

**ACGME Program Requirements for Graduate Medical Education  
in Blood Banking/Transfusion Medicine**

Line Number(s):190-191

Requirement Revision (major revisions only):

II.A.3.f).      The Program Director must:  
*devote at least 35% time to include clinical work with fellows, teaching, and fellowship-related administration.*

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

**N/A**

- 2) improves the quality of resident education;

**a. The requirement will ensure that adequate time is provided to the program director to teach fellows, observe and assess fellow progress, and to administer the program.**

**b. A defined percentage of protected time will allow the director to keep up with and implement the program requirements and ensure that the program is providing the appropriate depth and breadth of educational and clinical experiences for the fellow.**

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

**N/A**

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

**In some programs, some non-fellow oriented clinical and administrative responsibilities may need to be shifted to other faculty members to allow the program director to meet the 35% time requirement.**

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

**N/A**

- 6) impacts residency education in other specialties.

**N/A**

Line Number(s):202-203

Requirement Revision (major revisions only):

II.B.2.a      *The faculty must in aggregate devote at least 20 hours per week per fellow for the fellowship-related clinical work and teaching.*

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

**Sufficient faculty supervision and oversight helps to ensure a high quality of fellow clinical work, and directly impacts the quality and safety of patient care.**

- 2) improves the quality of resident education;
  - a. **Ensuring a minimum amount of time for faculty involvement with and teaching of fellows should allow for improvement or sustainment in resident education quality.**
  - b. **This amount of time for faculty interaction with fellows will allow for adequate assessment as to whether fellows are meeting goals, competencies, and milestones.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care;
 

**N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
 

**For most programs, there will be no impact. In some, however, there may be a need to shift non-fellow oriented service work and administration to other faculty members.**
- 3) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and
 

**N/A**
- 4) impacts residency education in other specialties.
 

**N/A**

Line Number(s): 314-537

Requirement Revision (major revisions only):

**IV.A.2. ACGME Competencies**

**The program must integrate the following ACGME competencies into the curriculum:**

**IV.A.2.a) Patient Care**

**Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows:**

IV.A.2.a).(1) must demonstrate a ~~satisfactory level of~~ diagnostic competence and the ability to provide appropriate and effective consultation in the context of ~~pathology~~ transfusion medicine/blood banking services, including:

IV.A.2.a).(1).(a) perinatal, pediatric transplantation, and trauma patient care;

IV.A.2.a).(1).(b) immunohematology, histocompatibility, and infectious disease testing in donor management, blood component preparation, and blood inventory

	<u>management;</u>
IV.A.2.a).(1).(c)	<u>cellular therapy and tissue banking;</u>
IV.A.2.a).(1).(d)	<u>perioperative blood management;</u>
IV.A.2.a).(1).(e)	<u>donor and patient regulatory issues;</u>
IV.A.2.a).(1).(f)	<u>donor and therapeutic apheresis; and</u>
IV.A.2.a).(1).(g)	<u>management and direction of a transfusion service and blood center.</u>
IV.A.2.a).(2)	<u>must demonstrate competence performing essential procedures, including:</u>
IV.A.2.a).(2).(a)	<u>collecting blood components, including donor apheresis;</u>
IV.A.2.a).(2).(b)	<u>selecting and using specific apheresis technologies to assure appropriate care, clinical management and safety of patients and donors undergoing apheresis medicine therapies or blood product collection procedures;</u>
IV.A.2.a).(2).(c)	<u>preparing blood components;</u>
IV.A.2.a).(2).(d)	<u>testing blood components;</u>
IV.A.2.a).(2).(e)	<u>transfusing blood components;</u>
IV.A.2.a).(2).(f)	<u>histocompatibility testing;</u>
IV.A.2.a).(2).(g)	<u>therapeutic phlebotomy;</u>
IV.A.2.a).(2).(h)	<u>blood management</u>
IV.A.2.a).(3)	<del>must focus on clinical aspects of transfusion medicine throughout the program. Fellows must participate in ongoing clinical consultations regarding all aspects of blood transfusion and have opportunity to develop competence in providing services to patients and other physicians.</del>
<b>IV.A.2.b)</b>	<b>Medical Knowledge</b>
	<b>Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows:</b>

IV.A.2.b).(1)	must <u>demonstrate expertise in their knowledge of: develop comprehensive knowledge of the technical aspects of blood banking and immunohematology. There must be an opportunity to acquire knowledge and skills in new technologies as they become available;</u>
IV.A.2.b).(1).(a)	<u>scientific basis of transfusion;</u>
IV.A.2.b).(1).(b)	<u>selection and recruitment of blood donors;</u>
IV.A.2.b).(1).(c)	<u>adverse effects of blood transfusion, including transfusion-transmitted diseases and non-infectious hazards of transfusion;</u>
IV.A.2.b).(1).(d)	<u>adverse effects of blood donation;</u>
IV.A.2.b).(1).(e)	<u>immunohematology and platelet immunology;</u>
IV.A.2.b).(1).(f)	<u>transplantation, including hematopoietic, solid organ, and tissue;</u>
IV.A.2.b).(1).(g)	<u>alternatives to blood transfusion;</u>
IV.A.2.b).(1).(h)	<u>cellular therapy;</u>
IV.A.2.b).(1).(i)	<u>blood management;</u>
IV.A.2.b).(1).(j)	<u>coagulation (hemostasis/thrombosis); and</u>
IV.A.2.b).(1).(k)	<u>history of blood transfusion.</u>
IV.A.2.b).(2)	<del>should have instruction that illustrates usual and unusual cases.</del>
<b>IV.A.2.c)</b>	<b>Practice-based Learning and Improvement</b>
	<b>Fellows are expected to develop skills and habits to be able to meet the following goals:</b>
<b>IV.A.2.c).(1)</b>	<b>systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;</b>
<b>IV.A.2.c).(2)</b>	<b>locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.</b>
IV.A.2.c).(3)	<u>incorporate formative evaluation feedback into daily practice;</u>
IV.A.2.c).(4)	<u>use information technology to optimize learning and</u>

