Course Syllabus

MLAB 1415- HEMATOLOGY

Catalog Description: The study of blood cells in normal and abnormal conditions. Instruction in the theory and practical application of hematology procedures, including quality control, quality assurance, safety, manual and/or automated methods as well as blood cell maturation sequences, and normal and abnormal morphology with associated diseases.

Lecture hours = 4, Lab hours = 1

Prerequisites: Enrollment in this course and the Medical Laboratory Technology Program requires department head approval and successful completion of the admissions process. Students must be accepted into the MLT Program.

Semester Credit Hours: 4
Lecture Hours per Week: 4
Lab Hours per Week: 1
Contact Hours per Semester: 128

State Approval Code: 5110040000

Class section meeting time: This is an online lecture course with face to face labs that meet on three pre-designated Saturdays during the semester.

Alternate Operations During Campus Closure: In the event of an emergency or announced campus closure due to a natural disaster or pandemic, it may be necessary for Panola College to move to altered operations. During this time, Panola College may opt to continue delivery of instruction through methods that include but are not limited to: online learning management system (CANVAS), online conferencing, email messaging, and/or an alternate schedule. It is the responsibility of the student to monitor Panola College’s website (www.panola.edu) for instructions about continuing courses remotely, CANVAS for each class for course-specific communication, and Panola College email for important general information.

Instructional Goals and Purposes: Hematology is the study of blood cells in normal and abnormal conditions. Students will be instructed in the theory and practical application of hematology procedures, including quality control, quality assurance, safety, manual and/or automated methods as well as blood cell maturation sequences, and normal and abnormal morphology with associated disease.

Learning Outcomes:
1. Apply principles of safety, quality assurance and quality control in Hematology.
2. Evaluate specimen acceptability.
3. Compare and contrast hematology values under normal and abnormal conditions.
4. Perform and explain principles and procedures of tests to include sources of error and clinical significance of results.
5. Evaluate normal and abnormal cell morphology with associated diseases.
Specific Course Objectives (includes SCANS):
After studying all materials and resources presented in the course, the student will be able to:

1. **Chapter 4- Hematopoiesis**
   (1a-i., 1b-iv, 2c-i,ii)
   a. **Identify** phases and site of origin for cellular development of active hematopoietic tissue in Embryo and fetus:
      i. Mesoblastic phase
      ii. hepatic phase (extramedullary)
      iii. medullary/myeloid phase.
   a. Define hematopoiesis:
      i. Theory of pluripotent stem cell development
      ii. Stem cell kinetics: Generative cell cycle
      iii. Regulatory growth factors and inhibitors.
   b. **Identify** phases and site of origin for cellular development of active hematopoietic tissue in Infant and young child:
      i. All red marrow spaces (all cell lines)
      ii. Thymus fully developed (T lymphs)
      iii. Secondary lymphoid tissue (T and B lymphs)
   c. **Identify** phases and site of origin for cellular development of active hematopoietic tissue in Adults:
      i. Red marrow (axial skeleton and proximal ends of long bones)
      ii. Primary and secondary lymphoid tissue (T and B lymphs)
   d. Explain the role of other organ systems in hematopoiesis:
      i. Mononuclear phagocyte system
      ii. Spleen (structure, blood flow, function)
      iii. Liver (structure, blood flow, function)
      iv. Lymph nodes (structure, blood flow, function)
      v. Thymus (structure, blood flow, function)
   e. State the physical findings commonly present in hematologic disease:
      i. Splenomegaly
      ii. Hypersplenism
      iii. Hepatosplenomegaly
      iv. Lymphadenopathy
   f. **Describe** key terms used to assess bone marrow structure and function:
      i. Myeloid to erythroid ratio (M:E)/erythroid to granulocyte ratio (E:G)
      ii. Erythropoiesis
      iii. Granulopoiesis
      iv. Megakaryopoiesis
      v. Non-hematopoietic cells
      vi. Cellularity: fat (yellow marrow) to cell (red marrow) ratio
      vii. Aplastic marrow
      viii. Hypo/Hyperplastic marrow.
   g. Explain mechanisms that regulate and modulate granulopoiesis:
      i. Regulatory growth factors and inhibitors
      ii. Kinetics
      iii. Life span
      iv. Circulation
   h. List nutritional and regulatory factors with associated with erythropoiesis:
      i. Erythropoietin (EPO)
      ii. Iron
      iii. Vitamins (B12/ folate)
      iv. Intrinsic factor
   i. List the maturation sequence of developing erythrocytes
   j. **Describe** the distinctive features used to characterize developing cells:
      i. Overall cell size
ii. Cell Nucleus Shape
iii. Relative size
iv. Staining reaction
v. Chromatin pattern
vi. Presence or absence of nucleoli
vii. Staining reaction and size of cytoplasm

