL AFFILIATE INFORMATION

Introduction:
The MLS program at the University of North Dakota has over 60 clinical affiliates. The process of clinical site selection for the students is included in the “Program Policies” unit of this handbook under “Clinical Year Policies”

Current Clinical Affiliation Site List (The list of clinical affiliates is subject to change). The most up-to-date list is located on the MLS website: http://www.med.und.edu/medical-laboratory-science/mls-clinical-affiliates.cfm

MLS Program Clinical Sites:

• Arizona
  o Banner Health System and Affiliates, Tempe
  o Flagstaff Medical Center, Flagstaff

• Colorado
  o Denver VA Medical Center, Denver
  o The Children’s Hospital Association, Aurora
  o University of Colorado Hospital, Aurora

• Florida
  o Lakeland Regional Health Systems, Lakeland

• Illinois
  o Heartland Regional Medical Center, Marion

• Iowa
  o United Clinical Laboratories, Dubuque

• Minnesota
  o Austin Medical Center/ Mayo Health System, Austin
  o CentraCare Health, Melrose
  o Grand Itasca Clinic & Hospital, Grand Rapids
  o Health East, St. Paul
  o Lifecare Medical Center, Roseau
  o Mayo Clinic, Rochester (Mayo Cohort Students only)
  o Minneapolis VA Medical Center, Minneapolis
  o Park Nicollet Health Systems / Methodist Hospital, Minneapolis
  o Rainy Lake Medical Center, International Falls
  o Riverview Healthcare Association, Crookston
  o St. Francis Healthcare, Breckenridge
  o St. Joseph’s Hospital & Health Center, Brainerd
  o St. Luke’s Hospital, Duluth
  o St. Mary’s Hospital, Duluth
  o Sanford Medical Center, Bemidji
  o Sanford Medical Center, Thief River Falls
  o Winona Health Community Memorial Hospital, Winona
• Montana
  o Community Medical Center, Missoula
  o Holy Rosary Healthcare, Miles City
  o St Patrick Hospital, Missoula
  o St. Luke's Community Healthcare, Ronan
  o St. Vincent Healthcare, Billings

• North Dakota
  o Altru Health System, Grand Forks
  o Cavalier County Memorial Hospital, Langdon
  o CHI St Alexius Health, Devils Lake
  o CHI St Alexius Health, Williston
  o CHI Mercy Health, Valley City
  o Essentia Health (Innovis), Fargo
  o Jamestown Regional Medical Center, Jamestown
  o Minot Center for Family Medicine, Minot
  o North Plains Laboratory/St. Alexius Medical Center, Bismarck
  o Presentation Medical Center, Rolla
  o Sanford Medical Center, Bismarck
  o Trinity Hospital, Minot

• Oklahoma
  o Oklahoma City VA Medical Center, Oklahoma City

• Oregon
  o Interpath Laboratories Inc, Pendleton
  o Mid Columbia Medical Center, The Dalles

• South Dakota
  o Avera McKennan Hospital, Sioux Falls
  o Avera Sacred Heart Hospital, Yankton
  o Avera St. Luke's Hospital, Aberdeen
  o Sanford Aberdeen Medical Center, Aberdeen
  o Sanford Vermillion, Vermillion

• Washington
  o Spokane VA Medical Center, Spokane

• Wisconsin
  o Gunderson Health System, LaCrosse
  o Franciscan Skemp Healthcare, LaCrosse
  o Lakeview Medical Center, Rice Lake
  o Tomah Memorial Hospital, Tomah

• Wyoming
  o Cheyenne Regional Medical Center, Cheyenne
  o Wyoming Medical Center, Casper
Categorical Clinical Sites

- Arizona
  - Southern Arizona VA Healthcare System, Tucson
  - Banner Health System, Tempe
- Colorado
  - University of Colorado Hospital, Denver
- Missouri
  - Boyce and Bynum Pathology Labs, Columbia
- Minnesota
  - St. Luke’s Healthcare System, Duluth
- North Dakota
  - United Blood Services, Fargo
- Pennsylvania
  - Geisinger Health System, Danville
- Texas
  - Children’s Medical Center, Dallas
POLICIES

MODIFICATIONS TO POLICY

- The Medical Laboratory Science Professional and Academic Standards Committee reserve the right to make modifications to the MLS policies.
- Policies take effect on the date of approval by the Committee.
- Notification of the new policies will be posted on the MLS website within five working days of policy approval.
I. **MLS Course Expectations:**

A. Students are expected to attend 100% of all MLS classes.

B. Student class attendance will be verified by the completion of class assignments or participation evaluation. Class attendance records may be reviewed as part of determining the affective portion of the student's evaluation which counts in their overall grade according to the instructor's discretion. If there is an extended absence the student may not receive credit and must repeat the course the next time it is offered.

C. Students are expected to complete lessons, assignments, quizzes, and exams according to the course schedule, syllabus and/or calendar. If an emergency or illness occurs that prohibits the students from accomplishing the above, it is the student's responsibility to contact the instructor (in person or by telephone, voicemail or email) prior to the absence.

D. It is the student's responsibility to read and obtain notes or course materials from other students after an absence. Each instructor reserves the right to determine how they will incorporate lessons, assignments, quizzes, and/or exams not completed into the student's final grade.

E. It is the instructor's decision to allow or not allow any make-up of lessons, laboratory experiences, assignments, quizzes and/or exams.

F. Format of make-up exams may differ from the original exam delivered in class. The format of the make-up exam will be determined by the course instructor.

G. Tardiness will not be tolerated and will be reflected on affective domain evaluation forms. Each instructor will inform the student how tardiness will be incorporated into the course grade. Promptness is also expected following breaks in either lecture or laboratory experiences. An additional tardiness and absence policy applied during the clinical affiliate experience.

H. A letter grade of C or better must be earned in all MLS courses.

II. **Proctor Information:**

A. Each semester the student is enrolled in a distance course, the student’s proctor information must be registered using the information located at: https://mls.med.und.edu/proctor/Account/Login?ReturnUrl=%2fproctor. It is the student’s responsibility to find an acceptable proctor and enter the proctor information into the database listed above.

B. A proctor MUST be a supervisor, librarian, high school principal or someone of authority. A proctor CANNOT be a friend, roommate, or family member. The
proctor must have, and, use a professional email address. Proctors forfeit eligibility to enroll in any future undergraduate MLS course.

C. Proctors and their supervisory role will be verified for authenticity by MLS faculty or staff.

D. The MLS program reserves the right to have the student locate an alternate proctor and to approve/disapprove all proctors.

E. Any quiz or exam that requires a proctor MUST be monitored and verified by the proctor.

F. Falsification of proctor information will be grounds for dismissal from the program.

G. The proctor information will be kept confidential. It is necessary to update database information to be able to send exams to proctor, etc.

III. Grading:

The grades for each course may be determined using the following learning domains:

<table>
<thead>
<tr>
<th>Domains</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive:</td>
<td>Quizzes, Assignments, Exams</td>
</tr>
<tr>
<td>Psychomotor:</td>
<td>Performance in the laboratory</td>
</tr>
<tr>
<td>Affective:</td>
<td>Affective domain evaluation</td>
</tr>
</tbody>
</table>

A. In addition to the three domains of learning, courses may contain critical objectives.

B. A failure of any single critical objective is equivalent to failure of the overall course.

C. A final grade of C or higher is considered a passing grade in a MLS course.

IV. Incomplete Grades:


It is expected that students will complete all requirements for a course during the time frame of the course. For reasons beyond a student’s control, and upon request by the student or on behalf of the student, an incomplete grade may be assigned by the instructor when there is reasonable certainty the student will successfully complete the course without retaking it. The mark “I,” Incomplete, will be assigned only to the student who has been in attendance and has satisfactory work up to a time within four weeks of the close of the semester, including the examination period, and whose work is incomplete for reasons satisfactory to his/her instructor.
Incompletes are entered on the final grade sheet, and instructors must also sign and submit a “Report of Incomplete Grade” form to the Office of the Registrar. The instructor may choose any one of the following options for the deadline to complete the course:

- The default date as stated in the “UND Schedule of Courses”.
- Extend to 12 calendar months after the end of the course.
- A date of the instructor’s choosing no later than 12 months after the end of the course.

Incomplete grades will convert to a grade of “F” if a grade is not submitted by the instructor to the Office of the Registrar on or before the deadline written on the “Report of Incomplete Grade” form.

The instructor of the course and the dean of the college offering the course for undergraduates must approve and sign the “Report of Incomplete Grade” form for any extension of incomplete beyond the default date listed in the “UND Schedule of Courses for Each Semester.” An incomplete grade must be changed by 12 calendar months from the ending date of the class. It is the student’s responsibility to contact their instructor about an incomplete grade posted on their final grade report. An “I” may be converted as indicated above but cannot be expunged from the record. Students may not register in courses in which they currently hold grades of incomplete, except for courses that allow repeated enrollment. A student will not be allowed to graduate with an unconverted incomplete grade on their academic record.

**MLS Program Incomplete Grade Policy (Including UND’s Policy):**

A. It is the responsibility of the student to contact the instructor and request consideration for an Incomplete grade to be assigned.

B. It is the responsibility of the student to inform the instructor that they have finished the course.

C. It is the responsibility of the student to finish all requirements of the course specified by the instructor by the published date for removal of incomplete grades. Each semester the UND Office of the Registrar assigns a specific date that all incomplete grades must be removed and grade assigned. A date is also assigned for work to be submitted to the instructor in order to remove the incomplete grade. These dates can be found online each semester at: [http://und.edu/academics/registrar/](http://und.edu/academics/registrar/) (dates and deadlines).

D. Extension of incomplete:
   It is the responsibility of the student to contact the instructor to request an extended incomplete. This date can be no later than 12 calendar months after the end of the course. Extenuating circumstances must be given to the instructor before consideration for an extension will be granted.
V. **Electronic Communications Policy** (UND Email Account and Blackboard):

A. All students taking MLS courses will be assigned a UND email account. It is the student’s responsibility to monitor this account. All communication initiated from instructors and program officials will be made using this e-mail account.

B. Return e-mails: Instructors have five working days to return e-mails. If the student has not heard back from an instructor within five working days, it is appropriate to inquire about receipt of the e-mail.

C. All communications from the student must be in a professional and courteous tone. Lack of courteous communications will be reflected in the affective domain grading of the student.

D. Grading of assignments and exams in distance courses using Blackboard. Students should allow ten working days for assignments to be graded and posted on Blackboard. If the student has not seen a grade under the tools section of the course room after ten working days, it is appropriate to inquire about the receipt of the assignment/exam.

E. If a quiz/exam has been lost by electronic communication, fax or regular mail, verification of successful completion of the exam will be needed from the proctor. Any missing work, lost by apparent electronic or regular mail error will have makeup options determined by the instructor.

F. All programmable electronic devices (including i-pads, i-pods, and phones) are not allowed during any quiz or exam taken by the student. This includes those taken in either the lecture or laboratory experiences.

G. All cell phones must be muted during all lectures, student laboratory experiences and clinical affiliation hours.

VI. **Student/Graduate Records:**

A. All files concerning students are subject to the Family Education Rights and Privacy Act of 1974. Specific information concerning student records is published in the UND Code of Student Life. The Office of Admissions and Records (Registrar) maintains official documents for students enrolled in courses at the University of North Dakota, such as the application to the University, official transcripts from other institutions, UND transcripts and other such official documents. These records are maintained permanently.

B. The Department of Medical Laboratory Science also maintains a separate file on each student who has declared MLS as their major, whether earning a BS degree or a certificate of completion.
VII. Professional Policies:

A. The student must comply with the Department of MLS Standards of Professional Conduct. If a student does not meet the Department of MLS Standards of Professional Conduct he/she will receive documented notification which will include a written plan to correct the behavior. Failure to meet the requirements specified in the written plan will result in:
   1. For the student not on probation:
      • The student is placed on probation
   2. For the student on probation:
      • The student is dismissed from the program

All program dismissals are reviewed and approved by the Department of MLS Professional and Academic Standards Committee.

B. The Department of MLS Standards of Professional Conduct is as follows:

The student is expected to:
1. demonstrate time management skills by completing assigned tasks within scheduled timeframe
2. follow oral and written directions
3. demonstrate emotional stability to function effectively under stress, remain flexible, and adapt to an environment that may change rapidly without warning and in unpredictable ways
4. correlate principles to practice
5. demonstrate neatness by making the work area and submitted documents presentable
6. attend and be punctual for all program coursework
7. maintain consistent, positive work behaviors including initiative, preparedness, dependability, persistence, and follow-through
8. produce quality work with precision and accuracy in accordance with established protocol
9. work independently and show self-direction, personal responsibility, and accountability
10. project an image of professionalism through appearance, dress, hygiene, positive attitude, and body language
11. read, comprehend, and respond to English communications (including person-to-person, telephone, electronic, and written forms) in an effective, respectful, and time-sensitive manner
12. demonstrate appropriate interpersonal behaviors while interacting with others during program-related occurrences, including but not limited to: courtesy and cooperation; receiving and responding to constructive feedback; respect and empathy; and non-threatening conduct
13. develop organizational, prioritization, and multi-tasking skills throughout all program coursework
14. abstain from use of illegal, prescription, over-the-counter, experimental, recreational, or other drugs that have a significant effect upon an individual’s judgement

15. comply with all institutional (University and clinical affiliate), department, program, course, and laboratory policies and procedures, including safety standards/policies

16. demonstrate academic and professional integrity as outlined in departmental policies/procedures/standards, including but not limited to: proctoring requirements, dry-labbing/cheating, improper dissemination of course materials and content, and confidentiality

17. demonstrate responsible and appropriate use of electronic resources and communication systems (including but not limited to: cell phones, computers, tablets, email, instant messaging, social media, blogs, and websites) that is not disruptive or harmful to oneself or others

VIII. Immediate Dismissal Policies:

The following are grounds for dismissal from the program at any time:

A. Any proven evidence of cheating on exams or deliberate falsifying of laboratory results/dry labbing in any manner. Cheating on exams includes taking quizzes or exams without proctor knowledge and verification.

B. Disregard for the patient’s right to confidentiality and privacy.

C. Disregard for clinical affiliate policy.

D. Any activity or behavior that is careless, disruptive, unsafe, or harmful to oneself or others.

E. Dismissal as determined by the UND Code of Student Life.

Additional dismissal policies related to the Summer Practicum, Clinical Affiliation, MLT/CLT Program, Mayo Cohort Program and the Categorical Program can be found in the specific program additional policy section of this handbook.

All program dismissals are reviewed and approved by the Department of MLS Professional and Academic Standards Committee.

IX. Student Academic Complaints and Resolutions:

Complaints:
Formal Student complaints (not grievances) related to the MLS program must be submitted in writing to the MLS department chair. The MLS department chair will investigate the complaint, determine the resolution, and communicate to the complainant within ten working days of receipt of the formal complaint. All records related to student complaints will be kept in the MLS department chair’s office.

Orientation Handbook Undergraduate: Update 5/17
Formal Academic Grievance:

A. If an issue is in a lecture or laboratory course: Discuss the problem with the instructor. If the issue remains unresolved to the student’s satisfaction… OR

If an issue is in a course related to a clinical rotation: Discuss the problem with the UND clinical education coordinator (if applicable). If the issue remains unresolved to the student’s satisfaction…

B. Present a written document concerning the issue to the Medical Laboratory Science Professional and Academic Grievance committee chair. If the issue remains unresolved to the student’s satisfaction…

C. Present a written document concerning the issue to Department of MLS Chair. If the issue remains unresolved to the student’s satisfaction…

D. The issue may be brought to the UND School of Medicine and Health Sciences Grievance Committee. The procedure for presenting a formal grievance is located in Appendix IX, on the UND MLS website, and at the UND School of Medicine and Health Science’s website.

X. Criminal Background Check Policy:

A. The SMHS requires a criminal background check of students in all health related programs prior to matriculation and/or clinical assignment be completed by a specific approved agency. Background checks performed by other agencies will not be accepted by the University of North Dakota School of Medicine and Health Sciences. The fee for the background check is approximately $45.00 and the student is responsible for this fee. The background check will not be processed without payment. Criminal background checks must be renewed annually. The student must pay be able to pay electronically.

B. Information related to when and where to complete the approved background check will be forwarded to the student at the time of application to the professional curriculum or the final clinical year, depending on the curriculum plan of the student.

C. The student will be required to provide identifying information as well as payment for the background check upon entering SMHS approved criminal background check agency web site.

D. Students who do not complete the background check at time of application will not be formally accepted until the background check has been completed.
E. Once the background check is completed, the results will be released to both the student and the UND clinical education coordinator of the Medical Laboratory Science Program.

F. Discrepancies will be reviewed by the SMHS Criminal Background Check Review Committee. A recommendation will be made by the committee to the Department of MLS Chair.

G. A discrepancy of the background check may result in the student not being accepted into the MLS professional program or advancement to the final clinical year.

H. The clinical education coordinator will forward the results of the background check to the clinical site at which the student has been placed.

I. If the student is a current employee at the clinical affiliation site, a background check acceptable to the employment/clinical affiliate site may be acceptable. The UND MLT/Mayo Cohort/Categorical coordinator will determine acceptability.

XI. **Leave:**

Family leave, funeral leave, military leave, or sports participant leave will be given following the UND Code of Student Life Policies. A leave of absence may interfere with the summer practicum or clinical experience and may require a delay in completion of the program as determined by the Department of Medical Laboratory Science Professional and Academic Standards Committee. Additional information related to the SMHS Inhibiting Conditions Policy is located in Appendix XI. and on the SMHS policy website.

XII. **National Certification Exam Eligibility:**

The issuing of a baccalaureate degree, certificate or categorical certificate in MLS from the University of North Dakota is NOT contingent upon the student’s passing any type of external certification examination.

XIII. **Health Insurance:**

A. Students are responsible for having a health insurance policy throughout their final clinical year. UND program officials will complete verification of this policy.

B. Students are responsible for payment of health-related bills that occur, including needle sticks or bloodborne/airborne pathogen exposure.
XIV. **Liability Insurance:**

The University will provide professional liability insurance for University students and faculty/staff liaisons with maximum limits of $1,000,000 per occurrence and $5,000,000 annual aggregate.

XV. **Application Review Process for Entrance into the Professional Curriculum Areas:**

A. The application process consists of a review of three primary areas:
   1. Curriculum review of the pre-requisite coursework.
   2. Assessment of critical analysis passage
   3. Self-assessment (written statement)

B. The science GPA, cumulative GPA, and the number of prerequisites completed before the professional program, will be included in the ranking of the applications.

C. Priority for admission will be based on GPA, number of repeated courses and amount of required credits completed. Interviews may be added at the request of the Medical Laboratory Science Professional and Academic Standards Committee.

D. A maximum of **75** students will be admitted into the traditional program for the final year of the professional curriculum program. Mayo cohort and categorical admissions is determined on program availability.

E. Applicants not awarded full admission status will be placed on an alternate list. A ranked alternate list will be established and the student will be moved into the full admission status when openings become available within the maximum of 75 students accepted.

Exceptions for acceptance and continuance may be made by completing a professional and academic petition form and submitting it to the Medical Laboratory Science Professional and Academic Standards Committee. The petition form can be found at [http://www.med.und.edu/MLS](http://www.med.und.edu/MLS) or in Appendix XII of this handbook.
XVI. Professional Curriculum for Medical Laboratory Science
( BS-MLS, 2+2, 3+1, 4+1 ) Initial Application:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Semesters</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Biology</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>General Chemistry</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Organic Chemistry</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Human Anatomy</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Human Physiology</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>General Microbiology</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>College Algebra</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>College Comp I</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Tech Writing or Comp II</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Speech</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Interpersonal Communication</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Social Sciences (US Diversity)*</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Humanities (Global Diversity)*</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

*Additional essential studies requirements are included in the junior year curriculum plan.

A. A minimum of 55 credits (semester) or equivalent, must be completed before entrance into the professional curriculum (final two years).

B. Sufficient coursework must be completed prior to acceptance into the professional program. If more than 35 credits must be taken in the first year of the professional curriculum (junior year), full admission into the professional program will not occur.

C. Application and acceptance to the University of North Dakota is different than the application process of the MLS professional program. Acceptance (admission) to the University of North Dakota does not mean acceptance into the MLS professional program.

D. Any student may be subject to a drugs of abuse screen. Any student who tests positive for drugs of abuse will be removed from the program and will not be able to complete the required courses to earn a BS or certificate in Medical Laboratory Science. Additional information can be found in Appendix X or on the SMHS policy website at http://www.med.und.edu/policies/students.cfm.

E. If the student has previously been terminated from a MLT/CLT or MT/MLS program, he/she will not be allowed to apply for entrance into the UND professional program (junior or final clinical year).

F. If a student falsifies their application for admission to the MLS program they will become ineligible.

G. If a student is not accepted into the MLS professional program, he/she must reapply the following year for admission consideration.
XVII. Admission Criteria to the MLS Professional Curriculum (Junior Year):

A. Admission is on a competitive basis, the application will be scored and ranked using a numerical scale related to the following criteria:

1. Cumulative GPA of 2.8 on a scale of 4.0.

2. A maximum of two math or science courses can be repeated before entrance into the professional curriculum (junior and senior years). If more than two science courses have been repeated prior to the application to the professional program (junior year), a petition for review must be generated by the prospective student to be given to the Medical Laboratory Science Professional and Academic Standards committee. The committee will determine if the application will be considered for entrance into the professional program.

3. A maximum of one letter grade of D is allowed to remain on a transcript for one math or science course, other than a MLS course (see below), during the entire MLS curriculum.

4. No letter grade of D will be allowed to remain on a transcript for any MLS course. The student will be placed on probation, the course must be repeated, and a grade of C must be achieved.

5. A maximum of one MLS course can be repeated before entrance into the professional curriculum. If more than one MLS course has been repeated prior to the application to the professional program (junior year), a petition to review must be generated by the prospective student to be given to the Medical Laboratory Science Professional & Academic Standards Committee.

