## **Transfusion Medicine Visiting Rotation**

#### **General Information**

Please contact Devvyn Moore (<u>devvyn@stanford.edu</u>) approximately one week prior to starting your rotation. Devvyn will send you relevant orientation materials and put you in contact with the team on service for the first day of your rotation.

On your first day, please report to the trainee's office in the Blood Bank at 8 AM (located in the J corridor on the ground floor of 500P).

#### Responsibilities

The trainee will meet with the Transfusion Medicine attending on service to review the goals of the rotation and their personal objectives for the rotation based on field of practice (hematology, anesthesia, etc.). The goal of this rotation is for the trainee to attain proficiency in managing medical issues related to a hospital-based transfusion service, including selection of appropriate products, pre-transfusion testing, ancillary testing, and evaluation of transfusion-related complications. Additionally, the trainee will acquire a firm background in immunohematology, blood inventory management, and in the principles of safety & quality assurance. From a Blood Center perspective, the trainee will understand the principles of blood collection, preparation, storage, and shipment.

Trainees should be present in the Blood Bank from 8 AM - 5 PM. The overnight on-call trainee will send a hand-off email to the daytime service team at 8 AM. Working rounds with the Pathology residents and Transfusion Medicine fellow will begin at 9 AM. Daily attending rounds start at 10 AM, during which the following items are reviewed:

- a. Overnight calls and ongoing issues
- b. Blood Component inventory including RBCs, platelets, and plasma products
- c. Special requests such as HLA/crossmatched platelets.
- d. Transfusion reactions
- e. Immunohematology Reference Lab cases (antibody work ups, ABO discrepancies, etc.)

We encourage the trainee to become more actively involved in the service by taking responsibility of a clinical consultation, transfusion reaction, and/or case presentation during rounds. The trainee may also assist with inventory management and consultation in patients with extraordinary needs (e.g., massive transfusion protocol in trauma, surgery, or obstetrical emergencies; coagulopathic bleeding; bloodless medicine patients; and nonstandard protocol in patients with alloantibody problems who require substantial blood support).

# Weekly Schedule

The trainee will attend and participate in the weekly conferences outlined below.

Monday	Tuesday	Wednesday	Thursday	Friday
8 AM - 5 PM:	8 AM - 5 PM:	8 AM - 5 PM:	8 AM - 5 PM:	8 AM - 5 PM:
On-site TS	On-site TS	On-site TS	On-site TS	On-site TS
Coverage	Coverage	Coverage	Coverage	Coverage
9 AM: TS Work	9 AM: TS Work	9 AM: TS Work	9 AM: TS Work	9 AM: TS Work
Rounds	Rounds	Rounds	Rounds	Rounds
10 AM: TS Attending	10 AM: TS Attending	10 AM: TS Attending	10 AM: TS Attending	10 AM: TS Attending
Rounds	Rounds	Rounds	Rounds	Rounds
11 AM (4 <sup>th</sup> Monday of month): TS	1:30 - 2:30 PM (4 <sup>th</sup> Tuesday of month): TS Executive	12 PM: Hematology Conference	12 PM: CP Lecture Series 1:30 - 4 PM:	12 PM: CP/TM Call Conference
Management		(Cancer Center)	Resident	1 - 2:30 PM
Meeting	Meeting		Didactics at SBC	(Quarterly): TS/SBC
	2 PM (2 <sup>nd</sup>		Didactics at SDC	Meeting
	Tuesday of			-
	month): TS			
	Quality Meeting			

# Manner of Supervision and Evaluation

The transfusion medicine physician on service will meet with the service team daily to review assigned topics in order to verify that the trainee is progressing in his or her understanding of transfusion medicine. All interpretations, conclusions, and consultative opinions will be verified with the attending prior to posting in the chart or final communication with the clinical staff.

The trainees will be evaluated by the director for education, with input from the Medical Directors from both the Blood Center and the Transfusion Service and with input from the laboratory supervisors and manager. This evaluation will be documented in the standard evaluation form used throughout the program. In addition, feedback is continuous throughout the duration of the rotation.

Useful Contacts: TM Fellowship Associate Program Director & Resident Education Director: Mrigender Virk msvirk@stanford.edu

Administrative Associate: Devvyn Moore <u>devvyn@stanford.edu</u>

TS Education Coordinator: Sarah Chang SaChang@stanfordhealthcare.org

### **Transfusion Medicine Resources**

**Online Resources** Stanford Pathologists Wiki https://pathologists.stanford.edu/dokutests/doku.php?id=wiki:pathologists:cp:transfusion

Blood Bank Guy (introductory videos, podcasts, and quizzes) www.bbguy.org

AABB Transfusion Reaction Differential Diagnosis www.trddx.com

CDC/NHSN Hemovigilance Transfusion Reaction Criteria https://www.cdc.gov/nhsn/pdfs/biovigilance/bv-hv-protocol-current.pdf

University of Utah Laboratory Medicine Modules https://webpath.med.utah.edu/EXAM/LabMedCurric/LabMed01-index.html

AABB Clinical Resources

http://www.aabb.org/programs/clinical/Pages/default.aspx

Transfusion News (News and Transfusion Medicine Question of the Day) <u>https://transfusionnews.com/</u>

American Society for Apheresis (ASFA) Guidelines https://onlinelibrary.wiley.com/doi/abs/10.1002/jca.21705

HLA Nomenclature <a href="http://hla.alleles.org/">http://hla.alleles.org/</a>

Rhesus base (Database of aberrant RhD alleles) http://www.rhesusbase.info/

#### Textbooks

Cohn CS, Delaney M, Johnson ST, Katz LM, Technical Manual, 20th Edition. AABB, 2020.

Kreuter JD, Blackall DP, Transfusion Medicine Self-Assessment and Review, 3rd Edition. AABB, 2017.

Galel SA, Nguyen DD, Fontaine MJ, Goodnough LT, Viele MK. Transfusion Medicine, in (Greer JP, Foerster J, Rodgers G et al, eds), Wintrobe's Clinical Hematology, 12th Edition, Philadelphia, Lippincott Williams & Wilkins, 2009; 672-721.

Goodnough LT. Transfusion Medicine. In Cecil's Textbook of Medicine; 24th Edition (L. Goldman, ed) WB Sanders Co., Phila, PA, 2011, 1154-1157.

Goodnough LT. Blood Banking. In Concise Guide to Hematology. Schmaier AH and Lazarus HM (eds). 2012, Blackwell Publishing Ltd, Oxford, UK, pp 319-331.

Goodnough LT. Alternatives to allogeneic transfusion in patients with surgical anemia. In Transfusion Therapy: Clinical Principles and Practice, 3rd Edition (Mintz P, ed), AABB Press, 2011;699-720.