Ag Rialáil Gairmithe Sláinte agus Cúraim Shóisialaigh
Regulating Health + Social Care Professionals

Continuing Professional Development

Record Templates[1]

Registrant Profile: Medical Scientist with less than five years' experience, who is currently working in a multidisciplinary hospital laboratory. Practice includes Haematology, Blood Transfusion and Biochemistry.

You must read the audit guidelines document before completing this record for audit purposes and submitting.
It is important that all information identifying any third party must be removed from any records submitted. Do not, under any circumstances, provide information that would enable the identification of a service user.
Do **not** attach any supporting documentation with this record.

[1] Version issued June 2020

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Regulating Health + Social Care Professionals

Name:	Jane Doe	CORU Registration Number:	MS12345
Audit period from:	1 April 2021	Audit period to:	31 March 2022
Registration Board	Medical Scientists Registration Board		

Implement			Evaluate & Reflect	
Date and time spent When did you undertake this learning activity?	**Type of Learning Activity** What was the name of the activity?	**CPD credits** Approx. 1 CPD credit for every hour of new or enhanced learning achieved	**Learning Outcome** What have you learnt through completing this activity? How have your skills and knowledge improved or developed?	**Impact on practice** How have you integrated this learning into your practice? How has this learning made a difference to your capability and performance in your role?
10/04/2021 14:00-15:05	Online Haematology Digital Morphology Case Study, provided by UK NEQAS. Case No. DM1907-MYH9 Disorder) & Follow-up research about	0.75	UK NEQAS Digital Morphology is a planned activity that I participate in regularly to expand on my knowledge of blood film morphology, which is a vital skill to have as a Medical Scientist working in a clinical Haematology laboratory. From participating in this case (No. DM1907) I have learned: 1. Clinical presentation of MYH9 disorder. 2. Morphology features of MYH9 disorder (The blood film morphology confirmed the thrombocytopenia. However, the platelets were uniformly enlarged, with giant platelets evident. A striking	After completing this morphology exercise, I feel competent that I would recognize the morphology features of MYH9 Disorder, if it were presented in our Haematology laboratory. From learning about the background information of MYH9 disorder I know understand the causes of the morphology findings (i.e. MYH9 occurs due to an autosomal dominant mutation of the myosin heavy-chain IIA. The Döhle-like bodies that were evident in the

	condition in 'Clinical Haematology By Shirley McKenzie		feature was evident in the granulocytes; a pale blue inclusion (Dohle-like bodies) within the cytoplasm, and it was present in the majority of the granulocytes including Neutrophils, Eosinophils and Monocytes. 3. Differential diagnosis of Macrothrombocytopaenias. 4. Based on my morphology findings I submitted MYH9 disorder as the diagnosis. The results of this morphology case (DM1907) confirmed the diagnosis as MYH9 disorder.	granulocytes are deposits of parallel myosin heavy chain fibrils. In this disorder there is also an accompanying defective megakaryocytic maturation, which results in reduced numbers of platelets and the presence of giant platelets). This morphology exercise also highlighted how to distinguish reactive Dohle bodies seen in infectious conditions, from these Dohle like bodies that are evident in MYH9. I would feel confident that I would be able to distinguish between these if encountered.

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13/04/2021 09:00 - 10:00	Children's First E-Learning Course	0.5	I completed this activity to learn how to recognise child abuse and how to report a concern about a child's welfare or protection. I learnt about the following topics: 1. Safeguarding children 2. Recognising abuse 3. Reporting concern 4. Learning in practice	This introductory Children's First training will impact my practice as follows: - I am able to understand different forms of child abuse (i.e. emotional, physical, neglect and sexual abuse) - As per the Children's First Act 2015, relevant services (i.e. hospital employees) I am now aware that I am legally obliged to report concerns of possible child abuse - Knowledge of procedure to report child abuse witnessed in the hospital (i.e. report directly report to my line manager to will follow up and report to TULSA)

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17/04/21 13:00-13:45	Completed online UK NEQAS Digital Morphology case study. Case No. DM2001 (Chédiak–Higashi Syndrome) & Follow-up research about condition in 'Clinical Haematology'	0.75	UK NEQAS Digital Morphology is a planned activity that I participate in regularly to expand on my knowledge of blood film morphology. From completing this case (No. DM2001) I have learned: 1. Clinical details and presentation of Chediak Higashi Syndrome (The following clinical details were given: A blood film was made on a young infant who has suffered a second significant infection. The white cells, haemoglobin and platelets are within the normal reference range for his age). 2. Morphology findings of Chediak Higashi Syndrome (The blood film examination showed enlarged granules (Chediak-Higashi granules) within the neutrophils, eosinophils, monocytes and some lymphocytes. Rouleaux was also evident).	Chediak Higashi Syndrome is a very rare condition with only 500 cases reported world-wide. Because this condition is so rare I never encountered this whilst working as a Medical Scientist. Therefore by participating in this morphology exercise I have gained knowledge on the cause of the condition (recessive inherited mutation of the LYST gene), the presentation of the condition (increased susceptibility to infections, bleeding tendency and oculocutaneous albinism) and the blood film morphology features.