B. A maximum of 75 students will be admitted into the final clinical year (professional curriculum). This number includes UND and WCAMLS students and does not include Mayo cohort or categorical students.

C. A petition to review admission status can be submitted by the student to the Medical Laboratory Science Professional and Academic Standards Committee. The petition can be found on the MLS website and in Appendix XII.
XVIII.  Junior Year Academic Policies:

A. Application and acceptance to the University of North Dakota is different than the application process of the MLS professional program. Acceptance (admission) to the University of North Dakota does not mean acceptance into the MLS professional program.

B. Two semesters of the junior year must be on campus unless the student holds a prior BS or BA degree, has earned CLT or MLT certification, is a member of a Western College Alliance for MLS (WCAMLS) college/university, is a student in the Mayo Cohort Project, or Categorical Program.

C. If a UND student fails a MLS 300 level course, the repeat course must be in the same format as was originally taken (on campus or distance).

D. If a student earns less than or equal to a 2.0 GPA for a junior year semester, even though they have a cumulative GPA of 2.8, he/she will be removed from full admission status and entrance into the final clinical year.

E. If a student falsifies their application for admission to the MLS program they will become ineligible for the final clinical year.

F. All prerequisite courses, including essential studies, must be completed before advancement into the final clinical year of the program.

G. Student Request for Excessive Help in the Laboratory:
   Example: Student refuses to follow directions by themselves and requests assistance from the faculty repeatedly.
   1. If an instructor believes that the student is not taking responsibility for their own learning or is reckless in following directions, either written or verbal, the instructor will clarify to the student a maximum of two times that this is considered excessive help. The faculty will document each warning in writing.
   2. Upon the third warning, the instructor will submit the documentation to the Medical Laboratory Science Professional and Academic Standards Committee. The committee will determine the appropriate action, which could include dismissal from the program.
   3. The warning form is located in Appendix XII.

XIX. Advancement to the Final Clinical Year:

UND 2+ 2, WCAMLS, and UND 4+1

A. All previous policies for admission under section XVIII. apply.
B. An audit of all prerequisite coursework will be completed by the UND student advisor prior to advancement to the final clinical year. Failure to provide completed coursework will be cause for dismissal from the final clinical year. All spring semester grades will be reviewed within 72 hours of release. Notification to the student will be made if they are no longer eligible for the final clinical year.

C. A student currently on Department of MLS probation must meet all probationary requirements (sanctions) for continuance or progression in the curriculum.

D. Any student may be subject to a drugs of abuse screen. Any student who tests positive for drugs of abuse will be removed from the program and will not be able to complete the required courses to earn a BS or certificate in Medical Laboratory Science. Additional information can be found in Appendix X or on the SMHS policy website at http://www.med.und.edu/policies/students.cfm.

E. All previous college transcripts must be submitted officially to the UND Office of Admissions. Previous transfer credit verification must be on the UND transcript. If all transfer credits are not at UND by the beginning of the final clinical year the student will lose full admission status and advancement into the MLS final clinical year.

XX. **Clinical Site Selection:**

**UND 2 + 2, WCAMLS, and 4+1 Students**

Policy:

A. The UND SMHS MLS program guarantees a clinical site for all applicants accepted into the final clinical year, but does not guarantee a specific geographical location.

B. Clinical site assignments will be made by the Department of MLS Clinical Site Selection Committee.

C. At time of application, an applicant indicates their top three clinical site preferences. Clinical site preferences are selected from the current list of MLS clinical sites affiliates [http://med.und.edu/MLS](http://med.und.edu/MLS).
   1. Some clinical affiliate sites may require an interview before placement.
   2. Some clinical affiliate sites may require a microbiology intensive rotation to be completed on campus at UND.

D. A student admitted to the professional program is not guaranteed the site of their first, second, or third preference.

E. Clinical sites in high demand will be assigned by lottery.
F. If a student declines a clinical site assignment made by the UND Medical Laboratory Science Clinical Placement Committee, the program is not obliged to find another clinical affiliate location.

G. Students may only contact a clinical affiliate under the direction of the MLS clinical education coordinator.

Procedure:

A. Students will review current clinical affiliates located at [http://med.und.edu/MLS](http://med.und.edu/MLS).

B. Students will submit their first, second, and third location preferences for clinical site selection at the time of application to the professional program (junior year).

C. If necessary the MLS Clinical Education Coordinator will notify students of interview and clinical intensive rotation requirements via email.

D. The Department of MLS Clinical Site Selection Committee will determine clinical site placement based on:
   1. **Full admission status**
      a. Students will be notified of site placement by email.
      b. Students who lost a lottery will be notified of remaining available locations.
   2. **Alternate admission status**
      Clinical site placement will be based on sites available at the time of advancement to full admission status.

XXI. Probation Status:

A. A student may be placed on Department of MLS probation for failure to comply with either academic or non-academic policies.

B. A student will be provided with written documentation in the form of a probation letter indicating policy violations and sanctions that must be met to continue in the MLS program.

C. The probation letter that outlines the violation and sanctions will be signed by the student, the Department of MLS Chair and the supervising MLS faculty. A student’s failure to sign the probation letter by the indicated date will result in program dismissal.

D. If a student does not meet the sanctions as stated in the probation letter, the student will not be allowed to continue in the program.

E. If the student wishes to reapply the following year, the request must be in writing to the Medical Laboratory Science Professional and Academic Standards Committee the following year.
XXII. **Natural Disaster/Emergency Teach-out Plan:**

An emergency phone alert system at UND (Notifind) notifies all students, staff, and faculty when necessary. In addition, The SMHS has a second call system that includes all administration and department chair’s office, cellular, and home telephone numbers. The UND Department of MLS will work in cooperation with the UND Office of Emergency Management.

In the event of an emergent or unforeseen circumstance arising to force temporary closure of the University, every effort will be made to provide students the continuation of their program of study with the shortest interruption possible. Any refunds of tuition and fees would be determined by the University of North Dakota Office of the Registrar. If an unforeseen disaster would force the closure of a clinical affiliate during a student experience, the Department of MLS will find an alternate clinical site to allow the student to finish his/her program of study.

XXIII. **Employment/Service Work:**

Service Work is defined as performance of duties expected of a paid employee by an unpaid student. Upon demonstration of proficiency in the learning environment, students may perform clinical tests under the direct supervision of a qualified laboratorian employed by the clinical affiliate. At no time is the unpaid student expected, nor allowed, to perform service work and/or replace paid employees.

A student can seek out optional employment at his/her own discretion. However, employment is not a required program component and this does not fall under any academic jurisdiction.

XXIV. **Unexpected Discontinuance of a Clinical Affiliate: (Notification Date July 31, 2017)**

In the event of an unexpected discontinuation of a clinical affiliate, the Department of Medical Laboratory Science will find an alternate clinical site to allow the student to finish his/her program of study.
SUMMER PRACTICUM ADDITIONAL POLICIES

I. Attendance:

A. If a student enters the summer practicum with less than an overall GPA of 2.8 on a scale of 4.0 they will be placed on probation until their GPA reaches 2.8.

B. Class Hours: Summer Practicum hours are Monday through Friday, 8:00-6:00 p.m. The exact class hours will be determined by each course instructor. Labs or group sessions may be scheduled between 6:00-9:00 p.m.

C. There are no days off allowed during scheduled class time. If there is an emergency or illness that prohibits the student from attending class, it is the student’s responsibility to contact the instructor who is teaching at that time and/or leave a message before class begins.

D. If the student knows of an expected absence, i.e. wedding etc., an absence form must be completed by the student and submitted to the Summer Practicum coordinator for consideration of approval. The form is available on the MLS website.

E. If an absence occurs, it is the student’s responsibility to obtain notes from other students. It is NOT the responsibility of the instructor for one-on-one tutoring of the missed content or supplying missed information or notes.

F. Laboratory experiences will NOT be available for make-up.

G. Each instructor will determine if missed quizzes, exams and/or laboratory assignments will be exempt from the final grade calculation.

H. If a student misses an excessive amount of work, the instructor will contact the Medical Laboratory Science Professional and Academic Standards Committee to determine probationary and/or termination status in the Summer Practicum.

I. In the case of the student’s termination from the Summer Practicum experience the student must reapply for the following Summer Practicum and admission into the final clinical year. The student must petition the Medical Laboratory Science Professional Academic Standards Committee for acceptance. A new clinical affiliation assignment will be made on acceptance into the following year.

II. University Refund Policy:

Refund of Institutional Charges:

A. A student who withdraws from the University under normal conditions and after the beginning of instruction will be granted a refund of tuition/fees in accordance
with federal regulations and North Dakota State Board of Higher Education policy 830.2.

B. Institutional charges shall be refunded according to a schedule approved by the chancellor that provides for a percentage refund, which approximates the amount the institution must return to the Title IV Financial Aid Programs.

C. A student must withdraw officially from the university within the stated refund period to be eligible for a refund of tuition and fees. No refund will be made to a student who is suspended, dismissed, or expelled for breach of discipline. More detailed information is available at http://www.und.edu/dept/studentaccounts/html/withdrawl.htm

III. Failure of a Summer Practicum Course:

If a student receives a “D” or “F” grade in a MLS 471, 472, 473, 474, 477, 477L, 478, 479, 487, 489, and/or does not successfully complete a single critical objective within a course, the following rules apply:

A. For a student not on prior probation:
   1. The student is placed on probation for the remainder of the clinical year.
   2. A written plan will be developed by the instructor and the Summer Practicum Coordinator and will outline the sanctions that must be met to earn a maximum grade of “C” in the course.
   3. The student must meet with the course instructor and the Summer Practicum Coordinator to determine the sanctions for successful continuance in the program.
   4. If unusual circumstances arise, a student may petition the Medical Laboratory Science Professional Academic Standards Committee. The committee will abide by the UND’s Code of Student Life.

B. For a student currently on probation:
   1. The student is dismissed from the MLS Program and continuance in the program.
   2. To reapply to the program the following year, the student must petition the Medical Laboratory Science Professional Academic Standards Committee.
   3. If unusual circumstances arise, a student may appeal by petition to the Medical Laboratory Science Professional and Academic Standards Committee for consideration. The committee will abide by the UND’s Code of Student Life.
IV. Dismissal from the Summer Practicum:

A. All dismissal policies from the general program policies (VIII) apply to this section.

B. \textit{EXTENDED ABSENCE} (with or without probation status)
An extended absence from the Summer Practicum may be grounds for dismissal. The instructor of the course in which the student has had an extended absence will contact the Medical Laboratory Science Professional and Academic Standards Committee to determine probationary and/or termination of the student in the summer practicum experience
CLINICAL AFFILIATION
ADDITIONAL POLICIES

I. Attendance:

A. Illness/Personal Leave Time:
   1. A maximum of five days is granted. It is not recommended that the student use all the personal leave time. Personal leave is only meant to be used when absolutely necessary.
   2. Students should make every effort to schedule personal appointments, including job interviews, during hours after their scheduled shift at the clinical affiliate.
   3. Personal time must be taken in a minimum of a four-hour block.
   4. The student may request personal leave time only with the consent of the clinical affiliate site liaison. Notification must be made at least five days in advance.

B. Illness Related Absences: In the event of illness the student MUST call the clinical affiliate site, specifically the on-site supervisor directed to be responsible for the student, on the individual day, at least ½ hour before the scheduled arrival time. Probation, followed by termination from the program, will occur for extensive absences past the 5 day maximum. The student must contact their supervisor each day of the absence.

C. Inclement Weather: In the event of inclement weather the student MUST call the clinical affiliate site, specifically the on-site supervisor directed to be responsible for the student, or the individual day supervisor, at least ½ hour before the scheduled arrival time each day. Notification by UND of inclement weather does not mean the student is excused from clinicals.

II. Excessive Absence:

A. Make-Up Time: If the student exceeds more than the total of five days allowed, each day in excess must be made up in full. If an excess of personal leave time has occurred, the clinical affiliate may decline the opportunity for make-up time to be completed at their institution and an alternative site placement may occur. Make-up days may delay graduation and/or certification exam eligibility.

B. Extended Time Off: If the student needs an extended period of time off, the clinical affiliate site liaison, the student and the UND clinical affiliation coordinator, will assess the situation and make any appropriate adjustments possible. An alternate clinical affiliation may need to be assigned when space is available.
III. **Tardiness/Early Dismissal Requests:**

A. Students are expected to report to their clinical affiliate on time, as scheduled.

B. Students are expected to stay at the clinical affiliate until dismissed by the bench instructor for the day.

C. Asking the bench instructor to be able to leave early is not tolerated and will follow the same protocol as chronic tardiness (see F).

D. Tardiness will be reflected on the affective domain section of the performance evaluation form and will be incorporated into the overall grade for each rotation.

E. The time missed for tardiness may be made up at the discretion of the clinical affiliate site coordinator/liason. The clinical affiliate is not obligated to allow the student make-up time.

F. CHRONIC tardiness will not be tolerated and will be dealt with in the following manner:
   1. The UND clinical education coordinator will notify the student that a concern has been identified. Documentation of this warning will be made in the student’s file.
   2. If tardiness continues, the UND clinical education coordinator will issue a written warning to the student. The student will be placed on probation and documentation will be made in the student’s file.
   3. If tardiness continues after the probation status has been issued, termination from the program will occur.

IV. **Course Failure Policy:**

A. Sanction process for a student receiving less than 65% of total points in MLS 480, 481, 483, 484, 485, 488, 494

For the student on probation:

1. First failing course grade (<65% of total points) in one of the above listed courses
   a. Stage 1 Sanctions: The student will receive 25 multiple choice questions from the course instructor. The student will (open book) determine which answer is correct and give serious written reflection on why that answer is correct and why the other answers are incorrect. The student will submit responses to the course instructor via email or postal mail, within 2 weeks of notification of course failure. The course instructor will review the answers and reflections to determine if the sanction completed is
acceptable. Upon successful completion of course sanctions, the student will earn a C as the final grade in the course. If the student fails to successfully complete sanctions, the failing course grade will stand, and the student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

2. Second failing course grade (<65% of total points) in one of the above listed courses
   a. Stage 2: The student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

For the student not on probation:
1. First failing course grade (<65% of total points) in one of the above listed courses
   a. Stage 1 Sanctions: The student will receive 25 multiple choice questions from the course instructor. The student will (open book) determine which answer is correct and give serious written reflection on why that answer is correct and why the other answers are incorrect. The student will submit responses to the course instructor via email or postal mail, within 2 weeks of notification of course failure. The course instructor will review the answers and reflections to determine if the sanction completed is acceptable. Upon successful completion of course sanctions, the student will earn a C as the final grade in the course. If the student fails to successfully complete sanctions, the failing course grade will stand, and the student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

2. Second failing course grade (<65% of total points) in one of the above listed courses
   a. The student is placed on probation
   b. Stage: 1 Sanctions (as described above)

3. Third failing course grade (<65% of total points) in one of the above listed courses
   a. Stage 2: The student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

B. Course Failure: A student who has shown failure to successfully complete one performance evaluation or one critical objective, as outlined previously in the following course: MLS 483, 485, 491, 492, 495, 498.

For the student not on probation:
1. The student is placed on probation for the remainder of the clinical year.

2. A written plan will be developed by the UND clinical education coordinator to determine the sanctions criteria the student must meet to be able to earn a grade of “C” in the course. The written plan will be signed by the UND clinical education coordinator, the Department of MLS chair, and the student.

3. The student must meet with the UND clinical education coordinator to determine the sanctions for successful continuance in the program.

4. If unusual circumstances arise, a student may petition the Medical Laboratory Science Professional Academic Standards Committee. The committee will abide by the UND’s Code of Student Life.

5. A maximum of a grade of “C” may be earned in the course.

**For the student on probation:**

1. The student is dismissed from the MLS Program and continuance in the program.

2. To reapply to the program the following year, the student must petition the Medical Laboratory Science Professional Academic Standards Committee.

3. If unusual circumstances arise, a student may appeal by petition to the Medical Laboratory Science Professional and Academic Standards Committee for consideration. The committee will abide by the UND’s Code of Student Life.

C. Conditions:

Examples of Probation sanctions:

1. **Psychomotor/Affective Domain Probation Sanctions:**
   Credit for unsatisfactory performance may be earned by satisfactorily completing one of the following:
   a. Additional weeks in the department where the unsatisfactory performance was achieved.
   b. Additional clinical experience time will be scheduled at the discretion of the clinical affiliate site liaison and the UND clinical education coordinator. A complete repetition of the entire departmental rotation may be deemed necessary. This will be completed at the end of the clinical year and a grade of incomplete will be placed on the student record at the completion of the semester. The student must successfully complete the probation sanctions to successfully complete the program. A delay of graduation will occur.
2. The student must be aware that remediation of unsatisfactory performance may occur at their current clinical affiliate site, or at an alternate approved clinical teaching institution.

V. **Program Dismissal:**

All dismissal/termination policies from the general program policies apply to the clinical practicum. The following are additional grounds for immediate program termination in the clinical affiliation during the final clinical year.

A. Failure to meet academic requirements or standards of professional conduct probation specifications.

B. Drug Screen:
   Any student may be subject to a drugs of abuse screen prior to or during a clinical rotation at a medical center. Any student who tests positive for drugs of abuse will be removed from the clinical experience and will not be able to complete the required courses to earn a BS in Medical Laboratory Science. See SMHS Drug Policy, Appendix X or at the SMHS policy website at http://www.med.und.edu/policies/students.cfm

VI. **Final Comprehensive Exam:**

A final comprehensive exam will be given during the last semester of the program. If the student does not pass the exam with an overall score of 65% or better, exam remediation will occur. The intent of the comprehensive exam is to inform the student of any weaknesses in didactic areas before taking the national board certification exam.

VII. **Off-Shift Experience:**

A. During the clinical affiliation, a student may be assigned, as part of their clinical training, a shift that contains equivalent workload such as a pm shift in Immunohematology. Any diversion from the typical day shift must be given approval by the UND’s clinical education coordinator.

B. If a student is assigned an off-shift experience to observe protocol and workload managing skills during these hours, the maximum hours spent by the student on the “off shift” cannot exceed 40 hours within their affiliation. The experience is designed to be an enrichment exercise that will help the student understand the entire workload of a clinical laboratory and aid in their management knowledge. Specific objectives and evaluations for this experience are included in MLS 485 Clinical Urinalysis II.

VIII. **Student Concern:**

Any concerns while at the clinical affiliate should be discussed with the UND clinical affiliate program coordinator.
MLT Additional Policies

I. General Policies:

A. Competency Checklist:
   1. Completion of this checklist is required by all students prior to starting their senior semesters. See Appendix III.
   
   2. The checklist is used to indicate the level of performance a student has already achieved for each of the following major areas of the laboratory: Microbiology, Chemistry, Immunohematology, Hematology, Coagulation, Body Fluids, Urinalysis, Phlebotomy, and Immunology.
   
   3. A Clinical supervisor must complete this from by checking the appropriate column (highest level attained) following an assessment of the student's past work history.

B. Study Guide Courses:
   1. MLT’s or CLT’s who are not national board certified or equivalent will be required to complete all study guide courses with a grade of “C” or better before the BS MLS degree is awarded.
   
   2. Certified MLT’s or CLT’s with less than three years generalist experience will be required to complete all study guide courses with a grade of “C” or better before the BS MLS degree is awarded.
   
   3. Certified MLT’s or CLT’s with at least three years generalist experience may be eligible to complete a three-credit review course instead of the traditional study guide format providing the following criteria have been met:
      a. Generalist experience must be from within the past seven years.
      b. Generalist experience must include working in all four major areas of MLS (Immunohematology, Microbiology, Hematology, and Clinical Chemistry).
      c. Eligibility will be determined by reviewing the student’s competency checklist and past work experience.
      d. Final determination of eligibility will be made by the MLT coordinator and/or committee decision.

II. MLT Students On-Campus:

The General Policies, as well as all policies listed under the Summer Practicum and Clinical Affiliation policies also apply.
III. **Course Failure Policy:**

If a student receives a “D” or “F” grade in MLS 234, 301, 325, 325L, 336, 340, 394, 471, 472, 473, 474, 477, 477L, 478, 479, and/or does not successfully complete a single critical objective within a course, the following rules apply:

A. **For the student not on probation:**
   1. The student is placed on probation for the remainder of the clinical year courses.
   2. A written plan will be developed by the MLT coordinator for the sanctions criteria the student must meet to be able to earn a maximum grade of “C” in the course. The written plan will be signed by the instructor, MLT coordinator, the Department of MLS chair, and the student.
   3. The student must meet with the course instructor and the MLT coordinator to determine the sanctions for successful continuance in the program.
   4. If unusual circumstances arise, a student may petition the Medical Laboratory Science Professional Academic Standards Committee. The committee will abide by the UND’s Code of Student Life.

B. **For the student on probation:**
   1. The student is dismissed from the MLS Program and continuance in the program.
   2. If unusual circumstances arise, a student may petition the Medical Laboratory Science Professional Academic Standards Committee. The committee will abide by the UND’s Code of Student Life.