	<u>improve patient care; and</u>
IV.A.2.c).(5)	<u>participate in the education of donors, patients, families, students, residents, and other health professionals and community members.</u>
<b>IV.A.2.d)</b>	<b>Interpersonal and Communication Skills</b>
	<b>Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.</b>
IV.A.2.d).(1)	<u><i>Fellows must demonstrate competence in providing appropriate and effective consultations to other physicians and health professionals, both intra- and inter-departmental.</i></u>
IV.A.2.d).(2)	<u>Fellows must demonstrate the ability to communicate effectively both verbally and in writing with:</u>
IV.A.2.d).(2).(a)	<u>donors, patients, families, and the public, as appropriate across a broad range of socioeconomic, educational, and cultural backgrounds;</u>
IV.A.2.d).(2).(b)	<u>physicians, other health professionals, and health-related agencies.</u>
IV.A.2.d).(3)	<u>Fellows must maintain comprehensive, timely, and legible medical records.</u>
<b>IV.A.2.e)</b>	<b>Professionalism</b>
	<b>Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.</b>
IV.A.2.e).(1)	<del>Fellows must demonstrate a sensitivity to a diverse patient population.</del>
<b>IV.A.2.f)</b>	<b>Systems-based Practice</b>
	<b>Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.</b>
IV.A.2.f).(1)	<u>Fellows must demonstrate the ability to:</u>
IV.A.2.f).(1).(a)	<u>coordinate quality and safety for donors and</u>

	<u>patients within the health care system relevant to blood banking/transfusion medicine;</u>
IV.A.2.f).(1).(b)	<u>incorporate cost considerations and risk-benefit analysis in patient and population-based care;</u>
IV.A.2.f).(1).(c)	<u>contribute to quality improvement projects and quality assurance audits; and</u>
IV.A.2.f).(1).(d)	<u>participate in identifying system errors and implementing potential systems solutions; and</u>
IV.A.2.f).(1).(e)	<u>follow regulatory and accreditation requirements for blood banking and transfusion medicine, including Food and Drug Administration, American Association of Blood Banks, and The Joint Commission.</u>
IV.A.3.	<u>Curriculum Organization and Fellow Experiences</u>
IV.A.3.a)	<u>Fellows must participate in ongoing clinical consultations regarding all aspects of blood transfusion.</u>
IV.A.3.b)	<u>Fellows must participate in the interpretation of laboratory data as part of patient care decision making and patient care consultation.</u>
IV.A.3.c)	<u>Fellows must have direct responsibility, with appropriate supervision, to make decisions in the laboratory.</u>
IV.A.3.d)	<u><i>Fellows' clinical experience should be augmented through didactic sessions, review of the medical literature in the subspecialty area, and the use of laboratory indexes of unusual cases.</i></u>
IV.A.3.e)	<u>The didactic curriculum must include teaching conferences in blood banking/transfusion medicine, journal clubs, and joint conferences with the pathology department as well as with clinical services involved in the diagnosis and management of patient care utilizing transfusion medicine.</u>
IV.A.3.e).(1)	<u>Fellows should participate in conferences on average at least once per month and should give a minimum of two presentations per year.</u>
IV.A.3.e).(2)	<u>Didactic instruction should illustrate common and unusual cases.</u>

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

**By listing areas of diagnostic competency to be attained, patient care and safety will improve by ensuring that fellows develop competency in the areas needed to be able to practice as a transfusion medicine/blood banking specialist.**

- 2) improves the quality of resident education;

- a. **This revision specifies the major areas of patient care in which the fellow needs to become competent during the fellowship. The revision was developed in conjunction with the transfusion medicine/blood banking community.**

- b. **This listing of specific competencies will allow programs to ensure they are providing the full breadth and depth of training for their fellows that the fellow will need to practice as a transfusion medicine/blood banking specialist. It will also specify standardization of fellow training in transfusion medicine/blood banking but still allow for each program to develop its own curriculum and rotations.**

- c. **This listing will allow for the development of milestones to allow for improvement in fellow training and assessment of competency.**

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

**N/A**

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

- a. **For some programs that may not provide the full range of clinical services listed, outside rotations may be required. An alternative would be to develop these services in-house which could require additional faculty, personnel, and financial resources.**

- b. **For some areas, especially in medical knowledge, print or electronic resources may be required to provide the appropriate education.**

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

**For some programs that may not provide the full range of clinical services listed, outside rotations may be required. If services are brought in-house, there would likely only be shifting of work from a reference lab/consultation service so a change in volume and variety of patients is unlikely to be needed.**

- 6) impacts residency education in other specialties.

**N/A**

Line Number(s): 616-618

Requirement Revision (major revisions only):

V.C.3 60% of the programs' graduates from the preceding five years taking the American Board of Pathology certifying examination for blood banking/transfusion medicine for the first time must pass.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

**N/A**

- 2) improves the quality of resident education;

- a. **The new requirement provides a benchmark for programs to use to assess the educational effectiveness of their program. As subspecialty certification is important, it also provides the program with a way to assess how it is helping its fellows attain this goal.**

- b. **The requirement also provides programs with the benchmark that the Review Committee uses when determining accreditation decisions.**

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

**N/A**

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

**N/A**

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

**N/A**

- 6) impacts residency education in other specialties.

**N/A**