k. List morphologic features used to differentiate developing leukocytes: •
   i. Overall cell size
   i. Nucleus Shape
   ii. Nuclear to cytoplasmic ratio (N:C)
   iii. Staining reaction
   iv. Chromatin pattern
   v. Presence or absence of nucleoli
   vi. Relative amount of cytoplasm
   vii. Cytoplasmic staining reaction
   viii. Presence or absence of granules and staining reaction in cytoplasm

l. Name and **describe** the average percentage and cellular characteristics of the six mature leukocytes found in normal peripheral blood.

2. **Chapter 5- Erythrocytes: Erythropoiesis, Maturation, Membrane Characteristics, and Metabolic Activities**
   (1a-i. 1b-iv. 2c-i,ii,iii)

   a. **Identify** phases and site of origin for cellular development of active hematopoietic tissue in Infant and young child:
      i. All red marrow spaces (all cell lines)
      ii. Thymus fully developed (T lymphs)
      iii. Secondary lymphoid tissue (T and B lymphs)

   b. **Identify** phases and site of origin for cellular development of active hematopoietic tissue in Adults:
      i. Red marrow (axial skeleton and proximal ends of long bones)
      ii. Primary and secondary lymphoid tissue (T and B lymphs)

   c. Compare and contrast polycythemia rubra vera, secondary polycythemia, and relative erythrocytosis:
      i. Etiology
      ii. Clinical features
      iii. Laboratory findings

   d. **Describe** the purpose of the metabolic pathways used by erythrocytes:
      i. Embden-Meyerhof
      ii. Hexose monophosphate shunt
      iii. Methemoglobin reductase

   e. Discuss components of the mature red cell that are essential for survival and function:
      i. Membrane composition and function
      ii. Lipids/Proteins
      iii. Maintain RBC shape, deformability, and permeability
      iv. Support system for surface antigens
      v. Transport and exchange of gases and ions (cationic pumps)

   f. Name the basic substances necessary for proper erythropoiesis.
   g. Explain the normal condition that stimulates the production of erythropoietin.
   h. Compare the terms secondary polycythemia and relative polycythemia.
   i. **Describe** the general characteristics, including the physical properties, of the erythrocyte membrane.

3. **Chapter 6- Erythrocytes: Hemoglobin**
   (1a-i. 2c-i,ii)

   a. Explain the genetic inheritance of hemoglobin.
   b. Summarize the mechanisms by which normal hemoglobin is structured and synthesized in the developing red cell:
i. Iron transport, uptake, and supply
ii. Protoporphyrin IX (heme) formation
iii. Globin synthesis and genetic control Chromosome 11 and 16
iv. Embryonic hemoglobins (Gower 1, 11, Portland)
v. Adult hemoglobins (Hb A, Hb A2, Hb F,)

C. Identify the effect various conditions can have on an oxygen disassociation curve:
i. pH (Bohr effect)
ii. Temperature
iii. CO2
iv. 2,3-DPG
v. Hb F and other variants

d. Describe normal hemoglobin-oxygen function using the oxygen disassociation curve
e. Discuss the principles of hemoglobin electrophoresis (cellulose acetate, alkaline pH vs. citrate agar, acid pH)
i. Perform/observe the procedure
ii. Apply appropriate quality control procedures
iii. Correlate results

f. Discuss the principles of hemoglobin quantification (Hb A, Hb A2, Hb F):
i. Perform/observe the procedure
ii. Apply appropriate quality control procedures
iii. Correlate results

g. Explain the mechanism by which red cells are catabolized:
i. Identify phased (extra/intravascular)
ii. Trace the basic steps associated with each phase

h. Define terms associated with red cell destruction:
i. Biliverdin
ii. Bilirubin (conjugated/ unconjugated)
iii. Urobilinogen
iv. Urobilin
v. Hemoglobin dimers
vi. Haptoglobin
vii. Hemopexin
viii. Hemoglobinemia
ix. Hemoglobinuria
x. Hemosiderinuria
xi. Methemalbumin