IV. **Course Failure Policy:**

A. **Sanction process for a student receiving less than 65% of total points in MLS 480, 481, 483, 484, 485, 488, 494**

   **For the student on probation:**
   1. First failing course grade (<65% of total points) in one of the above listed courses
      a. **Stage 1 Sanctions:** The student will receive 25 multiple choice questions from the course instructor. The student will (open book) determine which answer is correct and give serious written reflection on why that answer is correct and why the other answers are incorrect. The student will submit responses to the course instructor via email or postal mail, **within 2 weeks of notification of course failure**. The course instructor will review the answers and reflections to determine if the sanction completed is acceptable. Upon successful completion of course sanctions, the student will earn a C as the final grade in the course. If the student fails to successfully complete sanctions, the failing course grade will stand, and the student will be terminated from the program per
policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

2. Second failing course grade (<65% of total points) in one of the above listed courses
   b. Stage 2: The student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

For the student not on probation:
1. First failing course grade (<65% of total points) in one of the above listed courses
   a. Stage 1 Sanctions: The student will receive 25 multiple choice questions from the course instructor. The student will (open book) determine which answer is correct and give serious written reflection on why that answer is correct and why the other answers are incorrect. The student will submit responses to the course instructor via email or postal mail, within 2 weeks of notification of course failure. The course instructor will review the answers and reflections to determine if the sanction completed is acceptable. Upon successful completion of course sanctions, the student will earn a C as the final grade in the course. If the student fails to successfully complete sanctions, the failing course grade will stand, and the student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

2. Second failing course grade (<65% of total points) in one of the above listed courses
   a. The student is placed on probation
   b. Stage 1 Sanctions (as described above)

3. Third failing course grade (<65% of total points) in one of the above listed courses
   a. Stage 2: The student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

V. Course Failure Policy:
A student who has shown failure to successfully complete and pass one performance evaluation or one critical objective, as outlined previously in the following course: MLS 483, 485, 491, 492, 494, 495, 498.

A. For the student not on probation:
1. The student is placed on probation for the remainder of the clinical year.
2. A written plan will be developed by the MLT coordinator to determine the sanctions criteria the student must meet to be able to earn a maximum
grade of “C” in the course. The written plan will be signed by the UND MLT coordinator, the Department of MLS chair, and the student.
3. The student must meet with the MLT coordinator to determine the sanctions for successful continuance in the program.
4. If unusual circumstances arise, a student may petition the Medical Laboratory Science Professional Academic Standards Committee. The committee will abide by the UND’s Code of Student Life.

B. **For the student on probation:**
1. The student is dismissed from the MLS Program and continuance in the program.
2. If unusual circumstances arise, a student may petition the Medical Laboratory Science Professional Academic Standards Committee. The committee will abide by the UND’s Code of Student Life.

C. **Conditions:**

**Examples of Probation sanctions:**
1. **Psychomotor/Affective Probation Sanctions:**
   Credit for unsatisfactory performance may be earned by satisfactorily completing one of the following:
   a. Additional weeks in the department where the unsatisfactory performance was achieved.
   b. Additional clinical experience time will be scheduled at the discretion of the clinical affiliate liaison and the UND clinical education coordinator. A complete repetition of the entire departmental rotation may be deemed necessary. This will be completed at the end of the clinical year and a grade of incomplete will be placed on the student record at the completion of the semester. The student must successfully complete the probation sanctions to successfully complete the program. A delay of graduation will occur.
2. The student must be aware that completion of the sanctions for unsatisfactory performance may occur at their current clinical affiliate site, or at an alternate approved clinical teaching institution.

VI. **Final Comprehensive Exam:**

A final comprehensive exam will be given during the last semester of the program. If the student does not pass the exam with an overall score of 65% or better, exam remediation will occur. The intent of the comprehensive exam is to inform the student of any weaknesses in didactic areas before taking the national board certification exam.

VII. **Student Concern:**

Any concerns while at the clinical affiliate should be discussed with the UND MLT program coordinator.
MAYO COHORT PROGRAM
ADDITIONAL POLICIES

I. Proctor Policies:

In addition to the proctor information in the general policies, Mayo proctors forfeit eligibility to enroll in either the UND MLS Cohort program or UND Categoricals. A proctor MUST be a supervisor, education specialist or someone of authority. All closed book exams/quizzes must have proctor supervision unless specified by the course instructor. A statement, signed by the proctor must accompany all exams/quizzes.

II. Additional General Policies:

A. Prior to any MLS coursework, the Mayo Cohort Application Form must be completed and submitted to the Mayo Cohort Coordinator.

B. Students may be assigned additional intensive laboratory experiences beyond the three primary labs scheduled in the senior year. Example: MLS 325L Hematology Laboratory. Students are required to attend all sessions as there are no makeup labs and intensive labs are only offered once per year. Students must make their own arrangements with department supervisors so that they can attend.

C. Study guide courses:
All MLT’s or CLT’s participating in the Mayo Cohort Program will be required to complete all study guide courses with a grade of “C” or better before the BS MLS degree is awarded.

D. Students will not be released (eligible) to take the ASCP national certification exam until all study guide courses have been satisfactorily completed, and the student has taken the UND Final Comprehensive Exam.

E. It is expected that all Mayo Cohort students graduating with a BS MLS degree or MLS certificate take part in the graduation celebration at Mayo Clinic.

III. Acceptance to Final Clinical Year Policies:

The following must occur before a Mayo Cohort student is eligible to enroll in the UND MLS 400 level courses:

1. All essential studies requirements must be completed.
2. All other general non-MLS courses must be completed.
3. All MLS 200 and 300 level courses must be completed.
IV. Competency Checklist:

A. Completion of this checklist is required prior to starting their senior semesters for any student requesting evaluation of previous clinical skills. If a student does not complete the competency checklist they will be required to enroll in all courses as scheduled. The checklist is located in Appendix III.

B. The checklist is used to indicate the level of performance a cohort student has already achieved for each of the following major areas of the laboratory: Microbiology, Chemistry, Immunohematology, Hematology, Coagulation, Body Fluids, Urinalysis, Phlebotomy, and Immunology.

C. A Clinical supervisor must complete this from by checking the appropriate column (highest level attained) following an assessment of the cohort student’s past work history.

V. Intensive Laboratory Sessions:

There are three mandatory senior intensive laboratory sessions which all students must attend. These intensive laboratory sessions take place over a one to two week period and are only offered once per semester at designated dates and starting times. Starting times are usually scheduled to begin around 4:00pm. Intensive labs are taught by UND instructors in the Mayo MLS student laboratory in the Stabile building.

VI. Clinical Intensive Rotations (CIR’s):

There are four mandatory core clinical rotations (MLS 491, 492, 495, 498). These clinical rotations are taught by Mayo education specialists using a combination of the student lab and Mayo’s clinical labs. CIR’s usually take place over a one to two week period. All CIR’s are only offered on designated dates and starting times.

VII. Abbreviated Clinical Rotations:

There are two mandatory abbreviated rotations in the areas of phlebotomy and special coagulation. These clinical rotations are taught by Mayo education specialists in their respective laboratories on designated dates and starting times.

VIII. Study Guide Courses:

The mandatory review courses (MLS 480, 481, 483, 484, 485, 488, 494) should always be taken in the student’s final semester, unless approved by their advisor to be taken earlier. Completion of the study guides, quizzes, and exams within these courses will help prepare students for taking their national board of certification exam.
IX. **Course Failure Policy:**

If a student receives a “D” or “F” grade in MLS 234, 301, 325, 325L, 336, 340, 394, 471, 472, 473, 474, 477, 477L, 478, 479, and/or does not successfully complete a single critical objective within a course, the following rules apply:

A. **For the student not on probation:**
   1. The student is placed on probation for the remainder of the clinical year courses.
   2. A written plan will be developed by the Mayo Cohort coordinator for the sanctions. The written plan will be signed by the instructor, Mayo Cohort coordinator, the Department of MLS chair, and the student.
   3. The student must meet with the course instructor and the Mayo Cohort coordinator to determine the sanctions for successful continuance in the program.
   4. The student must retake the course in the next semester it is offered.
   5. If unusual circumstances arise, a student may petition the Medical Laboratory Science Professional Academic Standards Committee. The committee will abide by the UND’s Code of Student Life.

B. **For the student on probation:**
   1. The student is dismissed from the MLS Program and continuance in the program.
   2. If unusual circumstances arise, a student may petition the Medical Laboratory Science Professional Academic Standards Committee. The committee will abide by the UND’s Code of Student Life.

X. **Course Failure Policy:**

Sanction process for a student receiving less than 65% of total points in MLS 480, 481, 483, 484, 485, 488, 494

A. **For the student on probation:**
   1. First failing course grade (<65% of total points) in one of the above listed courses
      a. Stage 1 Sanctions: The student will receive 25 multiple choice questions from the course instructor. The student will (open book) determine which answer is correct and give serious written reflection on why that answer is correct and why the other answers are incorrect. The student will submit responses to the course instructor via email or postal mail, within 2 weeks of notification of course failure. The course instructor will review the answers and reflections to determine if the sanction completed is acceptable. Upon successful completion of course sanctions, the student will earn a C as the final grade in the course. If the student fails to successfully complete sanctions, the failing course grade will stand, and the student will be terminated from the program per
policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

2. Second failing course grade (<65% of total points) in one of the above listed courses
   a. Stage 2: The student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

B. **For the student not on probation:**
   1. First failing course grade (<65% of total points) in one of the above listed courses
      a. Stage 1 Sanctions: The student will receive 25 multiple choice questions from the course instructor. The student will (open book) determine which answer is correct and give serious written reflection on why that answer is correct and why the other answers are incorrect. The student will submit responses to the course instructor via email or postal mail, within 2 weeks of notification of course failure. The course instructor will review the answers and reflections to determine if the sanction completed is acceptable. Upon successful completion of course sanctions, the student will earn a C as the final grade in the course. If the student fails to successfully complete sanctions, the failing course grade will stand, and the student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

   2. Second failing course grade (<65% of total points) in one of the above listed courses
      a. The student is placed on probation
      b. Stage 1 Sanctions (as described above)

   3. Third failing course grade (<65% of total points) in one of the above listed courses
      a. Stage 2: The student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

XI. **Course Failure Policy:**
A student who has shown failure to successfully complete and pass one cognitive course or one performance evaluation or one critical objective, as outlined previously in the following: MLS 483, 485, 491, 492, 494, 495, 498.

A. **For the student not on prior probation:**
   a. The student is placed on probation for the remainder of the clinical year.
b. A written plan will be developed by the Mayo Cohort coordinator to determine the sanctions criteria the student must meet to be able to either earn a maximum grade of “C” in the course or retake the course the next semester it is offered. The written plan will be signed by the UND Mayo Cohort coordinator, the Department of MLS chair, and the student.

c. The student must meet with the Mayo Cohort coordinator to determine the sanctions for successful continuance in the program.

d. If unusual circumstances arise, a student may petition the Medical Laboratory Science Professional Academic Standards Committee. The committee will abide by the UND’s Code of Student Life.

B. For the student currently on probation:

1. The student is dismissed from the MLS Program and continuance in the program.

2. If unusual circumstances arise, a student may appeal by petition to the Medical Laboratory Science Professional and Academic Standards Committee for consideration. The committee will abide by the UND’s Code of Student Life.

XII. Final Comprehensive Exam:

A final comprehensive exam will be given during the last semester of the program. If the student does not pass the exam with an overall score of 65% or better, exam remediation will occur. The intent of the comprehensive exam is to inform the student of any weaknesses in didactic areas before taking the national board certification exam.

XIII. Student Concern:

Any concerns while at the clinical affiliate should be discussed with the Mayo UND program coordinator.
CATEGORICAL CERTIFICATE PROGRAM
ADDITIONAL POLICIES

I. Admission:
   A. A baccalaureate degree from a regionally accredited college or university is required.
   B. Completion of twenty semester hours in biology, chemistry and/or medical sciences from an accredited four year institution (24 semester hours recommended).
   C. A sponsoring clinical site is required.

II. Additional General Policies:
   A. Before initiation of the first course in the student’s program of study, a Categorical application form must be completed and submitted to the Categorical Coordinator.

III. Course Failure Policy:
   If a student receives a “D” or “F” grade in MLS 234, 301, 325, 325L, 336, 340, 394, 471, 472, 473, 474, 477, 477L, 478, 479, and/or does not successfully complete a single critical objective within a course, the following rules apply:

   A. For the student not on probation:
      1. The student is placed on probation for the remainder of the clinical year courses.
      2. A written plan will be developed by the Mayo Cohort coordinator for the sanctions. The written plan will be signed by the instructor, Mayo Cohort coordinator, the Department of MLS chair, and the student.
      3. The student must meet with the course instructor and the Mayo Cohort coordinator to determine the sanctions for successful continuance in the program.
      4. The student must retake the course in the next semester it is offered.
      5. If unusual circumstances arise, a student may petition the Medical Laboratory Science Professional Academic Standards Committee. The committee will abide by the UND’s Code of Student Life.

   B. For the student on probation:
      1. The student is dismissed from the MLS Program and continuance in the program.

Orientation Handbook Undergraduate: Update 5/17
2. If unusual circumstances arise, a student may petition the Medical Laboratory Science Professional Academic Standards Committee. The committee will abide by the UND’s Code of Student Life.

IV. **Course Failure Policy:**

A. Sanction process for a student receiving less than 65% of total points in MLS 480, 481, 483, 484, 485, 488, 494

   **For the student on probation:**
   1. First failing course grade (<65% of total points) in one of the above listed courses
      a. **Stage 1 Sanctions:** The student will receive 25 multiple choice questions from the course instructor. The student will (open book) determine which answer is correct and give serious written reflection on why that answer is correct and why the other answers are incorrect. The student will submit responses to the course instructor via email or postal mail, within 2 weeks of notification of course failure. The course instructor will review the answers and reflections to determine if the sanction completed is acceptable. Upon successful completion of course sanctions, the student will earn a C as the final grade in the course. If the student fails to successfully complete sanctions, the failing course grade will stand, and the student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

   2. Second failing course grade (<65% of total points) in one of the above listed courses
      a. **Stage 2:** The student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

   **For the student not on probation:**
   1. First failing course grade (<65% of total points) in one of the above listed courses
      a. **Stage 1 Sanctions:** The student will receive 25 multiple choice questions from the course instructor. The student will (open book) determine which answer is correct and give serious written reflection on why that answer is correct and why the other answers are incorrect. The student will submit responses to the course instructor via email or postal mail, within 2 weeks of notification of course failure. The course instructor will review the answers and reflections to determine if the sanction completed is acceptable. Upon successful completion of course sanctions, the student will earn a C as the final grade in the course. If the student fails to successfully complete sanctions, the failing course grade
will stand, and the student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

2. Second failing course grade (<65% of total points) in one of the above listed courses
   a. The student is placed on probation
   b. Stage 1 Sanctions (as described above)

3. Third failing course grade (<65% of total points) in one of the above listed courses
   a. Stage 2: The student will be terminated from the program per policy (Undergraduate Orientation Handbook; Course Failure Policy p. 47-49).

V. **Course Failure Policy:**
A student who has shown failure to successfully complete and pass one cognitive course or one performance evaluation or one critical objective, as outlined previous in the following: MLS 483, 485, 491, 492, 494, 495, 498.

A. **For the student not on prior probation:**
   a. The student is placed on probation for the remainder of the clinical year.
   b. A written plan will be developed by the Mayo Cohort coordinator to determine the sanctions criteria the student must meet to be able to either earn a maximum grade of “C” in the course or retake the course the next semester it is offered. The written plan will be signed by the UND Mayo Cohort coordinator, the Department of MLS chair, and the student.
   c. The student must meet with the Mayo Cohort coordinator to determine the sanctions for successful continuance in the program.
   d. If unusual circumstances arise, a student may petition the Medical Laboratory Science Professional Academic Standards Committee. The committee will abide by the UND’s Code of Student Life.

B. **For the student currently on probation:**
   1. The student is dismissed from the MLS Program and continuance in the program.
   2. If unusual circumstances arise, a student may appeal by petition to the Medical Laboratory Science Professional and Academic Standards Committee for consideration. The committee will abide by the UND’s Code of Student Life.
IV. **Final Comprehensive Exam:**

A final comprehensive exam will be given during the last semester of the program. If the student does not pass the exam with an overall score of 65% or better, exam remediation will occur. The intent of the comprehensive exam is to inform the student of any weaknesses in didactic areas before taking the national board certification exam.

V. **Student Concern:**

Any concerns while at the clinical affiliate should be discussed with the UND categorical certificate program coordinator.
APPENDIX I

TECHNICAL STANDARDS FOR MATRICULATION, PROGRESSION, AND GRADUATION
Technical Standards for Matriculation, Progression, and Graduation

University of North Dakota
School of Medicine and Health Sciences

A. Overview
The University of North Dakota School of Medicine and Health Sciences (UND SMHS) has a responsibility to society to graduate the best possible healthcare providers. All graduates of this institution must use professional knowledge, skills, and attitudes to function in a wide variety of health care settings and to render a wide spectrum of patient care. The technical standards are designed to ensure the graduation of capable, well rounded and appropriately trained health care providers. (Each professional program may have additional technical standards specific to the requirements of the program.) In order to fulfill this responsibility, UND SMHS has established six areas of competency that must be sufficiently developed to participate in, and to graduate from a professional program.

Competency Areas:

1. Health Care/Scientific Knowledge
2. Clinical Skills
3. Ethical and Professional Behavior
4. Interpersonal and Communication Skills
5. Lifelong Learning
6. Healthcare Systems-based Practice and Improvement

The educational programs offered at UNDSMHS are academically rigorous with the structured broad general training that is intended to produce "undifferentiated healthcare providers." The school's academic standards and technical standards are intended to support that model. Whereas a truly undifferentiated healthcare provider may not be achievable, the standards attempt to ensure that graduates of the school possess the background to pursue virtually any area of specialty. Thus all students must meet the academic standards and the technical standards to matriculate, to progress through the curriculum, and to meet the requirements for graduation.

Academic standards refer to acceptable demonstrations of mastery in various disciplines, before matriculation and after, as judged by faculty members, examinations, and other measurements of performance. Every effort is made to meet the academic needs of the health science student within the professional program. When a student's ability to perform the technical standards is compromised, the student must demonstrate alternative means and/or abilities to perform the specified tasks. The following technical standards describe the basic competencies essential to successful completion of healthcare programs at UND SMHS.
Beyond the academic standards, students must demonstrate the following technical standards with or without accommodations. It is the student’s responsibility to identify/disclose any disabilities if requesting any needed accommodations.

Technical Standards and Capacity
In order for a student to adequately address the six competency areas noted earlier, he/she must possess the requisite capacities/abilities in the following broad areas:

1. Perception/Observation
To achieve the required competencies in the classroom setting, in the clinical setting, and in the small group setting, students must be able to perceive, assimilate, and integrate information from a variety of sources. Students must be able to perceive and appropriately interpret nonverbal communications.

2. Communication
Students must be able to skillfully communicate through oral, written, and electronic means (in English) with faculty members, health care team members, patients, families, and other students in order to elicit, convey, and clarify information; create rapport; and work collaboratively. Students must be able to clearly speak and hear in order to effectively communicate sensitively with patients, including individuals from different cultural and social backgrounds: this includes, but is not limited to the ability to establish rapport with patients and effectively communicate judgments and treatment information.

3. Functional Activities
Students must possess sufficient motor, tactile, and sensory functions in order to attend and participate in activities which are part of the curriculum. This includes production of written and oral communication commensurate with the profession. Depending on the health care profession at the SMHS, students are expected to assess patients using all appropriate evaluation tools, diagnostic maneuvers and procedures perform basic laboratory procedures, and tests, provide patient care appropriate to the circumstances. Students are expected to function in a wide variety of patient care settings, including independent and potentially rapid paced/high demand environments. Motor, tactile, sensory, and proprioceptive abilities are necessary to perform a complete and thorough assessment and intervention plan with the patient. Students must also be able to safely and efficiently utilize equipment and materials necessary to assist patients.

4. Professional and Ethical Behavior
Students must consistently demonstrate the core attributes of professional behavior appropriate to the healthcare field, including commitment to excellence, honesty, and integrity, respect for others, empathy and compassion, professional responsibility, social responsibility, and altruism. Students must exhibit the ability to meet the challenges of any medical situation that requires a readiness for immediate and appropriate response without interference of personal or medical problems.
It is the student’s responsibility to attend and be able to travel to and from classes and clinical assignments in a timely manner. He/she must possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames.

Students must adhere to the policies of the State Board of Higher Education, University, School of Medicine and Health Sciences, the healthcare program, and the clinical sites. This includes matters ranging from professional dress and behavior to attending the program's academic schedule which may differ from the University's academic calendar and be subject to change at any time.

Students need to take the initiative to address and direct their own learning. They are required to work cooperatively and collaboratively with peers on assigned projects, and participate willingly in the supervisory process involving evaluation of abilities and acquisition of skills. The students will take initiative in becoming a contributory member of a health care team as appropriate for their program and level of education.

5. Cognition
Students must demonstrate critical thinking skills so that they can problem solve, understand abstract ideas, and synthesize information presented in the classroom, laboratory and clinical settings. Students must be able to measure, calculate, reason, analyze, process, integrate, synthesize, retain and apply facts, concepts, and data related to the art and science of healthcare. Students must have the cognitive capacity to appropriately utilize technology in the classroom and in the clinical setting. They must also be able to analyze three-dimensional and spatial relationships. Sound judgment and ethical reasoning as well as clinical reasoning are essential. Students must possess the above abilities to reach diagnostic and therapeutic judgments.

6. Behavioral and Social
Students must demonstrate emotional stability and be capable of developing mature and effective interpersonal relationships with other students, faculty, and healthcare workers. Students must be able to tolerate physically and emotionally taxing workloads and function effectively under stress. Students must be able to adapt to changing environments, display flexibility, accept and integrate constructive criticism, and function in the face of uncertainties inherent in the educational and clinical settings. Students must be able to engage in personal reflection and self-awareness as a mechanism of effective personal growth, development and lifelong learning.

Additional or clarifying technical standards may be required of the individual health science program. See individual departmental policies for specific details.

It is the responsibility of the student to request necessary accommodations through university procedures.