	By Shirley McKenzie		3. Based on the morphology findings I selected Chediak Higashi syndrome as the diagnosis.	This morphology exercise also highlighted that Pseudo Chediak Higashi granules may arise in CML, myelodysplastic syndrome and Acute Leukaemia, which is important to be aware of when performing blood film morphology examination.

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08/05/2021 13:00-14:00	Journal Club - Blood Transfusion Case studies of massive haemorrhages	1.0	I have learned: 1. How best to deal with a massive haemorrhage in the transfusion laboratory. It is best to stay calm and refer back to your training. 2. Record and document all communications. It is essential to follow the procedures in place. 3. This presentation has also made me more aware of when and who to ask for help when practising as an on-call medical scientist.	I have been able to implement this new knowledge during my routine and on-call hours in the blood transfusion department. This learning has boosted my confidence and will benefit me going forward if and when I have to deal with a major haemorrhage.

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23/05/21 11:00 - 16:00	Attended Day 1 of the Virtual BD FACS Canto II System Flow Cytometer Workshop Day 1 of 3 Day Virtual Conference hosted by BD Headquarters	3.0	BD hosted a three-day virtual workshop for BD FACS Canto flow cytometry users. This was a planned learning activity to expand my knowledge of flow cytometry. On day 1 of this workshop I learned the theory behind the functionality of Flow cytometers: 1. The principle of the fluidics system in Flow Cytometers (hydrodynamic focusing in the flow cell). 2. The principles of the optics system including the functionality of lasers, and filters 3. The principles of the complex electronics system in flow cytometers, by their use of detectors. 4. I also completed the BD FACSCanto operator online theory training modules on system maintenance, data management,	I have gained an in-depth understanding of the principles of flow cytometry (fluidics, optics and electronics). I now understand how a flow cytometer analyses a sample to give the user a numerical result. I have integrated this learning to my laboratory by sharing the learning material from the workshop with all members of the laboratory. BD also gave a group log-on for their website workshops, which can be used by all Medical Scientists within our laboratory who want to expand on flow cytometry. This learning will make a difference to my performance in my role, as a strong foundation of flow cytometry knowledge is required, before a Medical Scientist can expand on complex flow cytometry techniques. This is a vital skill for practising as a Medical Scientist in Haematology.

			clinical software and hardware overview.	
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24/05/2021 10:00 - 15:00	Attended Day 2 of the Virtual BD FACS Canto II System Flow Cytometer Workshop Day 2 of 3 Day Virtual Conference hosted by BD Headquarters	3.0	On day 2 I learned the following aspects of Flow Cytometry: 1. General set up of flow cytometer 2. Maintenance of Cytometer for daily and monthly basis 3. CS&T (Cytometer Set-up & Tracking) - How to set up CS&T beads and the theory behind what it is tracking in cytometer 4. Advanced troubleshooting for issues encountered with flow cytometers	I now feel competent with how to perform the maintenance and carry out troubleshooting, which is required for my role as a Medical Scientist in Haematology. Since participating in this workshop, I have successfully troubleshot errors with the flow cell, and CS&T set up failures. Before participating in this workshop I would have required assistance from colleagues to resolve these issues but now I feel competent and confident to do so myself.

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25/05/2021 09:00 - 12:00	Attended Day 3 of the Virtual BD FACS Canto II System Flow Cytometer Workshop Day 3 of 3 Day Virtual Conference hosted by BD Headquarters	3.0	On day 3 of this virtual workshop I learned how to setup flow cytometer experiments: 1. FACSDiva software application for the BDCanto 2. Construct experiment templates using the software on an experiment specific basis. 3. How to use the BD stem cell enumeration kit for CD34 stem cell detection. 4. How to set up BD fluorochromes for HIV detection. 5. Gating strategy for flow cytometer analysis to obtain a result. 6. Other aspects of experimental design were covered including fluorochrome selection and the stain index.	From completing this virtual workshop, I feel confident to implement a new flow cytometry template within the laboratory, which is a vital skill to have. Since completing, I have used the contacts from BD to seek their expert advice on flow cytometry analysis of different sample types, which was valuable. I have gained valuable professional relationships from attending this workshop which will be useful for future implementations in our laboratory.