4. Chapter 7- Erythrocytes: Morphology and Inclusions
   (1a-i.1b-ii,iii,iv,v,vi)
a. Describe methods used to identify and/or confirm the composition of various red blood cell
   inclusions.
b. Describe the alterations in color that can be seen in an erythrocyte: polychromatric, hypochromatic

c. Associate a given red blood cell morphology with routinely encountered conditions:
i. Hereditary membrane abnormalities (spherocytosis, elliptocytosis, ovalocytosis, etc.)
ii. RBC Enzyme abnormalities (G6PD and PK deficiencies)
iii. Extracorpuscular (immune and non-immune) mediated RBC defects.
d. Define common words used to describe red cell morphology and identify each on a peripheral
   smear:
i. basophilic stippling
ii. Cabot rings
iii. Heinz bodies
iv. Howell-Jolly bodies
v. Hemoglobin C crystals
vi. Pappenheimer bodies/siderotic granules
vii. Hemoglobin crystals
viii. Poikilocytosis
ix. Rouleaux
x. agglutination  xvii. keratocyte
xi. acanthocyte  xviii. schistocyte
xii. codocyte  xix. spherocyte
xiii. dacrocyte  xx. stomatocyte
xiv. drepanocyte  xxi. malarial parasites
xv. echinocyte  xxii. Hemoglobin H
xvi. elliphtocyte

e. Associate a given red blood cell morphology with routinely encountered conditions: Malaria
f. Name and describe the variations in the size of a mature erythrocyte.
g. Correlate at least one clinical condition with each of the erythrocytic size variations: normocytosis, macrocytosis, and microcytosis.
h. Define the term anisocytosis.

5. Chapter 8- Leukocytes: The Granulocytic and Monocytic Series
(1a-i,1b-ii,iii,iv,v,vi. 2c-i,ii,iii)

a. Explain the functions associated with granulocytes:
   i. Phagocytosis and killing
   ii. Allergic response (eosinophils and basrophils)
   iii. Host defense against parasites (eosinophils)
   iv. Hypersensitivity mediator (basophils and mast cells)
b. List the maturation sequence of neutrophils, eosinophils, and basophils
c. Differentiate band neutrophils, segmented neutrophils, eosinophils, and basophils
d. Define the terms marginating and circulating pools.
e. Determine if a granulocyte is mature or immature
f. Explain the term: shift to the left.
g. Summarize structural and functional features that characterize monocytes and macrophages,
h. State absolute monocyte reference values and relative reference values
   i. List the maturation sequence of monocytes and macrophages.
   j. Summarize structural and functional features that characterize monocytes and macrophages
   k. Discuss the length of time the neutrophils, eosinophils, and basophils spend in each
      marginating and circulating pool.
   l. Describe the nuclear and cytoplasmic characteristics of the neutrophils, eosinophils, and
      basophils throughout the maturation process.
m. Explain the appearance and etiology of the various morphological abnormalities encountered in
   mature granulocytes (i.e. inclusions, hypo- and hyper-segmented).
n. Define terms associated with an increase and decrease in granulocytes.
o. Define the term leukocyte surface marker.
p. Associate the various terms for macrophages depending on their anatomical site.
q. Describe the general functions of macrophages.
r. List the relative reference values for neutrophils, eosinophils, basophils and monocytes in
   normal peripheral blood.
s. State the (neutrophilic) granulocytic reference range.
t. Describe the general function of monocytes.

6. Chapter 9- Leukocytes: Lymphocytes and Plasma Cells
(1a-i,1b-ii,iii,iv,v,vi. 2c-i,ii,iii)

a. Summarize structural and functional features that characterize lymphocytes
b. List the sites of formation and production of lymphocytes:
   i. Bone marrow
   ii. Thymus
   iii. Lymph nodes and secondary lymphoid tissue
   iv. Kinetics: Life span/ Migration
c. Describe lymphocyte function:
   i. Humoral immunity (B lymphs and subsets)
   ii. Cell mediated immunity (T lymphs and subsets)
   iii. Natural killing and antibody dependent cellular cytotoxicity
d. State lymphocyte absolute reference values with relative reference values
e. Define lymphopenia/lymphocytosis
f. List the maturation sequence of lymphocytic cells and normal lymphocyte:
   i. Size
   ii. Nucleus
   iii. Cytoplasm
   iv. Heterogeneity
g. Compare and contrast morphologic features of reactive lymphocyte
h. **Describe** the use of monoclonal antibodies to differentiate lymphocytes by CD antigens:
   i. B lymphs and subsets
   ii. T lymphs and subsets
   iii. Plasma cell (immunoglobulin antibody production)
i. List the causes of non-neoplastic disorders plasma cells.
j. **Identify** key morphologic features for plasma cell.
k. **Describe** the role of lymphocytes and plasma cells in the body defense mechanism against disease.
l. Name and locate the two primary and three secondary lymphoid tissues.
m. **Identify** the anatomical sites populated by T cells and B cells.
n. Compare absolute and relative numbers in lymphocytes.
o. Calculate the absolute value of a lymphocyte value.
p. Compare the major types, normal reference value percentages, and quantities of lymphocytes at different ages ranging from birth to adulthood.
q. Differentiate the functions of the three major categories of lymphocytes.
r. **Describe** the appearance and cytoplasmic contents of Russell’s bodies, Mott cells, and flame cells.