If any health sciences applicants or students have a question about whether he or she can meet these standards due to functional limitations from a disability, he or she should contact Disability
Services for Students (DSS), the campus resource for confidential discussion and support regarding reasonable accommodations:

Disability Services for Students
Room 190 McCannel Hall Stop 9040, Grand Forks, ND 58202 – 9040
dss@und.edu, 701 – 777-3425 Voice/TDD  Fax 701 – 777 – 4170
APPENDIX II

AFFILIATION BETWEEN THE UNIVERSITY OF NORTH DAKOTA AND THE CLINICAL AFFILIATE
Master Clinical Affiliation Agreement

This Agreement is made by and between the University of North Dakota ("University" or "UND") and Enter Facility Name - City, State ("Facility").

WHEREAS, the State of North Dakota, doing business as the University of North Dakota, desires to obtain internships or clinical education experience for its students/residents and

WHEREAS, it is the shared responsibility of the University and the Facility to create and maintain an appropriate learning environment and

WHEREAS, the Facility is committed to the professional education and training of University students/residents and is willing to assist in their education by providing them high-quality internships or clinical education experiences.

NOW THEREFORE, the University and Facility agree as follows:

I. THE UNIVERSITY AGREES:

1.1 To provide Facility with a list of University departments and programs covered by this Agreement (see Exhibit A).

1.2 To be responsible for meeting applicable program accreditation requirements.

1.3 To provide information to its students/residents and the Facility that outlines standards of performance and guidelines for the clinical education experience or internship.

1.4 To assign appropriate faculty/staff to serve as clinical education or internship liaisons between the Facility and the University (see Exhibit A).

1.5 To provide professional and general liability insurance for University students/residents and faculty/staff liaisons with maximum limits of $1,000,000 per occurrence and $5,000,000 annual aggregate.

1.6 To inform students/residents of the confidential nature of all Facility patient and client records, and of their obligations to protect the privacy and security of all protected health information.

1.7 To place only students/residents who have satisfactorily completed all required prerequisite courses and any other academic requirements and have been recommended by University faculty for placement in such a clinical education experience or internship. Upon request, University will provide Facility with information regarding the student’s/resident’s experience and/or academic background prior to placement, as authorized by the student/resident.

1.8 To inform the students/residents that they must adhere to the administrative policies and procedures of the Facility.

1.9 To inform the students/residents that they must comply with the health requirements of the Facility and supply the Facility with any required documentation.

1.10 To assure that a criminal background check is completed on all students/residents to be placed with the Facility. Upon request, University shall make available to the Facility a background check report for all student/resident
participants, as well as a detailed description of the various components of the University's comprehensive background check process.

1.11 To inform the students/residents that they may be required to undergo a drug test pursuant to the Facility’s policies and practices, and that the cost of any drug test will be paid by the student/resident, if not the Facility.

II. THE FACILITY AGREES:

2.1 To collaborate with the University in the selection of learning assignments which meet the educational needs of the students/residents.

2.2 To supervise and instruct the students/residents during the experience. Upon request, the Facility shall provide vitae of persons supervising or instructing students/residents to the University.

2.3 To conduct student/resident performance evaluations as directed by the University.

2.4 To notify the University immediately if a student/resident is not performing satisfactorily. The Facility will follow any oral notice or communication made under this paragraph with a written communication.

2.5 If interns or clinical education students/residents or are required by Facility to undergo a drug test, Facility shall provide University with notice and explanation of any positive or unacceptable drug test results. If students/residents are required by Facility to undergo a drug test, Facility shall obtain advance authorization from students/residents permitting Facility to notify and explain to University any positive or unacceptable drug test result.

2.6 To provide the students/residents with appropriate office space, equipment, and resources, including access to the Facility’s physical and/or on-line library, to carry out their assigned duties and learning objectives.

2.7 To orient students/residents to the Facility and its conduct and performance policies, procedures, rules, and regulations.

2.8 To supply the University with copies of any policies or procedures with which the students/residents will be expected to comply.

2.9 To notify the University prior to student/resident placement in the Facility of any health and fitness related requirements, including medical insurance coverage, immunization record, physical exam, and/or drug testing.

2.10 To maintain throughout the term of this Agreement all licenses, permits, certificates, and accredited statuses held at the time of execution of this Agreement, which are applicable to performance of this Agreement.

2.11 To maintain a positive, respectful, and adequately resourced learning environment so that sound educational experiences can occur (see Exhibit B).

III. THE UNIVERSITY AND THE FACILITY AGREE:

3.1 That the number of students/residents placed in the Facility, the duration, and the timing of the experience shall be mutually agreed upon.

3.2 To collaborate in identifying specific experience objectives and learning activities for each student/resident placed in the Facility.

3.3 To follow termination procedures outlined in the University’s applicable program guidelines or instruction manual in the event a student/resident
3.4 That the Facility may exclude from participation any student/resident whose performance is determined to be detrimental to the Facility’s clients; who violates established Facility policies, procedures and/or ethics codes; or whose performance is otherwise unsatisfactory, including any student/resident who is unable to maintain compatible working relationships with Facility employees, or whose health status precludes their regular attendance and successful completion of the experience.

3.5 In the event a student is exposed to an infectious or environmental hazard or other occupational injury (i.e. needle stick) while at the Facility, the Facility will provide such emergency care as is provided its employees, including, where applicable: examination and evaluation by Facility’s emergency department or other appropriate facility as soon as possible after the injury; emergency medical care immediately following the injury as necessary; initiation of the HBV, Hepatitis C (HCV), and HIV protocol as necessary; and HIV counseling and appropriate testing as necessary. In the event that the Facility does not have the resources to provide such emergency care, the Facility will refer such student to the nearest emergency facility. The student will be responsible for any charges thus generated.

3.6 That the University is primarily responsible for the educational program, academic affairs, and the assessment of assigned University students.

3.7 That the University is primarily responsible for the appointment and assignment of faculty members with responsibility for the teaching of assigned University students.

3.8 That the Facility recognizes that, in order for University to maintain accreditation for certain departments/programs, a representative from the applicable accrediting council/organization may need to observe a student/resident providing services under this Agreement. Facility shall allow the representative access to its facility provided that University, student/resident, and the applicable accrediting council/organization take reasonable steps to ensure appropriate professional conduct related to protected health information and ensures that the representative is held to the same standards of patient privacy rules/expectations as the student/resident and University.

IV. LIABILITY

4.1 Each party shall be responsible for claims, losses, damages, and expenses, which may arise out of negligent or wrongful acts or omissions of that party or its agents or employees, acting within the scope of their duties in the performance of this Agreement.

4.2 The tort liability of the University is as set out in chapter 32-12.2 of the North Dakota Century Code and is subject to the conditions and limitations contained therein. Nothing herein shall preclude the State of North Dakota from asserting against third parties any defenses to liability it may have under North Dakota law or be construed to create a basis for a claim or suit when none would otherwise exist.
4.3 Facility agrees to inform University in the event either an investigation or
claim arises out of patient or client care services performed by a University
student/resident and shall provide University with reasonable access to
information involving such student/resident in any investigation or claim.
Facility shall notify University of the disposition of any such investigation or
claim.

V. TERM AND TERMINATION OF AGREEMENT
5.1 This Agreement shall be effective beginning the date of execution by the
parties and shall remain in effect for five (5) years from the date of execution.
Either party may terminate this Agreement without cause at any time upon 60
days written notice to the other party.
5.2 In the event that the Facility terminates this Agreement, the Facility agrees
that no students/residents participating in an ongoing internship or clinical
education experience will be denied the opportunity to complete the affiliation,
even when the effective date of termination occurs prior to the completion date of
the internship or clinical education experience. In such an event, all applicable
provisions of this Agreement, including the right to terminate any
student/resident, shall remain in force until the end of the internship or clinical
education experience.
5.3 The University may terminate this Agreement effective upon delivery of
written notice to the Facility, or at such later date as may be stated in the notice, if
any license, permit, certificate or accreditation required by law, rule or regulation,
or by the terms of this Agreement, is for any reason denied, removed, suspended,
or not renewed.

VI. NONDISCRIMINATION
The University and the Facility agree that in the performance of this contract
there will be no discrimination in violation of the law or the policies of the
University of North Dakota. Therefore, there will be no discrimination on the
basis of race, color, sex, religion, sexual orientation, gender identity, genetic
information, age, national origin, the presence of any mental or physical
disability, political belief or affiliation, status with respect to marriage or public
assistance, or status as a veteran.

VII. APPLICABLE LAW
This Agreement is governed by the laws of the State of North Dakota.

VIII. ASSIGNMENT
Neither party may assign or otherwise transfer or delegate any right or duty,
without the express written consent of the other party.

IX. NOTICES
All notices or other communications purporting to exercise or otherwise affect
rights and duties under this Agreement shall be given by registered or certified
mail, addressed to the parties as indicated below, and are complete on the date
mailed.
The provisions of this section do not supersede any statutes or rules of court regarding notice of claims or service of process. In the event of a conflict between this section and any statutes or rules of court, the statutes or rules of court govern.

X. MODIFICATION
This Agreement may not be waived, altered, modified, supplemented, or amended in any manner except by written agreement signed by both parties.

XI. SEVERABILITY
If any term or provision of this Agreement is declared by a court having jurisdiction to be illegal or unenforceable, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties are to be construed and enforced as if the contract did not contain that term or provision.

XII. MERGER
This Agreement constitutes the entire agreement between the parties. There is no understanding, agreements, or representations, oral or written, not specified within this Agreement.

XIII. CONSIDERATION
Under the terms of this Agreement, neither party is obligated to make any payments of any kind to the other party.

XIV. WAIVER
The failure of either party to exercise any of its rights under this Agreement for a breach thereof shall not be deemed to be a waiver of such rights, and no waiver by either party, whether written or oral, express or implied, of any rights under, or arising from, the Agreement shall be binding on any subsequent occasion; and no concession by either party shall be treated as an implied modification of the Agreement unless specifically agreed in writing.

XV. INDEPENDENT CONTRACTORS
The parties are independent contractors and shall not act as an agent for the
other party, nor shall either party be deemed to be an employee of the other party for any purpose whatsoever. Neither of the parties shall have any authority, either express or implied, to enter any agreement, incur any obligations on the other party’s behalf, nor commit the other party in any manner whatsoever without the other party's express prior written consent. Any promotional business representation by either party of the other shall be approved in advance.

**Authorized Signatures**

**APPROVED FOR:**

Enter Facility Name

**APPROVED FOR:**

University of North Dakota

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**By:** ________________________________
Facility Representative Name/Title

**By:** ________________________________
Thomas Mohr, PT, Ph.D.
Associate Dean for Health Sciences

**Date:** ________________________________

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**By:** ________________________________
Facility Representative Name/Title

**By:** ________________________________
Thomas M. DiLorenzo, Ph.D.
UND Provost and Vice President for Academic Affairs

**Date:** ________________________________
EXHIBIT A: Clinical Education Departments/Programs Covered Under this Affiliation Agreement at the University of North Dakota (www.und.edu)

College of Arts and Sciences:
- Communication Sciences and Disorders, 701-777-3234
- Music Therapy, 701-777-2836
- Psychology, 701-777-3451

College of Education & Human Development:
- Counseling Psychology & Community Services, 701-777-3738
- Kinesiology and Public Health Education, 701-777-4324

College of Nursing and Professional Disciplines:
- Nursing, 701-777-4555
- Nutrition & Dietetics, 701-777-0849
- Social Work, 701-777-2669

School of Medicine and Health Sciences:
- Occupational Therapy, 701-777-2218
- Physical Therapy, 701-777-2831
- Physician Assistant, 701-777-2344
- Medical Laboratory Science, 701-777-2628
- Division of Sports Medicine, 701-777-3886
- Graduate Medical Education, 701-293-4107
- Northeast Campus, Grand Forks, 701-777-3406
- Northwest Campus, Minot, 701-858-6774
- Southeast Campus, Fargo, 701-293-4107
- Southwest Campus, Bismarck, 701-751-9579
EXHIBIT B: TEACHER-LEARNER EXPECTATIONS

The UNIVERSITY holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses and ancillary support staff, as well as others from whom students learn.

GUIDING PRINCIPLES:

**Duty:** Medical educators have a duty not only to convey the knowledge and skills required for delivering the profession's standard of care but also to instill the values and attitudes required for preserving the medical profession's social contract with its patients.

**Integrity:** Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

**Respect:** Respect for every individual is fundamental to the ethic of medicine. Mutual respect is essential for nurturing that ethic. Teachers have a special obligation to ensure that students and residents are always treated respectfully.

RESPONSIBILITIES OF TEACHERS AND LEARNERS:

**Teachers should:**
- Treat students fairly and respectfully
- Maintain high professional standards in all interactions
- Be prepared and on time
- Provide relevant and timely information
- Provide explicit learning and behavioral expectations early in a course
- Provide timely, focused, accurate and constructive feedback on a regular basis and thoughtful and timely evaluations at the end of a course
- Display honesty, integrity and compassion
- Practice insightful (Socratic) questioning, which stimulates learning and self-discovery and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive
- Solicit feedback from students regarding their perception of their educational experiences
- Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately

**Students should:**
- Be courteous of teachers and fellow students
- Be prepared and on time
- Be active, enthusiastic, curious learners
- Demonstrate professional behavior in all settings
- Recognize that not all learning stems from formal and structured activities
- Recognize their responsibility to establish learning objectives and to participate as an active learner
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine
- Recognize personal limitations and seek help as needed
- Display honesty, integrity and compassion
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings
- Recognize the duty to place patient welfare above their own
• Recognize and respect patients’ rights to privacy
• Solicit feedback on their performance and recognize that criticism is not synonymous with “abuse”

Relationships between Teachers and Students
Students and teachers should recognize the special nature of the teacher-learner relationship, which is in part defined by professional role modeling, mentorship, and supervision. Because of the special nature of this relationship, students and teachers should strive to develop their relationship to one characterized by mutual trust, acceptance and confidence. They should both recognize the potential for conflict of interest and respect appropriate boundaries.
APPENDIX III

MEDICAL LABORATORY TECHNICIAN
CLINICAL LABORATORY TECHNICIAN

CLINICAL COMPETENCIES

This form must be completed by your current or past laboratory supervisor. Items should be checked in the appropriate column to indicate your performance proficiency. This form must be completed prior to entrance into the senior summer program. Return to Ruth Paur, UND, SOMHS, Department of Medical Laboratory Science, 1301 North Columbia Rd. Stop 9037, Grand Forks, ND 58202-9037.
COMPETENCY LEVELS
1. The checklist is used to indicate the level of performance the MLT/CLT has achieved for each major area of the laboratory.
2. MLT’s and CLT’s must have a clinical supervisor complete this form by checking the appropriate column (highest level attained) following an assessment of the MLT/CLT’s work history. The clinical supervisor should sign each page to indicate the level of competency.
3. The checklist is meant to indicate minimum competency levels. This does not preclude the student from surpassing the indicated level.
4. The form is to be sent to Chris Triske (address on previous page) and will be evaluated to determine the amount of time and areas of study the MLT/CLT will need to complete during their clinical experience.

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EXAMPLE:
If the MLT/CLT has prepared specimens for culture as part of their job functions a check mark will be placed in Column 4, Independent.
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<td>Prepare culture for send-out</td>
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<td>Perform gram stain</td>
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<td>Interpret gram stain/direct</td>
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<td>Interpret gram stain from culture</td>
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<td>Recall principles/purpose of routine media</td>
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<td>Recall principles/purpose of non-routine media</td>
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<td>Describe Staph/Strep morphology, biochemical characteristics</td>
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<td>Describe Staph/Strep sensitivity patterns</td>
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<td>Perform and interpret ABO front &amp; reverse</td>
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<td>Calculate probability of donor genotype in compatibility testing</td>
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<td>Perform supply inventory/labeling</td>
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</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
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<tr>
<td>Instrument</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Perform daily start up/shut down</td>
<td></td>
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<tr>
<td>Perform daily maintenance</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Discuss instrument methodology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correlate test results to patient disease/health status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform and interpret patient testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record and evaluate QC</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Evaluate patient test results</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Utilize computer system</td>
<td></td>
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</tr>
<tr>
<td>Perform maintenance</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Perform trouble shooting</td>
<td></td>
<td></td>
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<td>Perform and interpret PT</td>
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<td>Perform and interpret APTT</td>
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<td></td>
</tr>
<tr>
<td>Perform and interpret fibrinogen</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Perform and interpret thrombin time</td>
<td></td>
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<tr>
<td>Perform and interpret bleeding time</td>
<td></td>
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<tr>
<td>Perform and interpret FDP (D - Dimer)</td>
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</tr>
<tr>
<td>Discuss factor assay</td>
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<tr>
<td>Discuss inhibitor studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss platelet aggregation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss heparin-platelet antibody</td>
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Signature: __________________________________________

Date: __________________________________________
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<thead>
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<th>Practiced</th>
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<tbody>
<tr>
<td></td>
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<td>3.</td>
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<tr>
<td>Perform and interpret synovial fluid cell counts</td>
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<td></td>
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<tr>
<td>Perform and interpret synovial fluid differentials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform and interpret synovial fluid chemistries</td>
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</tr>
<tr>
<td>Perform and interpret serous fluid cell counts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform and interpret serous fluid differentials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform and interpret CSF cell counts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform and interpret CSF differentials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform and interpret CSF chemistries</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Correlate disease processes with fluid testing and results</td>
<td></td>
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<tr>
<td>Perform and interpret semen analysis</td>
<td></td>
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<tr>
<td>Perform and interpret semen analysis, post-vasectomy</td>
<td></td>
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</tr>
<tr>
<td>Perform and interpret quality assurance techniques and documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform proper specimen preparation</td>
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Date: _______________________________________________
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<th>Demonstrated</th>
<th>Practiced</th>
<th>Independent</th>
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</thead>
<tbody>
<tr>
<td>Level</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>Perform and interpret specific gravity by refractometer</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Perform and interpret urine color observation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform and interpret routine dipsticks</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Perform and interpret confirmatory testing of the dipsticks</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Correlate disease process, sediment and dipsticks results</td>
<td></td>
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<tr>
<td>Perform and interpret microscopic</td>
<td></td>
<td></td>
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<tr>
<td>Perform and interpret occult blood testing</td>
<td></td>
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<td></td>
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<tr>
<td>Perform and interpret quality assurance techniques and documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform proper specimen preparation</td>
<td></td>
<td></td>
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</tbody>
</table>

Signature: ________________________________

Date: ________________________________
<table>
<thead>
<tr>
<th>Level</th>
<th>Discussed</th>
<th>Demonstrated</th>
<th>Practiced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform proper identification of patient</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
</tr>
<tr>
<td>Demonstrate proper order of tubes when drawing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss minimum quantities of blood for specific tubes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform heel sticks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform finger sticks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform vacutainer draws</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform syringe draws</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform butterfly draws</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform pediatric draws</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform intensive care draws</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform blood culture draws</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss protocol for isolation entry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate proper personal protective safety equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform send out procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total hours of phlebotomy

Number of successful venipunctures: minimum – 50

Syringe: _______ %
Vacutainer: _______%

Number of finger sticks: minimum – 5________

Signature: ________________________________
Date: ________________________________
<table>
<thead>
<tr>
<th>Level</th>
<th>Discussed</th>
<th>Demonstrated</th>
<th>Practiced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I.</td>
<td>II.</td>
<td>III.</td>
</tr>
<tr>
<td>Perform and interpret latex agglutination test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform and interpret an enzyme immunoassay test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform and interpret an RPR test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe and interpret a FANA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe and interpret fl microscopy ID of Group A Beta Strep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss ligase testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe PCR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe a western blot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform a record proper QA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilize proper computer technique</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify problems and corrective action</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe and Interpret immunofixation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: ________________________________

Date: ________________________________
APPENDIX IV

LABORATORY PERFORMANCE APPRAISAL
MLS PROGRAM
LABORATORY PERFORMANCE APPRAISAL

Instructions for Completion:

1. Complete form at midterm and at the end of each course of study.
2. Assign grade (2-5) to each area of assessment (See below for description of grade).
3. Areas of assessment have an assigned weight.
4. Multiply weight times grade to attain score.
5. Total all scores.
6. Apply score to the conversion scale to obtain student’s letter grade.
7. Comments that will assist the student in performance improvement are encouraged.
8. Review with the student and outline successes and areas for improvement.
9. Instructor and student sign and date.