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19/06/2021 10:00:-12:00	Early Career Scientific Forum Webinar	2.0	I have learned: 1. There are a multitude of options to further my education as a Medical Scientist these include - general and specific Masters programmes, PhD and FRCPath options. 2. I have also learned a lot more about the ACSLM and their different advisory bodies as before I attended this meeting I knew the ACSLM existed but was unaware of their function or the fact that they have individual advisory bodies.	I am already planning to undertake my own Masters, but it was great to get some insight into future options. I have decided to join the Engagement and Advancement Advisory Body and hope to bring new initiatives to my workplace. They have a series of projects ongoing including career workshops and a mentor programme - which I hope to get my colleagues involved in.

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29/06/2021 09:00 - 11:00	Radiometer Point of Care Conference	2.0	I learned so much from this conference. 1. Firstly, I learned how Point of Care Testing (POCT) can have a huge role within hospitals in order to cut waiting times and TAT from laboratories. 2. I also learned that the correct management of this is crucial in order to achieve an efficient system. 3. The reports workshop helped me to see exactly what reports I should be able to generate in the lab. For example, the QC statistical report is handy to complete my monthly IQC reviews.	From attending the conference, I feel much more confident when dealing with POCT queries. I wish to learn more about POCT management and usage in order to apply for possible senior positions. POCT is an up and coming expanding area within medical science.

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02/07/2021 13:00 - 17:00	Haemolysis Poster for Hospital Quality Fair	2.5	This poster was created as part of the start of a Quality Improvement (QI) I for the biochemistry laboratory, where we are hoping to reduce the number of haemolysed samples received. It was a retrospective review of all haemolysed samples received from the previous 12 months. I now have a deeper insight into the causes of haemolysis and the overall effect it has on the sample here in bio. I also have gained extra skills in both PowerPoint and Excel, which I used to create the poster. I also learned how to pull an in-depth report with the required statistics from the laboratory information system.	I now have a greater understanding of the causes and effects that haemolysis has on patient results. I plan to integrate this knowledge to build on this initial poster with the aim of reducing the overall haemolysis rate. This will be achieved through staff education and training, with this poster being the first step.

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01/08/2021 12:00 - 14:00	BD Innovation for Specimen Management	2.0	This learning activity coincides with a haemolysis reduction Quality Improvement (QI) that I am currently overseeing. I have learned the vast bank of tools that BD offers to customers in order to ensure the highest quality of the sample. The talks on pre-analytical factors and engagement with their users were very useful and have given me some good ideas on how to combat our ever-increasing haemolysis problem in my department.	In time it should improve the quality of the sample, as I am now more aware of the phlebotomy step and any pre analytical errors that may occur because of it. I have learned that engaging with nurses, doctors, and other users is of the utmost importance in order to reduce pre-analytical errors to the laboratory. I would like to complete some of the online, e-learning programmes provided by BD in order to get a greater idea of the blood collection process.

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10/08/2021 17:00 - 18:00	Blog Post for a Medical Science Blog	1.0	I wrote a blog post about a day in the life of me (a medical scientist). This focused on the daily tasks and duties that I have to complete as a Basic Grade Medical Scientist. I learned how to reflect on my day as a medical scientist and realized how much work I do on a routine day. This has shown me how far I have come since college. For example, when I first started as a basic grade, I had no experience with working in a busy hospital laboratory. Tasks such as maintenance, calibrations and Q.C seemed very difficult at first. However, having written this piece I now realise that these tasks are	This blog post has allowed me to reflect on my career as a medical scientist thus far and helped me develop goals for my future. From completing this blog and my reflection my career goals have become more defined. I realised that I like to focus more on the Point of Care duties within the department. I would in time like to move into a senior role with a biochemistry department. I plan on completing an M.Sc. in Biomedical Science in order to take the next step towards management.

			straightforward and I have come a long way from the first attempts. It showed me what more I could be doing in the lab, like for example the possibility of on-call work.	