7. **Chapter 10- Basic Laboratory Assessment of Erythrocytes, Leukocytes, and Platelets**
   (1a-i,iii.1b-ii,iii,iv,v,vi. 2c-i,ii,iii)
a. List the components of a complete blood count (CBC).
c. Compare and contrast the utility of absolute values with relative values
d. Discuss the clinical utility of the RBC indices
e. Use the RBC indices as a quality control mechanism for assessing the validity of the erythrocyte count, hemoglobin, and hematocrit values
f. Calculate red blood cell indices when provided appropriate data.
g. Explain sources of error of the red blood cell indices
h. Correlate automated hemogram parameters with each other and with peripheral smear exam results.
i. Perform standard reticulocyte assays:
   i. Supravital smear method with Miller disc
   ii. Supravital smear method without Miller disc
   iii. Automated flow cytometry methods
j. State reference values that reflect variations in gender and age for the leukocyte counts in peripheral blood:
   i. Total leukocyte count
   ii. Absolute lymphocyte count
   iii. Absolute neutrophil count
k. Perform routine methods to assess leukocytes (e.g. manual and automated white blood cell counts and differentials)
l. List common factors that alter leukocyte values:
   i. Physiologic variation
   ii. Cellular abnormalities
m. Enumerate and/or calculate absolute and relative leukocyte counts:
   i. Relative values
   ii. Absolute values
n. Discuss the clinical utility of the absolute neutrophil count.
o. Perform calculations associated with reticulocyte assays:
   i. Corrected
ii. Absolute
iii. Production index (RPI)
p. Perform erythrocyte sedimentation rates:
   i. Wintrobe
   ii. Westergren and its modifications
   iii. Automated
q. Determine the appropriate area of a peripheral blood smear to evaluate red blood cell morphology.
r. Estimate the total white blood count from a smear.
s. Correct leukocyte counts for the presence of nucleated red cells.
t. Identify and classify normal white blood cells on a properly stained Romanowsky blood smear.
u. Describe the measurement of microhematocrit.
v. Compare RBC, hemoglobin, and hematocrit values using the rules of three.
w. Define each of the erythrocyte indices: mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), and mean corpuscular hemoglobin concentration (MCHC).
x. Apply the appropriate formulas and calculate the MCV, MCH, and MCHC when given the erythrocyte values.
y. Classify RBC morphology based on erythrocyte indices.
z. Name a classic application of the leukocyte alkaline phosphatase (LAP) test.
aa. Explain the purpose of the erythrocyte sedimentation rate (sed rate).

8. Chapter 11- Classification and Laboratory Assessment of Anemias
   (1a-i.1b-ii,iii,iv,v,vi. 2c-i,ii,iii)
a. Define anemia.
b. Define hypochromic (microcytic) anemia, including the causes.
c. Compare and contrast laboratory findings in hypochromic anemias:
   i. Serum ferritin
   ii. Serum iron
   iii. Transferrin/ Total Iron Binding Capacity (TIBC)
   iv. Percent transferrin saturation
d. State the clinical signs and symptoms of anemia:
   i. Hemoglobin
   ii. Hematocrit
   iii. RBC indices
   iv. Peripheral smear
   v. Reticulocyte count
   vi. Bone marrow evaluation
   vii. Red blood cell distribution width
e. List the categories used in a morphological classification of the anemias.
f. Describe the expected laboratory results seen in the various pathophysiologic classifications of anemia:
   i. Decreased red cell production
   ii. Increased red cell destruction: Ineffective erythropoiesis/ Hemolytic processes
   iii. Loss of red cells
g. Briefly describe the usual complaints of an anemic patient.
h. Describe the organization of anemias according to erythrocyte size and explain the limitations of such a system.
i. Briefly explain the characteristics of categories of anemias using a pathological basis.