Description of Grades:

2. Inconsistent in meeting expectations as outlined in course objectives. Requires repeated instruction but continues to strive to improve. May require encouragement to accept responsibility for learning but is able to complete the task at hand.
3. Consistently meets expectations satisfactorily. Requires average instructions and is then able to perform without further directions. Accepts responsibility for learning. Shows dedication to the task at hand. Requires little encouragement and is well prepared.
4. Exceeds expectations outlined in course objectives. Requires limited instruction. Demonstrates dedication and the ability to work independently. Exceeds expectations by accepting responsibility for learning, seeks additional knowledge and consistently completes assigned tasks efficiently and appropriately.
LABORATORY PERFORMANCE APPRAISAL

Student: ____________________________________________________________

Evaluation Period: ___________________________ to ________________________

Clinical Course Name and Number: MLS 492 Clinical Immunohematology III

Affective Objectives: Under each category, the student will demonstrate:

1. Communication Skills (Total Weight 10%)

<table>
<thead>
<tr>
<th>Expectation</th>
<th>Weight</th>
<th>Grade</th>
<th>Score (Wt x Gr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Ability to relate to others</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Cooperation</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Ability to accept constructive feedback</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 Total Score: Add lines 1.1 &amp; 1.3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Successes Observed:

Challenges to work on:
2. Attitude and Positivity (Total Weight 25%)

<table>
<thead>
<tr>
<th>Expectation</th>
<th>Weight</th>
<th>Grade</th>
<th>Score (Wt x Gr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Interest in work</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Attempt to improve</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 Persistence and follow-through</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4 Initiative</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5 Punctuality and attendance</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.6 Confidentiality and integrity</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.7 Total Score (Add lines 2.1 &amp; 2.6)</td>
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<td></td>
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</table>

Comments:

Successes Observed:

Challenges to work on:

3. Work Performance Skills (Total Weight 65%)

<table>
<thead>
<tr>
<th>Expectation</th>
<th>Weight</th>
<th>Grade</th>
<th>Score (Wt x Gr)</th>
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</thead>
<tbody>
<tr>
<td>3.1 Quality of work</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Prioritization, organization, neatness,</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>efficiency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Application of knowledge</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4 Proper specimen handling</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5 Effective computer usage</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6 Critical thinking/judgment</td>
<td>5%</td>
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<tr>
<td>3.7 Safety in the workplace</td>
<td>4%</td>
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<tr>
<td>3.8 Appropriate QC practices</td>
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<tr>
<td>3.9 Effective Instrumentation Interaction</td>
<td>4%</td>
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</table>
### Critical Objectives

<table>
<thead>
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<th>Critical Objective</th>
<th>Weight</th>
<th>Grade</th>
<th>Score (Wt x Gr)</th>
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<tbody>
<tr>
<td>3.10</td>
<td>Perform and interpret results of ABO and Rh testing</td>
<td>5%</td>
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</tr>
<tr>
<td>3.11</td>
<td>Perform and interpret results of DAT and IAT and crossmatching, maintain blood supply</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>3.12</td>
<td>Perform and interpret results of antibody screen and antibody ID</td>
<td>5%</td>
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</tr>
<tr>
<td>3.13</td>
<td>Perform and interpret results of HDN and transfusion Rx testing</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>3.14</td>
<td>Evaluate and resolve discrepancies and blood bank problems</td>
<td>5%</td>
<td></td>
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<tr>
<td>3.15</td>
<td>Total Score (Add lines 3.1 &amp; 3.14)</td>
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</table>

**Comments:**

- **Successes Observed:**
- **Challenges to work on:**

---

**Note:** If Score is 0.10 or less for critical objective assessment, please notify the Education Coordinator. The student must attain 0.15 or better. If they do not perform at this level, remediation must occur before the student may successfully pass the rotation.

**Grand Total Score:** (Add lines 1.4+2.7+3.15) \[ \text{Score} \times 100 = \text{Result} \]
## A. Conversion Scale

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<th>Letter Grade</th>
<th>Total Score</th>
<th>Grade %</th>
<th>Letter Grade</th>
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<td>393</td>
<td>84</td>
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<td>492</td>
<td>99</td>
<td>A</td>
<td>387</td>
<td>83</td>
<td>B</td>
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<tr>
<td>485</td>
<td>98</td>
<td>A</td>
<td>380</td>
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<td>479</td>
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<tr>
<td>440</td>
<td>91</td>
<td>A</td>
<td>333</td>
<td>75</td>
<td>C</td>
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<tr>
<td>433</td>
<td>90</td>
<td>A</td>
<td>326</td>
<td>74</td>
<td>C</td>
</tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td>&lt;200</td>
<td>&lt;60</td>
<td>F</td>
</tr>
</tbody>
</table>

B. Optional: Final Practical Exam = \( \text{______} \% \times 0.30 = \text{______}(b1) \)

Letter Grade from above = \( \text{______} \% \times 0.70 = \text{______}(b2) \)

C. Final Grade % = \( \text{______} \% \) [= either line (a) or \((b1 + b2)\)]

Total Personal Days off: = __________

**Student’s Comments:**
APPENDIX V

MLS SAFETY STANDARDS
Student General Laboratory Safety
Student Bloodborne & Biological Pathogens Exposure Control

REASON FOR STANDARD

This standard establishes safe practices in the MLS student laboratory concerning general safety, infection control, and blood borne pathogen exposure.

SAFETY PROCEDURES

DEFINITIONS

<table>
<thead>
<tr>
<th>Standard Precautions</th>
<th>An approach of infection control in which all human blood, body fluids, and human source reagents/controls are considered infectious and should be handled with appropriate protective measures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(also referred to as</td>
<td>Circumstances in which differentiation between body fluid types is difficult or impossible, all shall be considered potentially infectious materials. The intent of Standard Precautions is to protect the patient, to control nosocomial (institution-acquired) infections, and to protect the student.</td>
</tr>
<tr>
<td>Universal Precautions)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transmission-Based Precautions</th>
<th>Precautions used for patients with known or suspected to be infected or colonized with epidemiologically important pathogens.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Airborne-small particles in the air (chicken pox)</td>
</tr>
<tr>
<td></td>
<td>Droplet-large droplets spread by coughing, talking, or sneezing (influenza, meningitis, pneumonia, TB)</td>
</tr>
<tr>
<td></td>
<td>Contact precautions-skin to skin contact, or contact with surfaces (herpes simplex virus)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engineering controls</th>
<th>Controls designed to eliminate or minimize exposure to pathogens.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Examples include needleless devices, shielded needle devices, blunt needles, and plastic capillary tubes.</td>
</tr>
<tr>
<td></td>
<td>When occupational exposure remains after institution of these controls, use of personal protective equipment is required.</td>
</tr>
</tbody>
</table>

| Work practice controls        | Required procedures performed in order to minimize the risk of exposure of bloodborne pathogens. |

| Personal Protective Equipment (PPE) | PPE includes but is not limited to gloves, face shields or masks, eye protection, and fluid resistant lab coats. |

ENGINEERING CONTROLS

<p>| Biohazard waste containers for biological | Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the |</p>
<table>
<thead>
<tr>
<th>specimens</th>
<th>collection, handling, processing, storage, and transport of specimens. The containers will need to have a biohazard label on the container and/or be red in color.</th>
</tr>
</thead>
</table>
| **Sharps & Sharps Containers**                                            | • Sharps are any object capable of penetrating the skin, including, but not limited to: needles, scalpels, broken glass, broken capillary tubes, and razor blades.  
• Dispose of contaminated sharps in impervious, puncture resistant, rigid containers to eliminate the potential of physical injury. |
| **Safety Devices for Needles**                                           | • Needles with safety shields will be used for all phlebotomy procedures.  
• Do not recap a needle.  
• Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one handed technique. |

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**

PPE (Personal Protective Equipment) is equipment worn to minimize exposure by creating a barrier between you and a hazard. Personal protective equipment is not a substitute for good engineering, administrative controls, or good work practices. PPE is used in conjunction with these controls to ensure safety and health. Examples of PPE include respirators, gloves, aprons, as well as fall, head, eye and foot protection. PPE does not reduce the hazard itself, nor does it guarantee permanent or total protection. PPE is merely used to reduce or minimize the exposure or contact to injurious physical, chemical, or biological agents.

| Fluid Resistant Laboratory Coats                                         | A buttoned/snapped laboratory coat is required while in the laboratory.  
• All fluid resistant laboratory coats that become penetrated or splashed by blood or body fluids shall be removed immediately.  
• Fluid resistant laboratory coats will be laundered at the laundry service of the clinical laboratory site or the UND laundry service. Students are not to bring laboratory coats home to be laundered.  
• A name tag is provided and required to be worn on lab coats. No graffiti is allowed, and owner identification should be written on the inside label or collar. |
| Disposable Gloves                                                       | The student will wear gloves while performing tasks in the student laboratory, and when touching surfaces considered contaminated including telephones, computer terminals, door handles.  
• If gloves are visibly contaminated with blood or body fluid they should be removed and discarded in a biohazard bag, and hands washed before a new pair of gloves are used.  
• Gloves are not to be washed or reused and are to be discarded upon
• Gloves should be replaced when they are torn, punctured, wet or when their ability to function as a barrier is compromised.
• Hypoallergenic gloves, powder-free gloves or other alternatives will be found for those students allergic to gloves normally provided.

| Thermal Gloves | Designed to insulate hands from intense heat or cold. Most often used in the student lab while pouring gels for electrophoresis. |
| Eye and Facial Barrier Protection | Required during tasks in which there is a significant potential for splattering of infectious agents into the eyes, nose, or mouth. This type of exposure may occur during procedures commonly resulting in the generation of droplets, splashing of body fluids, or the generation of tissue or bone chips. To ensure protection of mucous membranes, masks should be worn in conjunction with protective eyewear. |

All personal protective equipment will be removed prior to leaving the work area.

**WORK PRACTICE CONTROLS**

<table>
<thead>
<tr>
<th>Infection Control General Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No mouth pipetting in the laboratory, use a safety bulb.</td>
</tr>
<tr>
<td>• No eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses, gum, or putting anything in one’s mouth while in the laboratories where there is a reasonable likelihood of occupational exposure.</td>
</tr>
<tr>
<td>• Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, counter or bench tops or other areas designated as work areas by the laboratory and where blood or other potentially infectious materials are present or may be present.</td>
</tr>
<tr>
<td>• Reduce possibility of self- inoculation: keep hands away from mouth, nose eyes and other mucous membranes.</td>
</tr>
<tr>
<td>• Use barrier pads when removing tops from specimens to minimize aerosol production.</td>
</tr>
<tr>
<td>• Never leave a discarded tube or infected material unattended or unlabeled.</td>
</tr>
<tr>
<td>• Keep door closed while in the lab, due to air exchange process.</td>
</tr>
<tr>
<td>• Store book bags on the book rack or outside of the laboratory.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hand Washing Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lather well, ensuring back of hands, between fingers and under nails are scrubbed. Rinse hands under a stream of water for 20 seconds and use a disposable paper towel to turn off faucet.</td>
</tr>
</tbody>
</table>
- Dispose paper towels in the regular trash.
- Gloves must be thrown in the red biohazard bags.
- When provisions of hand washing facilities are not feasible, an appropriate antiseptic hand cleanser / alcohol hand rub can be used. After antiseptic hand cleansers/ alcohol hand rubs are used, the student should wash their hands with soap and water as soon as feasible thereafter. If contamination is visible on the gloves or hands, soap and water must be used to wash the hands, alcohol hand rubs are not appropriate if hands are visibly contaminated.

### Hand Washing Requirements
- Before and after each patient contact, including phlebotomy
- After removing gloves or other personal protective equipment
- After distributing specimens
- Immediately after accidental contact with blood, body fluids, and contaminated materials.
- Before leaving the clinical work area
- Periodically during the day when handling and testing body fluids.

### Decontamination Materials
#### Disinfectants
- Bleach Solution containing 500-1000mg/L chlorine.
  - Dilute 1:10 household bleach
- Commercial disinfectants on the EPA disinfectant registry.

#### Housekeeping
- All students are to clean and decontaminate their lab space at the end of each session in which they have used blood or body fluid specimens.
- Reusable glassware contaminated with blood should be immediately placed in a receptacle containing a 10% bleach solution.
- Return all supplies back to the supply counter.
- Wash hands before leaving the lab.

### Disposal
#### Regular Waste
- Paper towels used for hand washing

#### Biological Waste
- All blood or body fluid contaminated materials
- All gloves, plastic pipettes

#### Biological Sharp
- All needles and lancets
- Glass slides, tubes, glass pipettes

#### Broken Glass/Non-contaminated
- Cardboard/lined container

### Centrifugation
- Inspect tubes for cracks, leave stoppers on the tubes, and avoid filling a tube to the point where the rim becomes wet with potentially contaminated specimen.

### Spill Clean Up - Biohazard
**Inform the teaching supervisor immediately.**
- Decontaminate work space as soon as feasible after a spill of blood or body fluid.
- PPE and double gloves should be worn when doing the clean-up.
- Saturate the spill with bleach and let sit for five minutes.
| Spill Clean Up - Chemical | • Chemical spills - Acid/base spill kits are available in the safety cabinet. |

**FIRE & CHEMICAL SAFETY**

| Fire Safety | • Learn the location of the nearest fire extinguisher, fire pull box and location of all exits. A map of the floor plan with exits is located at the pull box station.  
• Do not use Bunsen burners or other flame ignition items in the laboratory. |

| Chemical Hazards | • When working with chemicals the student will be informed as to the hazard involved and proper precautions.  
• All chemicals will be properly labeled with the specific hazards indicated by the NFPA label.  
• Acid solutions should not be diluted in the student laboratory. Always use a safety hood and add acid to water. If a concentrated acid is being transported, a safety bucket should be used.  
• Never smell a reagent directly. Vapors should be wafted toward the nose.  
• Safety Data Sheets include detailed information on hazardous chemicals and are located in the safety cabinet of the student laboratory. |

| National Fire Protection Association (NFP) Coding System | • Department of Transportation requirement for shipping chemicals.  
• The system uses a color coded diamond with four quadrants in which numbers are used in the upper three quadrants to signal the degree of emergency health hazard (blue), fire hazard (red), and reactivity hazard (yellow). The bottom quadrant is used to indicate water reactivity, radioactivity, biohazards or other special hazards.  
• The emergency hazards are signaled on a numerical scale of 0 to 4, with 0 = no unusual hazard, 1 = minor hazard, 2 = moderate hazard, 3 = severe hazard, and 4 = extreme hazard. |
Hazard Communication

Material Label Samples
Adopted by OSHA in 1994

- Safety Data Sheets (SDS) Hazard Classifications Information includes 16-Physical, 10-Health indicators.
- Chemical Labeling requirements include: Product Identifier, Supplier Identification, Precautionary, Hazard Pictograms, Signal Word-severity of hazard, Hazard Statements, Precautionary statements.
<table>
<thead>
<tr>
<th>GHS Pictograms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Hazard</strong></td>
</tr>
<tr>
<td>- Carcinogen</td>
</tr>
<tr>
<td>- Mutagenicity</td>
</tr>
<tr>
<td>- Reproductive Toxicity</td>
</tr>
<tr>
<td>- Respiratory Sensitizer</td>
</tr>
<tr>
<td>- Target Organ Toxicity</td>
</tr>
<tr>
<td>- Aspiration Toxicity</td>
</tr>
<tr>
<td><strong>Flame</strong></td>
</tr>
<tr>
<td>- Flammables</td>
</tr>
<tr>
<td>- Pyrophorics</td>
</tr>
<tr>
<td>- Self-Heating</td>
</tr>
<tr>
<td>- Emits Flammable Gas</td>
</tr>
<tr>
<td>- Self-Reactives</td>
</tr>
<tr>
<td>- Organic Peroxides</td>
</tr>
<tr>
<td><strong>Exclamation Mark</strong></td>
</tr>
<tr>
<td>- Irritant (skin and eye)</td>
</tr>
<tr>
<td>- Skin Sensitizer</td>
</tr>
<tr>
<td>- Acute Toxicity (harmful)</td>
</tr>
<tr>
<td>- Narcotic Effects</td>
</tr>
<tr>
<td>- Respiratory Tract Irritant</td>
</tr>
<tr>
<td>- Hazardous to Ozone Layer (Non-Mandatory)</td>
</tr>
<tr>
<td><strong>Gas Cylinder</strong></td>
</tr>
<tr>
<td>- Gases Under Pressure</td>
</tr>
<tr>
<td><strong>Corrosion</strong></td>
</tr>
<tr>
<td>- Skin Corrosion/Burns</td>
</tr>
<tr>
<td>- Eye Damage</td>
</tr>
<tr>
<td>- Corrosive to Metals</td>
</tr>
<tr>
<td><strong>Exploding Bomb</strong></td>
</tr>
<tr>
<td>- Explosives</td>
</tr>
<tr>
<td>- Self-Reactives</td>
</tr>
<tr>
<td>- Organic Peroxides</td>
</tr>
<tr>
<td><strong>Flame Over Circle</strong></td>
</tr>
<tr>
<td>- Oxidizers</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
</tr>
<tr>
<td>(Non-Mandatory)</td>
</tr>
<tr>
<td>- Aquatic Toxicity</td>
</tr>
<tr>
<td><strong>Skull and Crossbones</strong></td>
</tr>
<tr>
<td>- Acute Toxicity (fatal or toxic)</td>
</tr>
</tbody>
</table>
STANDARD: Student Injury Guidelines

UND INCIDENT REPORTING POLICY STATEMENT

All injuries, incidents, or hazards occurring on property owned or controlled by UND or involving UND employees or students while under the direction of the University must be reported to the UND Office of Safety within 24 hours. Incidents do not need to result in an injury or property damage to be reported – near miss incidents must also be reported.

STUDENT BLOODBORNE & BIOLOGICAL EXPOSURE MANAGEMENT

DEFINITIONS

<table>
<thead>
<tr>
<th>Bloodborne Pathogens</th>
<th>Bloodborne pathogens are pathogenic microorganisms that are present in human blood and bodily fluids and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV) – the virus which causes AIDS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloodborne Infections</td>
<td>Infections transmitted by a biohazard injury exposing an individual to blood or high-risk body fluids containing an infectious agent.</td>
</tr>
<tr>
<td>Hepatitis B Transmission Risk</td>
<td>The risk of developing clinical hepatitis from a Hepatitis B positive blood is 6-30%.  The risk of Hepatitis B infection is primarily related to the degree of contact with blood and the HBeAg status of the source.</td>
</tr>
<tr>
<td>Hepatitis C Transmission Risk</td>
<td>Hepatitis C is not known to transmit efficiently through occupational exposures to blood.  The average incidence of Anti HCV seroconversion after percutaneous exposure from HCV source is 1.8%</td>
</tr>
<tr>
<td>HIV Transmission Risk</td>
<td>Average risk of HIV transmission after percutaneous exposure to HIV positive blood is 0.3%.  Risk of infection is increased with exposure to a large quantity of blood from the source person as indicated by: 1. A device visibly contaminated with the patient’s blood. 2. A procedure involving a needle being placed directly in a vein or artery. 3. A deep injury. 4. A source person with high viral load, i.e., during initial or end stages of diseases.</td>
</tr>
<tr>
<td>Hepatitis B Vaccine Requirements</td>
<td>All students are required to initiate the Hepatitis B vaccination series before working with blood and/or body fluids.  Student’s refusing to receive the vaccine must sign a waiver as to their refusal to receive the vaccine.  After completion of a three vaccine Hepatitis B series, the student may be required by their clinical site to have a titer drawn 1-6 months following to verify immunity.  If not immune, the series should be repeated once and a titer repeated.  If the titer never indicates immunity, the person must be counseled about the risks of Hepatitis B</td>
</tr>
<tr>
<td>Biological Exposure</td>
<td>1. Exposure to a non-bloodborne infectious pathogen including but not limited to TB, prions, zoonotic transmission to humans.</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Tasks with Potential Occupational Exposure</td>
<td>2. Use of lancets and needles by students or faculty in obtaining blood samples for educational purposes.</td>
</tr>
<tr>
<td></td>
<td>3. Procedures involving handling tubes of blood, piglets of blood, or other containers with blood and/or blood products.</td>
</tr>
<tr>
<td></td>
<td>4. Cleaning up of a blood or body fluid spill.</td>
</tr>
<tr>
<td></td>
<td>5. Disposal of regulated waste.</td>
</tr>
</tbody>
</table>

SMHS STUDENT BLOODBORNE & BIOLOGICAL EXPOSURE MANAGEMENT

Refer to School of Medicine & Health Sciences website for detailed instruction and forms.

QUICK INFORMATION

| Immediate Care (also includes chemical or toxic exposure) | In the event of a needle-stick, sharps injury, or are exposed to the blood or other body fluid of a patient during the course of your work, **immediately follow these steps** (as applicable):
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Needle-stick injuries and cuts: wash with soap and water.</td>
</tr>
<tr>
<td></td>
<td>• Mucous membranes: flush splashes to the nose, mouth, or skin with water for 15 minutes.</td>
</tr>
<tr>
<td></td>
<td>• Eyes (use Eye Wash station): remove contact lenses, irrigate eyes with a steady stream of clean water, saline, or sterile irrigant for 15 minutes.</td>
</tr>
<tr>
<td></td>
<td>• Gross Contamination (use Safety Shower): requires immediate removal of contaminated clothing while under the safety shower.</td>
</tr>
</tbody>
</table>

| Medical Evaluation & Reporting                               | • Report the incident to your supervisor.                                                          |
|                                                           | • Immediately seek medical treatment for evaluation and recommended follow up procedures, **within 2 hours**. |
|                                                           | • The student and immediate supervisor must complete the **UND SMHS Bloodborne & Biological Exposure “Student Quick Form 1” & “UND Incident Reporting Form 2” within 24 hours.** These forms must include signatures of the student, immediate supervisor, and medical provider. |

Orientation Handbook Undergraduate: Update 5/17

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APPENDIX VI

STUDENT DRESS CODE

AND

PROFESSIONAL STANDARDS
Standard: Student Dress Code, Personal Protective Equipment (PPE), & Professional Standards

Dress Code and PPE in the Student Laboratory
1. White, fluid resistant lab coats are required in student laboratories. Students who have already taken labs with MLS and purchased a lab coat do not need to purchase another lab coat. If a student needs to purchase a fluid resistant white lab coat they can purchase a used one from the UND MLS club or a new one from the UND Bookstore. Do not buy a cloth white lab coat.
2. Disposable gloves are required to be worn in lab. These are provided by UND MLS Department.
3. Safety glasses or shields are recommended during tasks involving splash hazards. These will also be provided by UND.
4. Street Clothing: No shorts or uncovered legs. Dresses and pants should have 1 to 1.5 inch of clearance from the floor.
5. Head garments are considered clothing and should be cleaned and changed immediately if contaminated with biohazard material.
6. Shoes: no open toed, perforated, or canvas fabric shoes. Open heeled shoes with a strap with socks are not considered appropriate. Socks should be worn with all shoes. Ankles should be covered, there should be no skin showing.
7. Students should maintain proper hygiene while in attendance in the summer practicum and at clinical sites. This includes, but is not limited to:
   a. showering/bathing daily
   b. maintaining clean, neat hair
   c. utilizing personal care products (i.e. deodorant, toothpaste)
   d. maintaining clean, odor-free, and appropriate fitting clothing
8. Long hair (beyond chin length) must be tied back away from the face while in the laboratory.
9. Students will not wear fragrance/cologne in the laboratory and should minimize the use of fragrant products, including essential oils.
10. See the Student General Laboratory Safety Standard and audio lecture online for safety policies in lab.

