

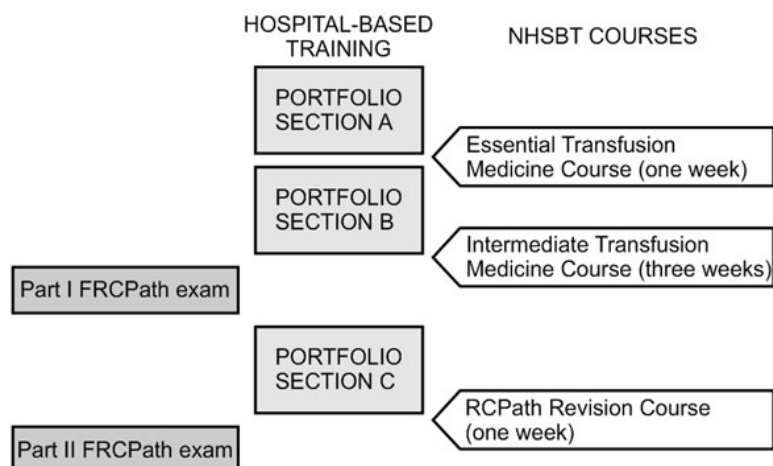
Transfusion Training Portfolio for Haematology Specialist Trainees

Aims of the Training Portfolio

- The Transfusion Training Portfolio for Haematology Trainees is aimed at integrating transfusion training provision within courses provided by the Blood Service with more practical training within hospitals.
- It is recognised that there is variability between services and expertise within hospitals and the provision of hospital based training should therefore be considered within rotations as a whole. The relevant practical training covering key clinical topics can be split between smaller general hospitals and teaching hospitals within the rotation.
- Alternatively this practical training could equally be undertaken within extended attachments to the blood service where available.

Key Targets

It is recommended that that the different sections within the portfolio should be completed prior to the relevant NHSBT Transfusion Courses as highlighted in the diagram below.



Examples of the type of evidence that could be collected will depend on the topic (e.g. case based discussion). This should be discussed with the Educational Supervisor at timely intervals and the whole of the portfolio should then be reviewed at the end of training. The application of the Transfusion Training portfolio is currently only advisory and not mandatory pending further review.

This initial draft is aimed at trainees within England. The content of some categories e.g. terminology around transfusion infrastructure will need to be amended if this portfolio is applied to other countries in the UK.

IMPORTANT

Responsibility for completion of this Portfolio lies with the Haematology Trainee with support from their Training Supervisor

Section A- This section should be completed within the hospital before attending the NHSBT Essential Transfusion Medicine Course

A1. How does a hospital transfusion service work within a hospital?

Topic	Type of evidence	Date
Induction session with Consultant lead for Transfusion – overview of Hospital Transfusion Service		
Meet members of the Hospital Transfusion Team		
Trust Protocols & Guidelines <ul style="list-style-type: none"> • Transfusion Policy • Massive haemorrhage – including Obstetrics, trauma, surgery, GI bleed, use rVIIa including communication between lab and clinical teams • Warfarin reversal • Special requirements for haemato—oncology patients eg CMV neg, Irradiated components • MSBOS • Patients refusing blood transfusion 		
Better Blood Transfusion initiatives		
Educational Supervisor Review	Signature	

A2. What does the hospital transfusion laboratory do?

Topic	Type of evidence	Date
Half day in transfusion laboratory to observe Methods used for: <ul style="list-style-type: none"> • Routine ABO and RhD typing • Emergency ABO & RhD typing • Antibody screening & identification • Crossmatching 		
Electronic issue of blood components		
Patient identification – correct labelling of samples Reason for transfusion on requests Communication between clinical teams and Transfusion laboratory		
Indications, contra-indications and transfusion triggers for use of the following <ul style="list-style-type: none"> • Red cells • Platelets • Fresh Frozen Plasma • Cryoprecipitate • Methylene Blue Treated plasma • Specialist products, e.g. washed red cells, washed platelets 		
Educational Supervisor Review	Signature	

Section B - This section should be completed within the hospital before attending the NHSBT Intermediate Transfusion Medicine Course