   (1a-i.2c-i,ii,iii)
a. Describe the etiology and physiology of acute blood loss.
b. List the laboratory findings of acute blood loss
c. Describe the etiology and physiology of chronic blood loss.
d. List the clinical symptoms of acute blood loss
e. Describe the laboratory findings associated with non-hematologic disorders:
   i. Chronic disorders and inflammation
10. Chapter 13 - Bone Marrow Failure Syndromes
(1a-i, 1b-i,ii,iv,v,vi. 2c-i,ii,iii)
a. Describe bone marrow collection techniques:
   i. Aspiration
   ii. Core biopsy
b. Describe the clinical features of hypoproliferative anemias
   i. Peripheraler blood changes
   ii. Bone Marrow Changes
c. Describe the laboratory findings of hypoproliferative anemias:
   i. Peripheral blood changes
   ii. Bone Marrow Changes
d. Define aplastic anemia.
e. Define pure red cell aplasia:
   i. Describe the clinical features
   ii. Describe the laboratory findings
f. Describe the general characteristics of bone marrow syndromes.
g. Define pancytopenia.
h. List three iatrogenic substances that can cause acquired aplastic anemia.
i. Name 4 viral infections that have been associated with acquired aplastic anemia.
j. Briefly describe how the immune process causes acquired aplastic anemia.
k. Discuss the laboratory findings in acquired aplastic anemia (pertaining to ALL cells lines).
l. Explain the clinical signs and symptoms of Fanconi anemia.
m. Name one treatment for Fanconi's anemia.
n. Describe the characteristics of dyskeratosis congenital.
o. Name three examples of pure red cell aplasia.
p. Explain the laboratory findings in congenital dyserythropoietic anemia.
q. Describe the characteristics of severe congenital neutropenia and cyclic neutropenia.
r. Explain the characteristics of Shwachman-Diamond syndrome.
s. Describe characteristics of congenital amegakaryocytic thrombocytopenia.
t. Compare three types of congenital amegakaryocytic thrombocytopenia.

11. Chapter 14 - Disorders of Iron Metabolism and Heme Synthesis.
(1a-i, 2c-i,ii,iii)
a. Compare absolute iron deficiency with functional iron deficiency.
b. Compare primary overload disorders to secondary iron overload disorders.
c. Name conditions that can contribute to iron deficiency anemia IDA.
d. Name three of the most common groups vulnerable to IDA.
e. Describe the physiology of iron metabolism, including the iron needs of children and normal dietary sources.
f. Describe laboratory findings of IDA.
g. Define terms: transferrin, hemosiderin, ferritin, total iron-binding capacity (TIBC).
h. Describe the etiological basis of AOI.
i. Explain the cause of AOI.
j. Discuss the laboratory characteristics of AOI.
k. Compare the characteristics of iron deficiency anemia with AOI.
l. Explain the laboratory characteristics of sideroblastic anemia.

12. Chapter 15 - Macrocytic and Megaloblastic Anemias
(1a-i, 2c-i,ii,iii)
a. Name the blood cell morphology associated with Vitamin B12/Folate deficiency.
b. Discuss tests methods commonly used to assess megaloblastic anemia:
   i. Mean cell volume (MCV)
   ii. Blood and bone marrow smear evaluation
   iii. Serum B12
   iv. Serum folate
   v. Red cell folate
vi. Anti-intrinsic factor antibodies
vii. Anti-parietal cell antibodies
c. Differentiate nonmegaloblastic macrocytosis from megaloblastic anemia:
   i. Peripheral blood and bone marrow characteristics
   ii. Serum vitamin B12 level
   iii. Serum folate level
   iv. Red cell folate level
d. Describe clinical features of megaloblastic anemia
e. Compare and contrast causes and laboratory features of the megaloblastic anemias
f. State the hematologic abnormalities present in megaloblastic anemia:
   i. Peripheral blood changes
   ii. Bone marrow morphology
g. Discuss the absorption and metabolism of vitamin B12 and folate
h. Name the two common causes and other less common causes of megaloblastic anemia.
   i. List 4 etiological causes of vitamin B12 deficiency and describe two distinguishing clinical or
      laboratory characteristics for each.
   j. Explain the etiology and pathophysiology, including the immune nature, of pernicious anemia.
k. Describe the clinical signs and symptoms of pernicious anemia.
l. Explain the usual management of and therapy for pernicious anemia.
m. Name the laboratory assays used to confirm folic acid deficiency and state the results
   associated with folic acid deficiency.