Professional Standards
1. Keep patient/student sample lab result information confidential.
2. Utilize interpersonal relationship skills when working in the student laboratory.
3. Follow oral and written directions.
4. Comply with the dress code and safety standards.
5. Be on time. There is a large amount of information covered at the beginning of each laboratory.
6. Manage your time effectively in the student laboratory. Lab assignments are designed for the time allotment in the schedule. If you are unable to complete an assignment, extra time is not awarded.
7. Equipment and supplies may have to be shared in the lab. Be willing to share equipment.
8. Be receptive to suggestions from instructors. Ask questions if you do not understand something. Instructors are here to help you become a working scientist.
9. Falsifying lab results/ dry labbing is considered cheating in the lab. When assigned to do
your own work, do it, do not share the work with a lab partner. The instructor may want you to gain valuable experience in psychomotor and/or problem solving skills. Do not share quiz or test questions.

10. Do not work unsupervised. The laboratory instructor must be present.
11. With instructor approval, headphones (In-ear/Earbud/Clip-On) to listen to music are allowed in the student lab as long as if it does not interfere with student performance. For proper communication and safety, students will be required to use the device in one ear only. Devices and cords must be secured in a way to prevent contamination and safety hazards. Hanging wires are not acceptable. Noise reduction headphones are not allowed. No cell phone use in lab allowed.
12. Keep a clean working area. Drawers and cabinet drawers should be kept closed. Chairs/stools should be pushed under the counter when not in use.
13. Work areas must be sanitized and equipment put away prior to leaving the laboratory each day.
14. One should have a conscientious attitude, striving for accurate and precise work while adhering to professional standards addressed above.

**Exam and Quiz Standards**
1. No talking with other students during the exam.
2. No personal electronic devices are allowed including cell phone use.
3. Keep your eyes on your own paper and protect your answers.
4. If wearing a baseball cap turn the rim to back of head.
5. Do not share quiz or test information with other students.

**Microscope Standards**
See the Summer Practicum SOP manual or Other information given out in your laboratory courses at UND.
APPENDIX VII

UND SCHOOL OF MEDICINE AND HEALTH SCIENCES

STUDENT BLOODBORNE & BIOLOGICAL PATHOGEN EXPOSURE MANAGEMENT

http://www.med.und.edu/policies/_files/docs/bloodborne-pathogen-exposure-policy-021715.pdf
POLICY STATEMENT

In the event of a bloodborne or biological pathogen exposure, the School of Medicine and Health Sciences (SMHS) students will follow the SMHS Student Bloodborne and Biological Pathogen Exposure Management Plan. The student’s responsibility is to immediately inform their instructor, clinical site supervisor and / or preceptor. Students are required to comply with the reporting requirements, incur the charges of their bloodborne or biological pathogen exposure testing, and complete follow-up recommendations given by their health care provider.

REASON for POLICY

To provide a clear and concise guide for managing students exposed to bloodborne or biological pathogens during educational activities administered by the University of North Dakota School of Medicine and Health Sciences.

SCOPE of POLICY

This policy applies to:
- Deans, Directors, and Department Heads
- Managers and supervisors
- Students

Others: _____

WEB SITE REFERENCES

This policy:  http://www.med.und.edu/policies/_files/docs/bloodborne-pathogen-exposure-policy-020614.pdf
Policy Office:  http://www.med.und.edu/administration/deans-office/index.cfm
Vice President for Health Affairs and Dean:  http://www.med.und.edu/administration/deans-office/index.cfm
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<td>1</td>
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</tr>
</tbody>
</table>
RELATED INFORMATION

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<th>Subject</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
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<td>UND Incident Reporting &amp; Investigation Instructions</td>
<td><a href="http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm">http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm</a></td>
</tr>
<tr>
<td>SMHS Policy Page</td>
<td><a href="http://www.med.und.edu/internal-resources/policies.cfm">http://www.med.und.edu/internal-resources/policies.cfm</a></td>
</tr>
<tr>
<td>The National Clinicians’ Post Exposure Prophylaxis Hotline</td>
<td><a href="http://www.nccc.ucsf.edu/about_nccc/pepline/">http://www.nccc.ucsf.edu/about_nccc/pepline/</a></td>
</tr>
<tr>
<td>Occupational Safety &amp; Health Administration</td>
<td><a href="https://www.osha.gov/">https://www.osha.gov/</a></td>
</tr>
<tr>
<td>Center for Disease Control and Prevention</td>
<td><a href="http://www.cdc.gov/">http://www.cdc.gov/</a></td>
</tr>
</tbody>
</table>

CONTACTS

Specific questions should be directed to the following:

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<tr>
<th>Subject</th>
<th>Contact</th>
<th>Telephone/FAX</th>
<th>Office/Dept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy clarification</td>
<td>Dean’s Office</td>
<td>(701)777.2514/777.3527</td>
<td><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></td>
</tr>
<tr>
<td>SMHS Student Injury</td>
<td>Dean’s Office</td>
<td>(701)777.2514/777.3527</td>
<td><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></td>
</tr>
<tr>
<td>Investigation Report</td>
<td>Office of Safety</td>
<td>(701)777.3341</td>
<td><a href="mailto:und.safety@email.und.edu">und.safety@email.und.edu</a></td>
</tr>
<tr>
<td>Sample Transportation</td>
<td>Student Health Services</td>
<td>(701)777.3988</td>
<td><a href="mailto:und.shslab@und.edu">und.shslab@und.edu</a></td>
</tr>
</tbody>
</table>

DEFINITIONS

<table>
<thead>
<tr>
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<th>Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other potentially infectious materials/biological pathogens</td>
<td>Include but are not limited to (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.</td>
</tr>
<tr>
<td>Exposure Incident</td>
<td>A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of practice requirements.</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Contaminated</td>
<td>The presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.</td>
</tr>
<tr>
<td>Contaminated Sharps</td>
<td>Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.</td>
</tr>
<tr>
<td>Immediate supervisor</td>
<td>The instructor, clinical site supervisor and/or preceptor with the direct responsibility for the student at the site and time of the incident.</td>
</tr>
</tbody>
</table>
| UND SMHS Program of Enrollment/Program Director | UND SMHS Program Director:  Medical Student – Associate Dean of for Student Affairs  
Health Sciences-Program Directors  
Graduate Students- Basic Sciences Education Director  
Undergraduate Students-SMHS Assistant Dean for Education |

**PRINCIPLES**

OVERVIEW— The Student Bloodborne & Biological Pathogen Exposure procedure provides management for University of North Dakota SMHS students with occupational blood exposures according to currently recommended guidelines by the US Public Health Services. The procedures below describe the action that must be taken in the event that bloodborne or biological pathogen exposure has occurred. In accordance of UND Section 1: General Safety, Incident Reporting policy, incident reporting of all injuries is required within 24 hours.

Academic instructors who witness the incident, or are immediate supervisors for the student, are responsible for completing UND & SMHS incident reporting forms. This allows for complete reporting and appropriate follow up of any occurrence involving the health and safety of University students.
PROCEDURES

Management of Exposure Incidents
1. Immediate Care
   Immediately
2. Post-Exposure Risk Determination & Medical Evaluation
   Complete within 2 hours
3. Post-Exposure Mandatory Reporting
   Complete within 24 hours
4. Incident Investigation & Report Routing

In accordance with UND Policy, mandatory reporting of incidents is required within 24 hours. The student’s health and safety is of utmost importance in this circumstance and the student must not return to activities until this is complete.

Protocol

1. Post-Exposure-Immediate Care
   If you experienced a needle-stick or sharps injury, or are exposed to the blood or other body fluid of a patient during the course of your work, immediately follow these steps (as applicable):
   • Wash needle-stick injuries and cuts with soap and water.
   • Flush splashes to the nose, mouth, or skin with water for 10 minutes.
   • Eyes-remove contact lenses, irrigate eyes with clean water, saline, or sterile irrigants (be aware of the nearest eyewash station).
   • Report the incident to your immediate supervisor.
   • Immediately seek medical treatment for evaluation and recommended follow up procedures.

2. Post-Exposure - Risk Determination & Medical Evaluation
   • Contact the immediate supervisor (or clinical site education coordinator) to obtain the procedure and forms for appropriate risk assessment and reporting.
   • UND SMHS Program of enrollment must also be contacted as soon as feasible to oversee this evaluation process.
   • The student and immediate supervisor must complete the UND SMHS Bloodborne & Biological Exposure “Student Quick Form 1” & “UND Incident Reporting Form 2” within 24 hours. These forms must include signatures of the student, immediate supervisor, and medical provider.

The following information is required for risk determination; document “Student Quick Form 1”.
• Type and amount of fluid (e.g., blood, visibly bloody fluid, other potentially infectious fluid or tissue, and concentrated virus).
• Type of device causing injury, if applicable.
• Type and description of exposure (percutaneous, splash, non-intact skin, and bites etc.).

Incident Occurrence on the UND Campus
Medical Evaluation: UND Student Health Hours: Mon-Fri 8am-4:30pm, Tuesday 8am-6pm
After Hours: Altru Emergency Department or Urgent Care

Incident Occurrence at Clinical Affiliation Site
Note: Students must also follow the individual clinical sites guidelines, and the appropriate clinical personnel should be informed of the injury. All follow-up documentation is required.

Medical Evaluation by Primary Care Provider or Emergency Facility

Step One - Evaluate Exposure Source
The student’s immediate supervisor where the incident occurred will take the necessary action to request a source patient (donor of the blood or body fluid exposure) lab test workup for bloodborne or biological pathogens.

<table>
<thead>
<tr>
<th>Bloodborne Pathogen</th>
<th>Airborne Pathogen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess exposure source status, if applicable.</td>
<td>Assess exposure source status for tuberculosis (TB) or other potential biological pathogen, if applicable.</td>
</tr>
<tr>
<td>Obtain consent to test blood. If deceased, no consent necessary.</td>
<td></td>
</tr>
<tr>
<td>Order an exposure work-up in accordance with state statutes, to include but not limited to rapid HIV, Hepatitis B surface Antigen (HBsAg), and antibodies to HCV (anti-HCV).</td>
<td></td>
</tr>
<tr>
<td>Unknown Source: assess risk of exposed student to HBV, HCV and HIV infection.</td>
<td></td>
</tr>
</tbody>
</table>

Step Two - Evaluate Exposed Person

<table>
<thead>
<tr>
<th>Bloodborne Pathogen</th>
<th>Airborne Pathogen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess current immunization status.</td>
<td>Assess current immunization status.</td>
</tr>
<tr>
<td>Assess Hepatitis B vaccine and vaccine response status.</td>
<td>Assess for Tetanus-Diphtheria vaccination (Td) or other airborne pathogen, if applicable.</td>
</tr>
<tr>
<td>Assess HBV, HCV, and HIV immune status.</td>
<td></td>
</tr>
<tr>
<td>Order baseline testing for HIV, HCV, anti-HBs (if applicable).</td>
<td>Assess for current tuberculosis screening status, if applicable.</td>
</tr>
<tr>
<td><strong>Draw a 10 mL clot tube of blood, spun and separated. Transport serum on ice to UND Student Health Services for storage. (Address available on Quick Form 1)</strong></td>
<td><strong>Order TB testing, if applicable.</strong></td>
</tr>
</tbody>
</table>

Step Three – Determine for Post Exposure Prophylaxis

<table>
<thead>
<tr>
<th>Bloodborne Pathogen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors to consider for post exposure prophylaxis include the type of exposure, type and amount of fluid/tissue, infectious</td>
</tr>
</tbody>
</table>
state of the source, and susceptibility of the exposed student.

Prophylaxis should be started as soon as possible after HIV exposure, preferably within the first hour.

- **Hotline for Medical Providers**
  - The National Clinicians’ Post Exposure Prophylaxis Hotline.

  PEPline: 1-888-448-4911 (9am-2am EST)
  Warmline: 1-800-933-3413
  Perinatal HIV Hotline: 1-888-448-8765
  Website: [http://nccc.ucsf.edu/](http://nccc.ucsf.edu/)

  Follow appropriate prophylactic treatment, if applicable.

**Airborne Pathogen**
Step Four – Follow-up Care
The student is responsible for obtaining follow-up care from their personal physician as recommended during their evaluation.

3. Post-Exposure Mandatory Reporting

Completion and routing of SMHS Bloodborne & Biological Pathogen Exposure Incident Evaluation & Reporting (Form 1 & 2) are required within 24 hours of the exposure event.

Report Routing

<table>
<thead>
<tr>
<th>Student Quick Form 1</th>
<th><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>SMHS Deans Office</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UND Incident Reporting Form 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student’s immediate supervisor must electronically submit this form within 24 hours. Form 2 is located at UND Campus Safety website: <a href="http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm">http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm</a>. Click the [SMHS only] button on the bottom of the form to notify appropriate UND contacts.</td>
</tr>
</tbody>
</table>

4. Incident Investigation & Report Routing

The SMHS Program Directors will be required to:

- Investigate the incident (UND Incident Investigation Form 3), verify completion of Forms 1 & 2, verify Student Health has received the student’s blood sample, and route appropriate incident reports to UND Environmental Health & Safety.

- UND SMHS Programs are required to retain a record of the exposure incident for 30 years post-graduation.
RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| Student                                   | ▪ Report the exposure incident  
▪ Seek immediate and follow-up care.  
▪ Complete required reports.  
▪ Route to appropriate contacts.     |
| Immediate Supervisor  
(Clinical Site Supervisor and/or Preceptor) | Provide assistance to the exposed student to:  
▪ Obtain immediate care and medical evaluation.  
▪ Complete reports within 24 hours.  
▪ Transport the student’s blood sample to UND Student Health Services. |
| Program Director                          | ▪ Investigate the exposure incident.  
▪ Verify completion of reports and appropriate routing.  
▪ Verify blood sample arrival at UND Student Health.  
▪ Retain record of the incident.        |
| Chief of Staff, SMHS                      | ▪ Notify appropriate program directors of incident exposure.  
▪ Forward reports to the appropriate program director for the incident investigation. |
| Student Health Services                   | ▪ Receive exposed student’s sample and store for 90 days.                         |

FORMS

<table>
<thead>
<tr>
<th>Form</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMHS Bloodborne &amp; Biological Pathogen Exposure Student Quick Form (Form 1)</td>
<td><a href="http://www.med.und.edu/policies/_files/docs/quick-form-1.pdf">http://www.med.und.edu/policies/_files/docs/quick-form-1.pdf</a></td>
</tr>
<tr>
<td>UND Incident Reporting Form (Form 2)</td>
<td><a href="http://und.edu/finance-operations/environmental-health-and-safety/_files/docs/und-incident-reporting-form.pdf">http://und.edu/finance-operations/environmental-health-and-safety/_files/docs/und-incident-reporting-form.pdf</a></td>
</tr>
<tr>
<td>UND Incident Investigation Form (Form 3)</td>
<td><a href="http://und.edu/finance-operations/environmental-health-and-safety/_files/docs/und-incident-investigation-form.pdf">http://und.edu/finance-operations/environmental-health-and-safety/_files/docs/und-incident-investigation-form.pdf</a></td>
</tr>
<tr>
<td>Student Bloodborne &amp; Biological Pathogen Exposure Release Form (Refusal of Care) (Form 4)</td>
<td><a href="http://www.med.und.edu/policies/_files/docs/refusal-of-care-form.pdf">http://www.med.und.edu/policies/_files/docs/refusal-of-care-form.pdf</a></td>
</tr>
</tbody>
</table>

REVISION RECORD
APPENDIX VIII

BIOHAZARD EXPOSURE CHECKLIST
AND REPORT FORMS

http://www.med.und.edu/policies/immediate-action-checklist-and-forms.cfm
**Student Bloodborne & Biological Pathogen Exposure**

**Quick Form 1**

**Page 1 of 2**

**Step One – Immediate Care (within 1 hour of incident)**

- Exposure through a puncture/wound, cleaned with soap and water for 15 minutes.
- Exposure through eye or mucous membrane, flushed with water or saline for 15 minutes.
- Student reports incident to immediate supervisor.
- Student obtains a copy of “Bloodborne & Biological Pathogen Exposure Quick Form 1”.
- Transport to appropriate health care provider is discussed and facilitated with the student’s immediate supervisor.

<table>
<thead>
<tr>
<th>Exposed Student Name and Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source Patient Name or Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include type and amount of fluid, type of device if puncture or wound, type and severity of exposure.</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Geographical Location of the Exposure Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s Immediate Supervisor where incident occurred.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
</tr>
</tbody>
</table>

Upon Completion of Page 1
Route to SMHS Dean’s Office, Judy Solberg, judy.solberg@med.und.edu
Student Bloodborne & Biological Pathogen Exposure

Quick Form 1

Page 2 of 2

Step Two- Post Exposure Risk Determination & Medical Evaluation within 2 hours

___ Student has obtained a medical evaluation.
___ Exposure incident has been communicated to UND SMHS.

Step Three- Mandatory Reporting within 24 hours

___ UND Incident Reporting Form (Form 2) completed and electronically submitted by the immediate supervisor.
   Link to Form 2 (Click [SMHS only] button)
   UND Campus Safety Incident Report:
   http://und.edu/finance-operations/environmental-health-and-safety/forms.cfm
___ Lab testing/workup of source patient ordered by immediate supervisor.
   ▪ Lab tests ordered on source: HBsAg, anti-HCV, rapid HIV, or TB.
___ Testing/workup results on source serum reported to the student’s health care provider.
___ Bloodborne Exposure:
   Sample of student serum is drawn, separated, frozen and shipped by the student’s health care provider for storage at UND Student Health Services for 90 days.
   Address:  UND Student Health
   Attention: Laboratory Supervisor
   100 McCannel Hall
   2891 2nd Ave. N Stop 9038
   Grand Forks, ND 58202
___ SMHS Bloodborne & Biological Pathogen Exposure Release Form (Refusal of Care) (Form 4)
   completed by the student, if applicable.

Date of Exposure __________________
Time of Exposure __________________
Immediate Supervisor Signature/Date

_____________________________
(Verifying the Incident)

Student Signature/Date

_____________________________
(Verifying the Incident)

HealthCare Provide Signature/Date

_____________________________
(Verifying the Consult)

Upon completion of Page 2, Route to SMHS Dean’s Office, Judy Solberg, judy.solberg@med.und.edu
I understand that due to my bloodborne or other potential infectious material exposure I may be at risk of acquiring HIV, HBV, and HCV, or other potential infectious pathogens.

I have been informed that it is the standard procedure after a bloodborne exposure incident to be tested for HIV, HBV, and HCV infection immediately. However, I **decline to be tested for HIV, HBV, and HCV**. I am signing this release form in full recognition and appreciation of the dangers, hazards and risks of not being tested for bloodborne pathogens or other biological infections.

I understand by signing this release, I am releasing and holding harmless the clinical affiliation site ____________________ and the University of North Dakota, their governing boards, officers, employees and agents from any and all liability, claims and actions arising out of this incident.

I recognize that this release means that I am giving up, among other things, the right to take legal action against the clinical affiliation site ___________________ or the University of North Dakota, their governing boards, officers, employees and agents for injuries, damages or losses I may incur. I also understand that this release bind my heirs, executors, administrator, and assigns, as well as myself.

I understand that I may be potentially exposed to a communicable pathogen, I may be a potential hazard to patients, and I may be suspended from a clinical affiliation and/or program.

____________________________________  _________________  
Student Signature       Date

____________________________________  
Student Name (print)

____________________________________  _________________  
Witness Signature       Date

____________________________________  
Witness Name (print)

Route to SMHS Dean’s Office, Judy Solberg, judy.solberg@med.und.edu
APPENDIX IX

GRIEVANCE POLICY

http://www.med.und.edu/policies/_files/docs/student-grievance-policy.pdf
Student Grievance Policy

Section: 2
Policy number: 2.17
Responsible Office: Office of Academic and Faculty Affairs
Issued: 02.03.14
Latest Review: N/A

POLICY STATEMENT

Any student enrolled in an academic degree- or certificate-granting program or taking a course(s) at the UND School of Medicine and Health Sciences shall be provided the opportunity to seek redress on decisions made concerning the student's academic performance and/or professional behavior or on decisions made on the basis of any policies or procedures thought by the student to be unfair by initiating an academic grievance.

The term “academic grievance” is defined as: A statement expressing a complaint, resentment, or accusation lodged by a student about an academic circumstance (such as grading, testing, quality of instruction), which is thought by the student to be unfair (UND Code of Student Life).

For purposes of this policy, professional behavior includes any behavioral component of academic performance defined by a profession as necessary for individuals to function as competent, honest, safe, and ethical professionals. Individual programs may further define specific expectations for professional behavior. Therefore, an "academic grievance” at the SMHS may also include: A statement expressing a complaint, resentment or accusation lodged by a student regarding a decision made regarding a student’s professional behavior, which is thought by the student to be unfair.

Any person who believes that he or she is a victim of discrimination, either individually or as a member of a class as defined by the University's Equal Opportunity/Affirmative Action Policy (UND Code of Student Life), may initiate grievance procedures as outlined in the UND Code of Student Life. If a person brings a grievance in which discrimination is alleged, along with an academic grievance, the discrimination complaint will be dealt with simultaneously.

In all circumstances, it is the responsibility of each student in the School of Medicine and Health Sciences to abide by the policies and procedures of the University of North Dakota as well as those described in the appropriate department or program.
REASON FOR POLICY

As stated in the University of North Dakota Code of Student Life, each undergraduate, graduate, and professional school or college shall have written procedures for academic grievances. The following describes the UND School of Medicine and Health Sciences' grievance policy and procedures as they are to be applied to undergraduate, graduate and professional students enrolled in SMHS programs or taking SMHS courses.