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12/09/2021 09:00 - 13:30	ISBT 128 Labelling Training	4.0	From participating in this in house ISBT 128 labelling training I have learnt: 1. The importance of the ISBT 128 labelling system for international standardisation 2. Minimal content requirements for ISBT 128 labelling; 3. Terminology used in ISBT 128 Donation numbering labelling; - DIN (Donor Identification Number) - FIN (Facility Identification Number) - DIN year code - DIN sequence number - Flag character	Our Laboratory is JACIE accredited which requires products to be labelled as per ISBT 128. Since completing this ISBT 128 labelling training I have generated numerous ISBT 128 labels for our products. I am now competent, and have integrated the following learning into my daily practice: - Entering donor and recipient details into the live database - Update patient treatments - Assigning the correct product code to the patient's product - Reviewing to completed label, to ensure that it's compliant

			- Check character 4. Terminology used in ISBT 128 Product coding; - Product code - Product description code - Collection type code - Division Code 5. Layout of ISBT 128 label (For full, partial and cryovial labels) 6. How to generate an ISBT 128 label using the Laboratory software 7. Emergency labelling protocol for software downtime	- Troubleshooting issues with the labelling workflow I am now capable of generating ISBT 128 labels for any product type in the laboratory, which means I can work independently in the laboratory. I will be using this newly developed skill daily, as it's now required by JACIE accreditation.

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14/11/2021 15:00 - 18:00	The Single European Code (SEC) Training	3.0	I have learnt: 1. The importance & purpose of the SEC (i.e. full traceability for donor and recipient) 1. The breakdown of the 40 digit SEC code: - ISO country code (2 alphabetic characters) - Tissue establishment Number (6 alpha numeric characters) - Unique donation number (13 alpha numeric characters) - Product coding system identifier (1 alphabetic character) - Product number 7 alpha numeric characters - Split number (3 alphanumeric characters	I have generated SEC codes for our products using our Laboratory software. I am competent to recognise a compliant SEC code for products from learning the breakdown of the 40 digit SEC code. On one occasion, an external product that we received did not have an SEC, so I had to follow procedure to generate an SEC for the product to ensure full traceability. This newly learnt skill of generating and recognising compliant SECs will be part of my daily duties as a Medical Scientist, as it's required in the Laboratory that I work in.

			- Expiry date in YYYYMMDD format (8 numeric characters) 2. How to generate an SEC using the Laboratory system software 3. Manually generate SEC for products in case of emergency downtime of Laboratory software.	

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01/01/2022 15:00 - 18:00	A reflection on COVID 19 and how it affected my work	1.5	I completed a journal – like an entry on my experience with working through a global pandemic. This piece allowed me to take a step back and reflect on the challenges that not only I but my whole team faced during this pandemic. Firstly, I learned that teamwork is key. We physically became further apart but became closer as a team, everyone was willing to do the extra shift to help out	I have become a better team member by watching people around me offer up their free time to help out when the laboratory was swapped and drastically down staff members. I have become a leader within my department, while some of the management were sick I stepped in and completed tasks such as audits and made the split team roster to make sure that teams did not mix and also that staff were on site equally.

			when a team member became a close contact or when they unfortunately contracted the virus. Secondly, we operated in 2 split teams to avoid the whole department getting sick together (worst case scenario). This gave me time to work from home to complete quality related tasks such as updating documents, chemical risk assessments and partially completing audits. I would like to get more training at audits as I just started them during the pandemic. Thirdly, I learned how to operate the analyser for COVID 19 testing.	

Review	Plan
What do I want or need to learn in the next 12 months?	**What learning activities will I do to achieve this in the next 12 months?**
Emergency code red protocol: I want to learn how to best manage code red protocols which can be stressful	Participating in the out of hours on-call roster (i.e. after 8pm - 8am daily and weekends). This will allow me to build my experience, by working alongside experienced Medical Scientists and communicating with the clinical team effectively during code reds. From this I hope to learn the best way to manage emergency situations. I also plan to attend more webinars on massive haemorrhage to learn the relevant background information.
Audit Skills: I want to learn how to perform internal audits in the laboratory as our team is regularly required to conduct internal audits to ensure our standard operating procedures are fit for purpose and/or identify performance improvements.	Attend in house auditing training provided by the Quality Manager. Once trained, I will then perform audits using the audits module in Q-pulse.
Health & Safety Skills: I want to learn about chemical safety and risk assessments	Attend in house chemical safety training to learn the safety protocols and become familiar with the use of SafeDoc. Liaise with the health and safety officer to learn how to perform risk assessments.
Further studies: I want to expand my theoretical knowledge of my discipline. I want to complete an M.Sc. to allow me to move to a senior position.	Research which Masters are suitable and pick one.

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I, the undersigned, certify that the information contained in this Record of CPD Activities is correct in all respects.

Signature: *Jane Doe* **Date:** *31/03/2022*

CORU Registration Number: *MS12345*
Total Number of Pages 20