13. Chapter 16- Hemolytic Anemias
   (1a-i.1b-ii,iii,iv,v,vi)
a. Define the term hemolytic anemia.
b. Discuss the principle of the Osmotic fragility test:
   i. Perform /observe the procedure
   ii. Apply appropriate quality control procedures
   iii. Correlate results
c. Describe the hematologic findings associated with nonimmune hemolytic anemias:
   i. Malaria
   ii. Babesiosis
   iii. Thermal injury
   iv. Disseminated intravascular coagulation
d. Describe the utility of flow cytometry in assessing red cell membrane defects
e. Describe the clinical features and laboratory findings of red cell membrane defects:
   i. Hereditary spherocytosis
   ii. Hereditary elliptocytosis
   iii. Paroxysmal nocturnal hemoglobinuria (PNH)
   iv. Hereditary pyropoikilocytosis
f. Discuss the four mechanisms of drug-induced hemolytic anemias.
g. Identify mechanisms of immune-mediated hemolytic anemias
h. Describe the clinical features and laboratory findings of autoimmune:
   i. Warm autoimmune hemolytic anemia (WAIHA)
   ii. Cold autoimmune hemolytic anemia idiopathic/secondary
   iii. Paroxysmal cold hemoglobinuria
i. Describe the clinical features and laboratory findings of Alloimmune (isoimmune) hemolytic
   anemias:
   i. Acute hemolytic transfusion reaction
   ii. Delayed hemolytic transfusion reaction
   iii. Hemolytic disease of the fetus and newborn (HDFN)
j. Describe the laboratory features of red cell enzyme abnormalities:
   i. Glucose-6-phosphate dehydrogenase (G6PD) deficiency
   ii. Pyruvate kinase (PK) deficiency
k. Discuss the principles of G6PD assay, pyruvate kinase assay and staining Heinz bodies:
   i. Perform /observe the procedure
   ii. Apply appropriate quality control procedures
iii. Correlate results
l. Name at least three categories of intrinsic versus extrinsic hemolytic anemia.
m. Name and discuss the five types or varieties of membrane defects.
n. Name and briefly explain three categories of acquired hemolytic anemia.
o. Name four mechanisms of drug-induced hemolytic anemias.
p. Discuss immune mechanism related to acquired hemolytic anemia.
qu. Characterize the etiology of paroxysmal nocturnal hemoglobinuria.

14. Chapter 17- Hemoglobinopathies and Thalassemias
(1a-i.1b-ii,iii,iv,v,vi. 2c-i,ii,iii )
a. Describe the common denominator in hemoglobinopathies.
b. Name the three major categories to classify hemoglobin defects.
c. Describe the hemoglobin defect in thalassemia
d. Define hemoglobinopathy
e. Describe the clinical and laboratory findings of hemoglobinopathies:
   i. Hb SS
   ii. Hb AS
   iii. Hb CC
   iv. Hb SC
f. State the amino acid substitutions associated with sickle cell anemia and hemoglobin C disease
g. Outline laboratory findings that are typical of SCD
h. Discuss the principle of the solubility test for sickling hemoglobin:
   i. Perform/observe the procedure
   ii. Apply appropriate quality control procedures
   iii. Correlate results
i. Discuss the principles of hemoglobin quantification (Hb A, Hb A2, Hb F):
   i. Perform/observe the procedure
   ii. Apply appropriate quality control procedures
   iii. Correlate results
j. List the characteristic clinical and laboratory findings associated with thalassemia
k. Identify the electrophoretic patterns when provide appropriate data:
   i. Hb F
   ii. Hb A
   iii. Hb S
   iv. Hb C
   v. Hb A2
l. Compare the disease state and trait condition of a hemoglobinopathy.
m. Describe the clinical signs and symptoms of SCD.
n. Characterize the general signs and symptoms in the categories of pain, pulmonary complications, and stroke associated with SCD.
o. Identify globin chain defects causing SCD, hemoglobin D disease, and hemoglobin E disease.
p. Outline laboratory findings that are typical of SCD
q. Recognize and identify major clinical signs and symptoms and abnormal laboratory tests results including peripheral blood smear pictures that are typically associated with homo and hetero conditions of HbS, HbC, HbD, and HbE and compound heterozygous conditions involving HbS and other variant hemoglobins.
r. Briefly describe the value of the techniques of hemoglobin electrophoresis and deoxyribonucleic acid (DNA) analysis.