SCOPE OF POLICY

This policy applies to:
- Deans, Directors, and Department Heads
- Faculty
- Managers and supervisors
- Staff
- Students
- Others:

WEB SITE REFERENCES

This policy: TBD

Policy Office: http://www.med.und.edu/administration/deans-office/index.cfm

Academic and Faculty Affairs: http://www.med.und.edu/administration/academic-affairs/
CONTENTS

Policy Statement ..................................................................................................................................... 1
Reason for Policy ................................................................................................................................... 1
Scope of Policy .................................................................................................................................... 1
Web Site References ............................................................................................................................ 1
Definitions ......................................................................................................................................... 3
Related Information ............................................................................................................................ 4
Contacts ............................................................................................................................................. 5
Principles ............................................................................................................................................. 6
Overview ............................................................................................................................................. 6
DEFINITIONS

<table>
<thead>
<tr>
<th>UND</th>
<th>University of North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMHS</td>
<td>School of Medicine and Health Sciences</td>
</tr>
<tr>
<td>Code of Student Life</td>
<td>The purpose of the Code is to provide the rights and responsibilities of all individuals and to ensure fair treatment of all students.</td>
</tr>
<tr>
<td>Academic grievance</td>
<td>A statement expressing a complaint, resentment, or accusation lodged by a student about an academic circumstance (such as grading, testing, quality of instruction), which is thought by the student to be unfair. An academic grievance may also express a complaint, resentment or accusation lodged by a student regarding a decision made regarding a student’s professional behavior, which is thought by the student to be unfair.</td>
</tr>
<tr>
<td>Professional behavior</td>
<td>Any behavioral component of academic performance defined by a profession as necessary for individuals to function as competent, honest, safe and ethical professionals.</td>
</tr>
</tbody>
</table>

RELATED INFORMATION


CONTACTS

Specific questions should be directed to the following:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Telephone/FA</th>
<th>Office/Dept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy clarification</td>
<td>Dean’s Office</td>
<td>777.2514/777.3527</td>
<td><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></td>
</tr>
<tr>
<td>Policy format</td>
<td>Dean’s Office</td>
<td>777.2514/777.3527</td>
<td><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></td>
</tr>
</tbody>
</table>

PRINCIPLES

OVERVIEW — Any student enrolled in an academic degree- or certificate-granting program or taking a course(s) at the UND School of Medicine and Health Sciences shall be provided the opportunity to seek redress on decisions made concerning the student’s academic performance and/or professional behavior or on decisions made on the basis of any policies or procedures thought by the student to be unfair by initiating an academic grievance.

The term “academic grievance” is defined as: A statement expressing a complaint, resentment, or accusation lodged by a student about an academic circumstance (such as grading, testing, quality of instruction), which is thought by the student to be unfair (UND Code of Student Life).
For purposes of this policy, professional behavior includes any behavioral component of academic performance defined by a profession as necessary for individuals to function as competent, honest, safe, and ethical professionals. Individual programs may further define specific expectations for professional behavior. Therefore, an "academic grievance" at the SMHS may also include: A statement expressing a complaint, resentment or accusation lodged by a student regarding a decision made regarding a student’s professional behavior, which is thought by the student to be unfair.

Any person who believes that he or she is a victim of discrimination, either individually or as a member of a class as defined by the University’s Equal Opportunity/Affirmative Action Policy (UND Code of Student Life), may initiate grievance procedures as outlined in the UND Code of Student Life. If a person brings a grievance in which discrimination is alleged, along with an academic grievance, the discrimination complaint will be dealt with simultaneously.

In all circumstances, it is the responsibility of each student in the School of Medicine and Health Sciences to abide by the policies and procedures of the University of North Dakota as well as those described in the appropriate department or program.

PROCEDURES—All grievances must be initiated by the student within thirty (30) calendar days after notification of the grade or decision the student wishes to grieve. Each step of the grievance process must be initiated by the student within thirty (30) calendar days of the completion of the previous step; response time by the student at each step shall be thirty (30) calendar days unless otherwise stated. After student initiation of each step in the grievance process, the School of Medicine and Health Sciences response will begin within ten (10) calendar days of receipt of the grievance.

1. Any student with a grievance of an academic nature should first bring it to the attention of the appropriate faculty member (course instructor/director, block director or clerkship director). Together the student and faculty member should attempt to resolve the grievance.

2. If the grievance is not resolved to the student's satisfaction, it may be brought to the department or program level. The grievance should be brought, in writing, to the department chair/program director/assistant or associate dean for preclinical or clinical education, as appropriate for the situation or grievance level. Within thirty (30) calendar days, the chair/director/dean will conduct a review according to the established departmental/program policy, consulting as appropriate with other faculty, campus deans or staff, and inform the student, in writing, of the decision reached regarding the grievance. The department will retain records of all grievances pursuant to the records retention schedule.

3. If the grievance is not resolved to the student's satisfaction at the department or program level, the student may file the grievance for review by the School of Medicine and Health Sciences Grievance Committee, according to the following procedures:

   a. A student grieving any academic decision beyond the level of the department or program...
program to the level of the School of Medicine and Health Sciences Grievance Committee must submit, in writing, the required documentation within 30 days of the decision of the department or program. Written documentation must include:

i. The disputed decision;
ii. The person(s)/body that made the decision;
iii. The date the decision was made;
iv. All efforts made to resolve the dispute informally and formally;
v. Information directly relevant to the Committee’s review of the grievance;
vi. Name of any relevant counsel or advisor who may have assisted the student in developing the grievance or may accompany the grievant and provide assistance, if the grievant appears before the committee;
vii. Any other relevant pertinent evidence or documents, and;
viii. The desired outcome the student is seeking as a result of the Committee's deliberations.

Documentation should be submitted to: Senior Associate Dean for Academic and Faculty Affairs; UND School of Medicine and Health Sciences, 501 North Columbia Road, Stop 9037, Grand Forks, ND, 58202.

b. Upon receipt of the written grievance, the Senior Associate Dean for Academic and Faculty Affairs will be required to constitute the School of Medicine and Health Sciences Grievance Committee, according to the following procedures:

i. The selection of members of the School of Medicine and Health Sciences Grievance Committee will be made by drawing names from a faculty pool—excluding faculty from the specific department/program from which the grievance arose. The Senior Associate Dean will draw six (6) faculty names (2 basic science, 2 clinical science, 2 health science) for each grievance and one (1) student name who will not be from the department/program of the grievant.

ii. If it is determined that a Committee member has an unmanageable conflict of interest that may challenge his or her objectivity in the matter of the academic grievance, recusal may be warranted either by action of the Committee or by the Committee member himself/herself. The grievant may also have the opportunity to challenge no more than one member of the Committee for an unmanageable conflict of interest. In all cases in which a Committee member is recused, another name will be drawn to complete the membership of the Committee.

iii. The committee Chair will be appointed from among the Committee membership by the Senior Associate Dean for Academic and Faculty Affairs.
c. A training session for Committee members will be scheduled by the Office of Academic Affairs. Training will include FERPA, Affirmative Action training, if appropriate, and a review of process. This training will occur before any information is disseminated to the committee.

d. The Committee Chair will identify possible dates for a hearing and organize the hearing time and place. At the hearing, the Committee will consider all pertinent materials, including any new written information from both the grievant and the grieved party, who will both be invited to be present at the hearing along with the Committee.

e. Dissemination of documentation will be completed by the Committee Chair at least ten (10) calendar days prior to hearing. Therefore, any new written information from either the grievant or the grieved party must be submitted no later than ten (10) calendar days prior to the hearing.

f. The grievant will be invited to appear at the hearing to answer questions or to present any relevant information. A person representing the program or department being grieved will also be invited to appear before the committee. The grievant will be permitted to have a lawyer or advisor present at the hearing for assistance. If a lawyer or advisor is to be present, the grievant must notify the Chair of the committee at the time the date for the hearing is established. The lawyer or advisor may not participate in the presentation or discussion but is present as a support for the grievant. The committee hearing is an educational process, not a legal proceeding and does not follow the procedures of a court of law. The rules of evidence do not apply.

g. Committee members and the grievant may appear via electronic means. If a grievant will be appearing electronically, it is their responsibility to acquire the resources to do so and to notify the Committee Chair of the arrangements at least two (2) business days before the hearing.

h. The Committee Chair will arrange for the hearing to be recorded.

i. Format of the hearing:
   i. The Chair will complete introductions.
   ii. At the beginning of the hearing, the Chair will ask the grievant to state for the record whether the hearing is to be open or closed. The grievant will sign a written statement declaring the hearing open or closed. If the grievant and a person representing the program or department are not present, it is a closed meeting.
   iii. Each party involved in the grievance, including each committee member involved in the hearing, will sign a non-retaliation statement.
   iv. The grievant will give an opening statement regarding the grievance and rationale for his or her position. No witnesses may appear.
   v. The person representing the program or department being grieved will give an opening statement regarding the grievance.
vi. As a regular order of business, each party present will have thirty (30) minutes for presentation. The Committee may ask questions of the grievant and the person representing the program or department being grieved after both opening statements have concluded.

vii. The parties involved in the grievance will not address questions/comments to each other. However, they may address their questions to the Chair of the Committee who may ask the questions on their behalf.

viii. Each party will provide any closing statements.

ix. The Chair will excuse the parties involved from the meeting along with any advisor present at the conclusion of their presentations and after the Committee’s questions, if any, have been answered.

x. The Committee will adjourn the hearing and then reconvene where the Committee will be free to discuss the grievance in closed session.

j. Post-hearing:

i. No later than fifteen (15) calendar days following the hearing, the Committee will produce a written report of their findings, conclusions, and determination. This report will be based on the testimony heard and the documentation received from the parties involved in the grievance. The Chair is responsible for creating the final report, which all members of the Committee will sign and date with an indication of whether or not they are in agreement with the report’s determination. A minority report can be written. The Chair will notify the grievant and faculty (program/department) of the Committee’s decision and provide each a copy of the final report. The final report must be submitted to the Senior Associate Dean for Academic and Faculty Affairs. In rare circumstances, the Committee’s review of an academic grievance may extend beyond 15 days following the hearing.

ii. The record consists of all written documentation received from the parties, the recording of the hearing, and the Committee’s final report.

iii. The office of record for grievance records retention is the Office of Academic Affairs. The record will be retained pursuant to the records retention schedule.

iv. If the grievant chooses to grieve the decision of the Committee to the Dean of the School of Medicine and Health Sciences, the entire record will be forwarded to the Dean for his or her review and decision.

4. If the grievance is not resolved to the grievant’s satisfaction by the School of Medicine and Health Sciences Grievance Committee, the grievant may request resolution from the Dean of the School of Medicine and Health Sciences or the Dean’s designee. Copies of the decision by the Dean will be forwarded to all principal parties within thirty (30) calendar days.
5. Any further pursuance of the grievance by the student beyond the School of Medicine and Health Sciences must be undertaken in accordance with relevant UND policies and procedures.

6. In all stages of the grievance process, it is the responsibility of the grievant to initiate and advance the grievance to the appropriate stage of the process.

**RESPONSIBILITIES**

<table>
<thead>
<tr>
<th>Student/grievant</th>
<th>● Abide by the policies of the University of North Dakota, School of Medicine and Health Sciences as well as those described in the appropriate department or program. ● Students must initiate each step of the grievance process within 30 calendar days, unless otherwise stated.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Associate Dean for Academic and Faculty Affairs</td>
<td>● Call the SMHS Grievance Committee together ● Appoint a chair person</td>
</tr>
<tr>
<td>Chair of the SMHS Grievance Committee</td>
<td>● Arrange a hearing date ● Arrange for the hearing to be recorded ● Disseminate information prior to hearing ● Participate in the hearing ● Create the final report</td>
</tr>
<tr>
<td>Department/Program</td>
<td>● Provide information as appropriate ● Participate in the hearing</td>
</tr>
<tr>
<td>Members of the SMHS Grievance Committee</td>
<td>● Participate in the hearing</td>
</tr>
</tbody>
</table>

**FORMS**

| Open or closed hearing | TBD |
| Flowchart | TBD |
| Non-retaliation Statement | TBD |

**REVISION RECORD**

02.03.14 — FAC approved
02.03.14 — Dean approved
University of North Dakota School of Medicine and Health Sciences  
Drug and Alcohol Screening and Education Program

Introduction

A career in the medical field can be one of the most exciting and rewarding career options today! These rewards do not come without some personal sacrifice and discipline.

Alcohol and drug related violations can destroy a career in the field of medicine or health sciences. Institutions hiring health care professionals do not look favorably upon applicants with a Minor in Possession conviction, Minor in Consumption conviction, DUI conviction, or abuse of prescription medications. Illegal drug use is strictly forbidden. There is no place in the medical community for this type of activity for the safety of yourself and others, including patients. Because of this, almost everyone who has a career as a health care professional is subject to random drug and alcohol testing. With the interest of safety in mind, medical professionals are held to the highest standards.

A person who is seriously considering becoming a health care professional must be ready and willing to live with rules and restrictions. As a student of the SMHS you are learning to become a health care professional right now. Many of the habits and behaviors you will exhibit now will carry over to the “real world,” which includes being on time, prioritization, communicating, along with alcohol and drug use. Think seriously about your actions every day.

The primary purpose of this program is to educate students within the SMHS regarding the dangers of substance abuse and the consequences of current drug problems. This program also has a substance abuse deterrence and detection function by screening covered students for use of prohibited drugs. Drugs prohibited by the SMHS include those banned by federal, state of North Dakota, and local governments, as well as institution policy. These drugs include illegal, prescription, over-the-counter, experimental, recreational, or other drugs that have a significant effect upon an individuals’ judgment.

Educational Resources

The University of North Dakota is committed to educating and assisting students with drug and alcohol issues. UND programs such as the Health & Wellness Promotion Team Program and the University Counseling Center (UCC) Student Chemical Assessment and Review Program are intended to increase awareness of issues related to substance abuse and other issues impacting the health, well-being and academic success of students. The UCC functions to assist students by anticipating and intervening in situations where substance use/abuse may negatively influence student performance in the University and surrounding community. Individual and group counseling, alcohol use assessment, referral for further evaluation and treatment, and educational programming are important components of this service. Students who are concerned about their own alcohol or drug use and/or about that of others are encouraged to contact the University Counseling Center. When appropriate, students may be referred to off-campus medical providers. More information regarding these services may be obtained by calling the University Counseling Center at (701) 777-2127 or visiting the UCC website.

School of Medicine and Health Sciences Policy

The University of North Dakota School of Medicine and Health Sciences (collectively referred to hereafter as SMHS) is committed to the high medical standard of a drug free workplace. UND prohibits the unlawful or
unauthorized manufacture, distribution, dispensation, possession, use, or sale of alcoholic beverages, controlled substances, and illegal drugs on campus. The impairment by alcohol or drugs of any student while participating in an academic function, or as an employee when reporting for work or engaging in work – during normal work hours or other times when required to be at work – is also prohibited. UND students are required to abide by all federal and state laws, local ordinances, State Board of Higher Education policies, and other related requirements regarding the consumption or possession of alcoholic beverages, controlled substances, and illegal drugs.

Our goal is to provide safe and efficient environment for our students, employees, and patients. To achieve this goal, this program’s primary objective is to promote safe operations and healthy life styles through education and deterrence, benefitting those directly involved with UND SMHS, as well as the general public. This program is to also serve as a resource for faculty to follow if suspected drug use were to happen during any portion of the education of SMHS students. All students actively involved in an educational program within the SMHS are required to comply with the provisions of this drug screening program.

The students of the SMHS are subject to the rules of this program as well as conditions of their admission or matriculation in the educational program. Students also are subject to the UND alcohol and drug policy.

The SMHS reserves the right to contact proper law enforcement officials and/or state licensing/certifying boards regarding any matter subject to this policy. Violation of this policy may result in disciplinary action, up to and including dismissal from the academic program.

Guidance for Clinical Faculty

Clinical Faculty or institutions that are providing clinical education to the students of the SMHS (hereafter known as facilities) may encounter a situation when drug use is suspected, they have a student test positive to drug screening, or they have their own facility drug screening and education program. The Clinical education facility should:

- Inform the students that they may be required to undergo a drug test pursuant to the Facility’s policies and practices, and that the cost of any drug test will be paid by the academic program if it is not paid by the facility. If a facility requires a drug test prior to placement of students for clinical education, it is the student’s responsibility for any costs incurred.
- If students participating in clinical education are required by Facility to undergo a drug test, the Facility shall provide University with notice and explanation of any positive or unacceptable drug test results. If students are required by Facility to undergo a drug test, the academic program shall obtain advance authorization from students permitting Facility to notify and explain to SMHS any positive or unacceptable drug test result.

Types of Testing

The SMHS has identified the following areas where drug testing could occur. Although this list is not totally inclusive, students of the SMHS may be subject to the following types of testing:

- Random – SMHS reserves the right to randomly test for drugs and alcohol. Randomization may include all students within the SMHS or within a single educational program. The randomization
process will be completed by a collection agency after being given the names of all the students in the SMHS or within a single educational program. The student must produce a specimen within two (2) hours from the time they are notified of a randomized test.

- Reasonable suspicion – students may be required to undergo testing when reasonable suspicion is present. Reasonable suspicion includes, but is not limited to, the following:
  a) displaying violent or unusual confrontational, argumentative or other unusual behavior customarily associated with alcohol or drug use (e.g., glassy eyes, slurred speech);
  b) showing major personality change;
  c) academic performance has deteriorated;
  d) excessive or patterned absenteeism or tardiness;
  e) frequent errors;
  f) has previously had a positive drug screen in combination with any of the above.

- Post-accident or incident including clinic or academic related combination with accident or causing themselves or another student or patient to sustain a personal injury.

- Pre-clinical placement
- During clinical rotations
- Return to clinical rotation or educational program.

In addition, clinical affiliates of the SMHS may have their own institutional drug screening or testing programs. Students of the SMHS are also subject to those clinical affiliates drug screening programs while participating in a clinical rotation or clinical practice.

**Testing protocol**

Notification to the student for testing will be the responsibility of the SMHS administration, faculty (clinical or full time), or academic staff. Notification will be done in writing using the SMHS drug screening notification form. The basic test to be used for drug screening is urinalysis. Alcohol testing will be done by Breathalyzer. Other types of tests may be utilized to determine the presence of banned substances. Collection of the samples will be done under the direction of a vendor (Global Safety Network or its successor) chosen by the SMHS. Direct observation of sample donation may or may not be done as part of the initial collection process. Direct observation will be done by a person of the same gender as the student. If a sample is deemed not acceptable to the collection agency, direct observation of the sample will be the protocol for collection. Samples will be sent to a Substance Abuse and Mental Health Services Administration (SAMHSA) certified laboratory selected by the vendor. Drug Screens will be completed to test for a 12 panel drug screen.

**Positive results**

All drug screens will be verified by a Medical Review Officer (MRO). The MRO will communicate with students when receiving a positive test. The MRO will then seek clarification of the resulting positive test. It is the responsibility of the student to supply the MRO with requested documentation or other information. Positive drug screening results are confidential, except that results will be reported to the SMHS administration and program director of the student’s academic program.
A positive drug screen will result in disciplinary action that could include but is not limited to:

- Removal from patient care or access to patients;
- Development of a written remediation plan to address academic, professional, and personal issues of a positive test;
- Mandatory substance abuse evaluation and proper follow up with substance abuse counselor or qualified health care provider agreed upon by the education program and the student involved. The substance abuse counselor and/or qualified health care provider shall determine the length and manner of counseling. This evaluation will be the fiscal responsibility of the student. The student will be allowed to return to the academic program only after documentation of the students ability to return by the substance abuse counselor;
- Follow up screening tests following a positive as determined by the program director or faculty of SMHS;
- Dismissal from the educational program.

If the initial screening result is positive, a secondary laboratory test from the same sample may be requested by the student to confirm the results of the first test and can be included as part of the appeal process. This secondary test will be done at a different laboratory than the first and testing of the second sample will be at the expense of the student.

Failure to report for a random drug screen

If a student fails to report for a drug and alcohol screening test, this will be considered a positive drug test and the student will be subject to discipline up to and including dismissal from the academic program.

Appeal of a positive drug screen

Students have the right to appeal a positive drug test. Students who test positive on a drug screen will have 5 business days following the day on which the student is notified of the positive confirmatory test result to submit information in writing to explain the test results. The appeal will then be reviewed by the program director/faculty of the academic program and the student will be notified of the decision in writing. If the student does not agree with the decision of the program director/faculty of the academic program, the appeals process would then proceed to the SMHS Grievance Policy. Appeals to a positive screen should be addressed to:

Associate Dean
Office of Student Affairs and Admissions
UND School of Medicine and Health Sciences
501 N. Columbia Road, Stop 9037
Grand Forks, ND 58202-9037
Tel. (701)777-4214

SMHS Drug and Alcohol Screening Procedures

Reasonable suspicion
One type of drug testing is commonly referred to as “reasonable suspicion testing.” Reasonable suspicion testing should be considered when a faculty member has a reasonable belief that, subsequent to a specific incident or a series of incidents, a student is or might be using a prohibited drug based on specific physical, behavioral, or performance indicators of probable drug use. If a faculty member or members are considering utilizing a drug screen based on reasonable suspicion, they should contact the program director/chair or SMHS representative responsible for the clinical education of the suspected student. The contact information for those individuals is listed at the end of this policy.

Factors to Consider
In making a determination of reasonable suspicion, factors that faculty or administrators should consider include:

- Are there physical signs and symptoms of substance use and/or abuse?
- Is there evidence of banned and/or illegal substance use, possession, sale, or delivery?
- What is the nature and degree of the evidence of wrongdoing?
- When a serious or potentially serious accident or injury has occurred, what was the likely cause of the accident/injury? Is it possible that drug use was a factor in the accident/injury?
- Might there be reasons or alternative explanations for uncharacteristic behavior, for a sudden behavioral change, or for a downward trend in a student’s level of academic or professional performance?

Seek a Second Opinion
A decision maker should consider consulting with a second faculty member, staff, or employee of the University or clinical site and ask them to review the facts of a situation in order to concur with, or to further question a decision to test a student for the presence of prohibited drugs.