BI. Clinical Transfusion practice

Topic	Type of evidence	Date
Attend meetings of the Hospital Transfusion Team / Committee or Regional Transfusion Committee		
Contribution to audit of blood usage (local or national)		
Trust Guidelines on <ul style="list-style-type: none"> • Paediatric and Neonatal Transfusion • Anti D Prophylaxis • IVIG use • Major incident plan 		
BCSH transfusion guidelines		
Trust Blood Conservation Strategy <ul style="list-style-type: none"> • Use of Intra-operative cell salvage • Pre-op haemoglobin optimisation Patient information available on transfusion		
Educational Supervisor Review	Signature	

B2. Transfusion Laboratory and immunohaematology problems

Topic	Type of evidence	Date
Introduction to Blood Safety and Quality Regulations and key requirements		
Attendance in transfusion laboratory to observe the following: <ul style="list-style-type: none"> • DAT testing • FMH Testing (Kleihauer) • Positive antibody screen with review of additional testing and if needed involvement reference centre 		
Review knowledge of following blood systems ABO – A, B (and H) Rh – C, c, D, E and e MNS – M, N, S, s, (U) Kell – K and k Duffy – Fy ^a and Fy ^b Kidd – Jk ^a and Jk ^b		
Criteria for selection of red cells for transfusion in sickle and thalassaemia patients		
Neonatal and Paediatric components available and indications for use		
Local Anti D prophylaxis regimes and system for traceability		
Educational Supervisor Review	Signature	

B3: Case review

	Type of evidence	Date
Management of auto-immune haemolytic anaemia – investigation and provision of blood		
A patient refractory to random platelet transfusions		
Positive antenatal serology with risk of HDFN		
Management of a case of intra-partum fetomaternal haemorrhage in a D negative mother		
Management of the fetus / neonate in a case of HDFN Neonatal exchange transfusion or in utero transfusion		
Investigation and management of suspected Neonatal Alloimmune Thrombocytopenia		
Transfusion in a patient with sickle cell disease		
Provision of blood and blood products to a patient who has undergone a recent allogeneic stem cell transplant		
Management of a severe acute transfusion reaction (including ABO incompatibility, anaphylaxis, infected unit, TRALI etc)		
Case of therapeutic plasma exchange		
Management of chronic transfusion programme in patient with thalassaemia and/ or patient with MDS		
Massive transfusion in trauma, obstetrics or a GI bleed in a medical patient		
Selection of blood and pre transfusion testing where there are multiple RBC antibodies		
Management of patient refusing blood transfusion		
Educational Supervisor Review	Signature	

B4. Transfusion reaction and adverse events

Topic	Type of evidence	Date
Case-based discussion where there has been an adverse event		
Review of recent cases reported to SHOT / SABRE from the hospital		
Review main hazards involved in the transfusion of blood components- management and avoidance		
Incorrect Blood Component Transfused Acute haemolytic transfusion reactions (ATR) Haemolytic transfusion reactions (HTR) Transfusion-related acute lung injury (TRALI) Transfusion-associated graft versus host disease (TA-GvHD) Transfusion-transmitted infections (TTI) Transfusion-associated circulatory overload (TACO) Others – PTP, other SHOT categories		
Educational Supervisor Review	Signature	

Section C - This section should be completed within the hospital before attending the NHSBT Essential Transfusion Medicine Course

C1. Regulatory Aspects of Transfusion

Topic	Type of evidence	Date
Impact of BSQR on hospital transfusion practice <ul style="list-style-type: none"> • Quality management system – review validation of recently acquired equipment • Training • Traceability – review systems used at hospital • Haemovigilance overview (SHOT/SABRE) • BSQR compliance reports • Role of MHRA 		
External Quality Assurance <ul style="list-style-type: none"> • Review local Transfusion NEQAS reports • Discuss report with Consultant Lead for Transfusion where preventative and corrective action required (actual or hypothetical) 		
CPA – Review standards for compliance		
Educational Supervisor Review	Signature	

C2 Review list of cases in Section B3 and complete if not yet done so. Document additional cases reviewed below

Additional cases	Type of evidence	Date
Educational Supervisor Review	Signature	