15. Chapter 18- Disorders of Granulocytes and Monocytes
(1a-i.1b-ii,iii,iv,v,vi. 2c-i,ii,iii)
a. Associate quantitative and qualitative leukocyte disorders with expected results:
   i. Bone marrow production and release
   ii. Rate of entry into peripheral circulating pools
   iii. Shifts between circulating and marginating pools
   iv. Rate of exit into tissues
b. Define monocytosis and its causes.
c. Describe qualitative and quantitative alterations of monocytes.

d. State common causes of alterations in absolute and relative cell counts for the mature myeloid cells:
   i. Neutrophilia
   ii. Neutropenia
   iii. Eosinophilia
   iv. Eosinopenia
   v. Basophilia

e. Explain the classification of nonmalignant leukocytic disorders:
   i. Quantitative changes
   ii. Qualitative changes

f. Identify on blood smear morphologic changes in neutrophils that may accompany nonmalignant neutrophilic disorders:
   i. Shift to the left
   ii. Toxic granulation
   iii. Dohle bodies
   iv. Vacuolization
   v. Hyposegmentation
   vi. Hypersegmentation

g. State characteristic abnormalities and clinical features for the qualitative/functional disorders of neutrophils:
   i. Pelger-Huet anomaly
   ii. Alder-Reilly anomaly
   iii. Chediak-Higashi anomaly
   iv. May-Hegglin anomaly
   v. Chronic granulomatous disease (CGD)
   vi. Myeloperoxidase deficiency

h. Define the terms leukocytosis and leukocytopenia.

i. List examples of general conditions that can cause leukocytosis.

j. List examples of common conditions that neutropenia.

k. List at least one representative condition in which a decrease in neutrophils, eosinophils, basophils, or monocytes can be found.

16. Chapter 19- Disorders of Lymphocytes
   (1a-i,1b-v, 2c-i,ii,iii)

   a. Differentiate between reactive and resting lymphocytes on Romanowsky stained smears

   b. Identify causes of non-neoplastic disorders of lymphocytes.

   c. List the causes of reactive lymphocytosis.

   d. State the normal relative value reference range for lymphocytes in an adult.

   e. State the absolute number of lymphocytes using the total leukocyte count and the relative number of lymphocytes.

   f. Explain the difference between absolute lymphocyte count and a relative lymphocyte count.

   g. Describe the etiology, epidemiology, clinical signs and symptoms, and laboratory data for infectious mononucleosis.

   h. Describe and recognize the appearance of lymphocytes associated with infectious mononucleosis.

   i. Name major immune deficiencies associated with T cells or B cells.

17. Chapter 20- Characteristics of Leukemias, Lymphomas, and Myelomas
   (1a-i,1b-ii,iii,iv,v,vi)

   a. Observe and/or perform procedures, apply appropriate quality control procedures, and interpret laboratory findings for laboratory procedures used in the identification, classification and differentiation of neoplastic disorders:
      i. Complete blood count
      ii. Hemograms
      iii. Scatterplots and histograms

   b. Correlate diagnostic blood and bone marrow findings to various sub-types of acute myeloid leukemia.
c. Define and differentiate the terms neoplasm and malignant.

d. Define and list categories associated with Neoplastic Disorders of Leukocytes:
   i. Leukemias
   ii. Myelodysplastic syndromes
   iii. Myeloproliferative disorders
   iv. Lymphoproliferative disorders

e. Describe general criteria to classify leukemias:
   i. Cell maturity (Acute/Chronic)
   ii. Cell lineage (Myeloid/nonlymphoid)
   iii. Lymphoid

f. Describe the use of various diagnostic techniques used to assess neoplastic disorders of blood and bone marrow cells:
   i. Cytochemical Stains
   ii. Immunophenotyping
   iii. Cytogenetics
   iv. Molecular genetics

g. List major systems used to classify neoplastic disorders of leukocytes:
   i. French, American-British (FAB) Cooperative Group
   ii. World Health Organization (WHO)

h. Compare the characteristics of leukemia, lymphoma, and myeloma.

i. Define and compare acute and chronic leukemia.

j. Differentiate between acute and chronic myeloid (AML and CML) and lymphoid leukemias (ALL and CLL) based on clinical and hematologic findings.

k. List the traditional forms and the major types of leukemia

l. Explain the significance of the discovery of the human T-cell leukemia virus (HTLV) family and describe associated disorders.