Notification and Opportunity to Acknowledge, Deny, or Explain the Behavior
If a student appears to be impaired from drugs or alcohol, a faculty member should not touch the student, unless contact is necessary to protect the faculty member or the student. If safety concerns are present, the faculty member should contact University Police (or local police department for off-campus incidents) for assistance. If possible, the student should not be left alone unless the faculty member feels threatened. The faculty member should not allow the student to continue to attend the educational opportunity for the remainder of the day or to drive him or herself home. The faculty will ask the student if they have been drinking alcohol or taking any drugs and document the student’s answer. When a student is suspected of using prohibited drugs, the individual should be informed that the SMHS has reasonable cause to believe that a prohibited substance is being used and is likely affecting the student’s academic and/or professional performance. The concerns regarding the reasonable suspicion should be documented and presented to the student at the time of the request to be screened.

Upon notification, the suspected student might respond by denying the alleged behavior, by acknowledging the wrongful behavior, or by providing a persuasive explanation for the behavior.

Proceed to Test
Following a meeting with the suspected student, if a faculty member continues to have a reasonable belief that prohibited drug use is likely a factor in a student behavior, then the faculty member should proceed to request that the student undergo a drug test immediately or as soon as practical. If the student is participating in clinical rotations, the clinical faculty member should refer to his or her facility’s policies and procedures regarding reasonable suspicion and notify the appropriate UND SMHS administrator (Ex. Program Director, Associate Dean for Student Affairs, etc.) of the results. Faculty members on the campus of UND SMHS should carry out the policies and procedures of the SMHS Drug screening policy. Appointments for the drug or alcohol screen should be made with Global Safety Network at (701)792-9808 or whatever vendor UND is using at the time of the incident and a notification form should be filled out and given to the student.

The faculty should explain that the request to provide a sample for drug or alcohol testing is not a final determination of wrongdoing by the student, rather it is done for the purpose of obtaining additional, objective data that will receive further consideration pursuant to SMHS drug screening policy. Upon request of a reasonable suspicion screen, the student should not be allowed to drive themselves to the testing site.

**Training**

SMHS faculty and administration should be trained to identify drug-affected students who may pose a danger to themselves and/or others. In addition, administrators and faculty should be trained on factors that should guide them in making a determination of reasonable suspicion. Training can be done online. Please contact the academic program director or chair for further information on this.

**Random drug and alcohol screening**

Randomized drug screening can be done within the SMHS educational programs. Prior to the randomization process, the academic program should communicate with the collection agency to verify location, time, number of selected students, and other pertinent information about the collection process.

The randomization process begins by the academic program giving the collection agency a roster of individuals to be included in the random selection. Each name included in the roster should be accompanied by a unique identification number (Ex. 1022, MLSS5, MED227) This number may be made up by the academic home or the collection agency. The randomized drawing of selected students will then be completed by the collection agency. Students selected to be screened will be notified by the Program Director/Faculty member within the academic program. Proper notification paperwork should be filled out at this time.

**Department Contact Information**

- **Medicine**
  
  Dr. Joycelyn Dorscher, MD  
  Associate Dean; Student Affairs and Admissions  
  (701)777-4221  
  joycelyn.dorscher@und.edu
• Occupational Therapy
  Dr. Deb Hanson (Fieldwork)
  Associate Professor; Dept. of Occupational Therapy
  (701) 777-2219
debra.byram@med.und.edu
  Dr. Janet Jedlicka (on campus)
  Assoc. Professor; Dept. of Occupational Therapy
  (701) 777-2017
  janet.jedlicka@med.und.edu

• Physical Therapy
  Dr. Cindy Flom-Meland (Clinical)
  Director Clinical Education; Dept. of Physical Therapy
  (701) 777-4130
cynthia.flom.meland@med.und.edu
  Dr. David Relling (on campus)
  Associate Professor; Dept. of Physical Therapy
  (701) 777-4091
  david.relling@med.und.edu

• Medical Laboratory Science
  Karen Peterson
  Clinical Education Coordinator; Dept of MLS
  (701) 777-2656
  karen.peterson@med.und.edu
  Dr. Ruth Paur
  Associate Professor, Chair, Dept. of MLS
  (701) 777-2651
  ruth.paur@med.und.edu

• Masters in Public Health
  Ray Goldsteen
  Director; Master of Public Health
  (701) 777-2375
  raymond.goldsteen@med.und.edu

• Physician Assistant
  Dr. Jeanie McHugo
  Chair; Department of Physician Assistant Studies
  (701) 777-2344
  jeanie.mchugo@med.und.edu

• Athletic Training
  Steven Westereng
  Director; Division of Sports Medicine
  (701) 777-3886
  Steven.westereng@med.und.edu
APPENDIX XI

Inhibiting Conditions
Inhibiting Conditions for Health Sciences and Medical Students

Section: 3
Policy number: 3.9
Responsible Office: Vice President for Health Affairs/Dean

POLICY STATEMENT

Students who are known to have a condition (injury, infection, environmental disease) that may negatively impact themselves, fellow students, staff, faculty or patients have a professional obligation to inform and work with UND SMHS faculty to develop a plan to balance their own health, educational needs and confidentiality as well as the health of others with whom they may come in contact.

REASON FOR POLICY

Identify potential educational modifications to address the educational needs of the affected student while safeguarding the welfare of all students, staff, faculty and patients.

SCOPE OF POLICY

This policy applies to:
√ Deans, Directors, and Department Heads
√ Faculty
√ Managers and supervisors
√ Staff
√ Students

WEB SITE REFERENCES

This policy: http://www.med.und.edu/policies/_files/docs/inhibiting-conditions.pdf Policy Office: http://www.med.und.edu/administration/deans-office/index.cfm
Vice President for Health Affairs and Dean:  http://www.med.und.edu/administration/deans-office/index.cfm

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## RELATED INFORMATION

| SMHS Policy Page | [http://www.med.und.edu/internal-resources/policies.cfm](http://www.med.und.edu/internal-resources/policies.cfm) |
| Occupational Safety & Health Administration | [https://www.osha.gov/](https://www.osha.gov/) |
| Center for Disease Control and Prevention | [http://www.cdc.gov/](http://www.cdc.gov/) |

## CONTACTS

Specific questions should be directed to the following:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Contact</th>
<th>Telephone/FAX</th>
<th>Office/Dept Email/Web</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy clarification</td>
<td>Dean’s Office</td>
<td>777.2514/777.3527</td>
<td><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></td>
</tr>
<tr>
<td>SMHS Student Injury</td>
<td>Dean’s Office</td>
<td>777.2514/777.3527</td>
<td><a href="mailto:judy.solberg@med.und.edu">judy.solberg@med.und.edu</a></td>
</tr>
<tr>
<td>Investigation Report</td>
<td>Office of Safety</td>
<td>777.3341</td>
<td><a href="mailto:und.safety@email.edu">und.safety@email.edu</a></td>
</tr>
<tr>
<td>Sample Transportation</td>
<td>Student Health Services</td>
<td>777.3988</td>
<td><a href="mailto:und.shslab@und.edu">und.shslab@und.edu</a></td>
</tr>
</tbody>
</table>
### DEFINITIONS

<table>
<thead>
<tr>
<th>Aerosol Transmissible Disease</th>
<th>An infectious disease that is transmitted by respiratory aerosols, which are particles of respiratory secretions from the nose or blood.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloodborne Pathogens</td>
<td>Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).</td>
</tr>
<tr>
<td>Category I</td>
<td>Using the CDC MMWR from July 6, 2012 “Updated CDC Recommendations for the Management of Hepatitis B Virus Infected Health Care providers and Students”;</td>
</tr>
<tr>
<td>Likely to change without revision of this policy, provided here as an example.</td>
<td>• Digital palpation of a needle tip in a body cavity and/or</td>
</tr>
<tr>
<td></td>
<td>• The simultaneous presence of a health care provider’s finger and a needle or other sharp instrument or object (e.g. bone spicule) in a poorly visualized or highly confined anatomic site.</td>
</tr>
<tr>
<td></td>
<td>Students do not often perform these kinds of procedures.</td>
</tr>
<tr>
<td>Category II</td>
<td>All other invasive and noninvasive procedures: These and similar procedures that pose low or no risk for percutaneous injury to occur to a health-care provider or if a percutaneous injury occurs does not pose a risk of provider to patient blood exposure.</td>
</tr>
<tr>
<td>Likely to change without revision of this policy, provided here as an example.</td>
<td></td>
</tr>
<tr>
<td>Chair/Program Director</td>
<td>For the purposes of this policy only: “Chair/Program Director” shall refer to the Chair of the Department or the Program Director. For medical students this term shall refer to the Associate Dean for Student Affairs and Admissions and/or the Campus Dean.</td>
</tr>
<tr>
<td></td>
<td>UND SMHS Chair/ Program Director:</td>
</tr>
<tr>
<td></td>
<td>Medical Student – Associate Dean of for Student Affairs</td>
</tr>
<tr>
<td></td>
<td>Health Sciences-Program Directors/Chairs</td>
</tr>
<tr>
<td></td>
<td>Graduate Students- Graduate Director</td>
</tr>
<tr>
<td></td>
<td>Undergraduate Students-SMHS Assistant Dean for Education</td>
</tr>
<tr>
<td>Environmental disorder</td>
<td>Usually refers to an allergic reaction to an environmental substance that may lead to contact dermatitis, allergic skin rash or anaphylactic reaction.</td>
</tr>
<tr>
<td>Immediate supervisor</td>
<td>The instructor, clinical site supervisor and/or preceptor with the direct responsibility for the student at the site and time of the incident.</td>
</tr>
<tr>
<td>Infection</td>
<td>A disease that may be either temporary or chronic in which an individual may put others at risk while participating in care, education or clinical enrollment.</td>
</tr>
<tr>
<td>Injury</td>
<td>Physical incapacitation severe enough to prevent the student from being able to complete expected functions of the program (technical standards). An injury may be temporary or chronic.</td>
</tr>
<tr>
<td>Universal Precautions</td>
<td>An approach to infection control. According to the concept of universal precautions, all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.</td>
</tr>
</tbody>
</table>
PRINCIPLES

OVERVIEW—This policy addresses conditions that may impact, temporarily or chronically, a student’s ability to participate in a medical or health sciences program. It addresses not only the health and safety of the individual student but also others with whom the student may come in contact.

As an educational institution UND SMHS is dedicated to the education and confidentiality of students as well as the health of all students, faculty, staff, and patients. The administration and faculty are keenly aware of the importance of both patient and student safety. UND SMHS will use all reasonable methods to balance the educational needs of the student while addressing the goals of confidentiality and health for the affected student; taking into account the health of others with whom the individual may come in contact. The Chair/Program Director shall be responsible for developing an individualized learning plan to meet the learning objectives for the student known to have an injury, infectious or environmental disorder that may negatively impact themselves, the patient, fellow students, staff, or faculty.

A student with a serious infection, injury or environmental disorder must seek immediate and appropriate medical care. The student has a professional obligation to inform and work with the Chair/Program Director to develop an educational plan that will best balance the needs of the affected student and other parties with whom they may come in contact. The Chair/Program Director of the program may consult a group of experts with regard to the student’s specific situation.

The student is encouraged to seek assistance through the UND Disability Services for Students in order to “identify and coordinate reasonable accommodations” that might be available and appropriate for the situation. The Chair/Program Director of the program will attempt to accommodate the requests with modifications to the educational experience, however if unable to do so they will attempt to find an alternative educational experience for the student. It may be necessary for the Chair/Program Director to issue a leave of absence (either voluntary or involuntary) until the student is able to recover/recuperate prior to return to full, unrestricted duty.

The CDC special article “Guideline for infection control in health care personnel, 1998” often cited as one of the most comprehensive documents of its kind, addresses hospital obligations with regard to infection control with employees. In applying the information to students, the “technical standards” (as defined by the program or department) identify the minimum abilities needed for an individual to complete the educational program with or without “reasonable accommodations.” In the case of a student with a communicable disease spread by aerosol they could be justifiably denied contact with others until such time that they were no longer infectious. In an employment setting it is not reasonable to limit the scope of contact of an immunocompromised person; however, where the individual is a
student the program would maintain the responsibility to work with the student’s health care provider to develop the best plan for the affected student.
PROCEDURES

It is expected that students, faculty and staff will follow all Universal Precautions. If needed, the SMHS reserves the right to utilize other options up to and including an expert oversight panel to assure safety of the student and others with whom he/she may come into contact.

Universal Precautions - All human blood and bodily fluids are to be treated as if they are known to be infectious. Students should follow universal precautions in all appropriate settings and as directed by supervisory staff and faculty.

Education - A student with a serious infection, environmental disorder or injury must seek immediate and appropriate medical care. The first step in addressing the situation is education for the affected student about his/her own safety and that of his/her patients and colleagues as well as the potential transmissibility of the affecting agent. Consider, as an example the physical therapy student who is allergic to latex, the Chair will place the student in a setting where latex gloves are not being used but may need to inform the student of the areas of potential danger within his/her current or future clinical settings. This will allow the student to best control their environment and their health. The Chair/Program Director will share the information with faculty and staff on a need to know basis.

Continuing/Returning to Educational Environments - The student has a professional obligation to work with the Chair/Program Director and perhaps their primary health care provider to develop an educational plan that will take into account the students educational needs, the health of the student and the potential exposure to other individuals including patients. The Chair/Program Director may consult a group of experts with regard to the student’s specific situation. It is expected the experts will be individuals who have the expertise to assist in the decision for what is best for the student as well as the patients with whom they will interact. Consider an example of an occupational therapy student who has been diagnosed with Strep Pharyngitis. With documentation from an appropriate healthcare provider addressing clearance and/or limitations, a student may be able to return to the educational environment.

Expert Panel Oversight - The Chair/Program Director may convene an expert panel with regard to the student’s specific situation. The expert panel shall consist of individuals who are well versed in some aspect of the situation, guided by information from the student’s primary healthcare provider, the North Dakota Board of Health and/or the Centers for Disease Control. The plan of action will be developed in private and
information will be shared on a need to know basis. Consider a medical student with a Hepatitis B viral infection. The expert panel may consist of the following:

Chair/Program Director is knowledgeable in the course work, technical standards and learning objectives for the program and the situation. He/She will serve as chair of the expert panel.

Campus Dean is knowledgeable and up to date with the faculty, the system and the regulations of the institution where the student will be working.
Pathologist or Infectious Disease Specialist have knowledge of the disease process and transmissibility of the infecting agent.

The panel will be guided by information from the treating physician as to the health and treatment compliance of the affected student.

Possible protocols for the above named medical student.

Student situation: Actively ill; high HBV titer
Possible Options: Leave of Absence may be an option until the student is feeling better and/or has a low enough viral titer to continue.

Student situation: Not feeling ill: high HBV titer
Possible Options: Rearrange or reassign clinical experiences in order to participate in a less interventional clerkship awaiting a lower titer when it would be safe to participate more fully.

OR:

Continue with current clerkship avoiding high-risk (category I) activities as identified by the UND Disability Services for Students; for example abdominal surgery or vaginal delivery. Utilize the simulation center for vaginal deliveries. Observe the procedure without participation, for example being present and scrubbed for the abdominal surgery but not assisting in the surgery. The student would have the opportunity to improve suturing skills, observe and participate in non-high-risk (category II and higher) situations in order to obtain clinical skills.

Student situation: Not feeling ill; low HBV titer
Possible Options: Participation in all activities, following appropriate precautions (according to CDC guidelines)

The two areas where a student might participate in a high-risk activity are OB or Surgery, neither of the clerkship objectives require participation in high-risk activities nor are there a minimum number of procedures for a student to satisfactorily pass and receive honors in a clerkship, the objectives are geared toward patient management and to skill acquisition. Students are generally not expected to participate in Category I activities.

Accommodation- The student is encouraged to seek assistance through the UND Disability Services for Students in order to “identify and coordinate reasonable
accommodations” appropriate for the situation. The Chair/Program Director will attempt to accommodate all requests; if unable to do so will attempt to find alternative educational experiences. It may be necessary for the Chair/Program Director to issue a leave of absence (voluntary or involuntary) until the student is able to return to full unrestricted duty. An example of this situation may be a student with influenza who is either in the classroom or clinical setting.
## RESPONSIBILITIES

| **Student** | Report the infection, injury or disorder and work with the Chair/Program Director or in the case the medical students the Campus Dean and/or the Associate Dean for Student Affairs and Admissions, to undergo appropriate surveillance for the condition. The student may report the infection, injury or disorder to Disability Services for Students as appropriate. 

Immediately report any exposure of patient to immediate supervisor. |
| **Chair/Program Director** | Work with the student to identify appropriate alternative educational opportunities where needed. He/She may identify and convene an appropriate group of individuals who will act as the expert panel for the student and provide guidance as to alterations/accommodations that may be made to the program to ensure a comparable educational experience. Provide information to others on a need to know basis. 

Inform clinical faculty/supervisors as needed of any alterations of educational experiences in order to support the student in his/her efforts to protect themselves and others. |
| **Health Care Provider** | Provide the student with a written opinion/evaluation of his/her medical status related to the inhibiting condition. This should include documentation addressing clearance and/or limitations whereby the student may be able to return to the educational environments. |

**REVISION RECORD**

05.04.15 – FAC approved
APPENDIX XII

FORMS
EXCESSIVE HELP IN LABORATORY WARNING

Student’s Name: ____________________________________________

- It is the student’s responsibility to ask for clarification on any questions that may arise, but it is also the student’s responsibility in the clinical laboratory to take ownership of their learning and to follow directions and procedures:
- It is not the instructor’s responsibility to accomplish the laboratory assignment for the student. The student must learn to follow directions, either verbal or written, because the environment at the clinical affiliate will not allow time for students who cannot think and follow directions or procedures themselves. Because the on-campus summer session is a learning environment, the faculty will give the student two written warnings when they feel that the student is refusing to think or act on their own so that the student will understand when the faculty feel the student is asking for excessive help.
- The MLS policy from the policy manual is listed below:
  Student Requests for Excessive Help in the Laboratory:
  - Example: Student refuses to follow directions by themselves and requests assistance from the faculty repeatedly.
  - If a Summer Session faculty member believes that the student is not taking responsibility for their own learning or is reckless in following directions, either written or verbal, the faculty will clarify to the student a maximum of two times that their questions are considered excessive help. The faculty will document each warning in writing.
  - Upon the third warning, the faculty member will submit the documentation to the Medical Laboratory Science Professional and Academic Standards Committee. The committee will determine the appropriate action, which could include dismissal from the Summer Session.

Warning #1
Instructor: ___________________________ Date _______
Student’s Signature: ___________________________ Date _______
Comments from instructor: ___________________________
Comments from student: ___________________________

Warning #2
Instructor: ___________________________ Date _______
Student’s Signature: ___________________________ Date _______
Comments from instructor: ___________________________
Comments from student: ___________________________

Warning #3
Instructor: ___________________________ Date _______
Student’s Signature: ___________________________ Date _______
Comments from instructor: ___________________________
Comments from student: ___________________________
UNIVERSITY OF NORTH DAKOTA
DEPARTMENT OF MEDICAL LABORATORY SCIENCE

Professional and Academic Petition Form

Check Box:  Professional Year #1  Professional Year #2  Certificate

Student’s Name: ___________________________ Student ID# ____________

Mailing Address: ___________________________________________________

Telephone: _______________  E-mail: ________________________________

Date of Submission: _______________

1. What are you seeking by this petition?

2. Discuss the reason(s) for your petition

Note: The Department of Medical Laboratory Science Professional and Academic Standards Committee may request an interview in addition to this petition.

Signatures:

______________________________  ________________________________
Student  Date

______________________________  ________________________________
Advisor  Date

The recommendation of the Committee is:

______________________________
Department of Medical Laboratory Science  Date

Professional and Academic Standards Committee Chairperson
I. I have read the Essential Functions and fully understand them. Any questions that I have concerning them and how they apply to me have been answered by program representatives to my satisfactions. It is my belief that I can satisfy each of the Essential Functions based on my existing skills and abilities, or through the use of corrective devices.

I, _______________________________ have read, understand, and agree to the statements above.

   print name
   _______________________________   ____________________________
   Signature                                               Date

II. I have read and agree to abide by the University of North Dakota Medical Laboratory Science policies as stated in the UND MLS Orientation Handbook Undergraduate.

   _______________________________  ____________________________
   Signature                                               Date

III. I give permission to the University of North Dakota to release information from my student files for purposes of job or educational opportunities and/or advancement.

   _______________________________   ____________________________
   Signature                                               Date

IV. I have read the safety policy. I have been informed about the blood borne pathogens exposure control plan and regulations and policies in the UND Undergraduate Orientation Handbook. I understand them and will abide by them while working in the student laboratories.

   _______________________________  ____________________________
   Signature                                               Date

V. I understand that in order to learn phlebotomy skills, students and instructors in the MLS program will be performing venipunctures and fingersticks on each other. I give permission for the phlebotomy procedures to occur.

   _______________________________   ____________________________
   Signature                                               Date

VI. I understand that quizzes and tests are used in future courses and I will not share or copy information from the tests or quizzes with others.

   _______________________________  ____________________________
   Signature                                               Date

VII. I understand that a group picture and composite pictures of the summer practicum group may be put on the UND website for information purposes and give my permission to post the photo on the webpage.

   _______________________________  ____________________________
   Signature                                               Date

VIII. I understand that a list of student emails and cell phone numbers will be made available to students if student permission given. I give my permission to share student email and cell phone numbers with other students.

   _______________________________  ____________________________
   Signature                                               Date

IX. I understand that I may be required to be given a drug screen at any time during the final clinical year.

   _______________________________  ____________________________
   Signature                                               Date

X. I understand that my criminal background check information and my immunization records may be shared with my clinical affiliate.

   _______________________________  ____________________________
   Signature                                               Date