18. Chapter 21- Acute Leukemias
(1a-i,1b-ii,iii,iv,v,vi, 2c-i,ii,iii)

a. List the clinical findings and laboratory results for acute leukemia

b. Contrast the FAB with the WHO acute myeloid leukemia subgroups:
   i. FAB classification
      a) M0--acute myeloid leukemia with minimal differentiation
      b) M1--acute myeloid leukemia without maturation
      c) M2--acute myeloid leukemia with maturation
      d) M3--acute promyelocytic leukemia
      e) M4--acute myelomonocytic
      f) leukemia M5--acute monoblastic leukemia
      g) M6--acute erythroleukemia
      h) M7--acute megakaryoblastic leukemia
   ii. WHO classification
      a) AML with recurrent genetic abnormalities
      b) AML with myelodysplasia-related changes
      c) Therapy-related myeloid neoplasms
      d) AML, not otherwise specified

c. List the WHO acute lymphocytic leukemia subgroups:
   i. B lymphoblastic leukemia/lymphoma, not otherwise specified
   ii. T lymphoblastic leukemia/lymphoma

d. Compare and contrast the principles of various cytochemical stains and the cell lineages they react with:
   i. Myeloperoxidase
   ii. Tartrate resistant acid phosphatase (TRAP)
   iii. Iron staining (Sudan Black)

e. Describe the fundamental characteristics of blood and bone marrow cell in acute leukemias.

f. Coordinate factors related to epidemiology and long-term survival of AML patients.

g. Discuss factors associated with the prognosis in AML.
h. Discuss the purpose, advantages, and concerns related to allogeneic hematopoietic-cell transplantation.
i. Discuss the epidemiology of acute lymphoblastic leukemia (ALL) in the United States.
j. Summarize the pathogenesis of ALL.
k. Name and briefly describe the FAB classification of ALL.
l. Name and describe five life-threatening emergencies.

19. Chapter 22: Lymphoid and Plasma Cell Neoplasms (1a-i, 1b-v, 2c-i, ii, iii)
a. List diagnostic features of PLL:
   i. Median age of onset and gender
   ii. Clinical finding of severe splenomegaly
   iii. Blood and bone marrow findings of PLL
   iv. Markedly elevated white count with absolute lymphocytosis
   v. White cell differential predominantly of prolymphocytes
   vi. Immunophenotypic profile
   vii. Survival rates
b. Discuss classification based on proliferation of plasma cells and abnormal production of immunoglobulins:
   i. Multiple myeloma
   ii. Waldenstrom's macroglobulinemia
   iii. Plasma cell leukemia (PCL)
   iv. Heavy-chain disease
   v. Monoclonal gammopathy of undetermined significance (MGUS)
c. Classify the chronic lymphoid leukemias by T and B cell lineage:
   i. Chronic lymphocytic leukemia (CLL)
   ii. Prolymphocytic leukemia (PLL)
   iii. Hairy cell leukemia (HCL)
d. List diagnostic features CLL:
   i. Median age of onset
   ii. Symptoms and clinical findings
   iii. Blood and bone marrow findings of CLL
   iv. Peripheral blood absolute lymphocytosis
   v. Leukemic cell line of mature, small lymphocytes with monotonous morphology and smudge/basket cells
   vi. Bone marrow lymphocytosis
e. List diagnostic features of Adult T-cell leukemia:
   i. Human T-cell lymphotropic virus-1 (HTLV-1)
   ii. Endemic areas
   iii. Blood and bone marrow findings of Adult T-cell leukemia
   iv. Lymphoid cell line of small to large cells with cloverleaf/knotty nucleus
f. List diagnostic features of HCL:
   i. Median age of onset and gender
   ii. Clinical finding of severe splenomegaly
   iii. Review blood and bone marrow findings of HCL
   iv. Pancytopenia
   v. Leukemic cell line of "hairy" cells
   vi. Tartrate resistant acid phosphatase (TRAP) stain reaction
   vii. "Dry tap": marrow fibrosis and infiltrates
g. Define lymphoma and generally classify using key terminology:
   i. Hodgkin
   ii. Reed-Sternberg cells
   iii. Rye modified cells
   iv. Non-Hodgkin
h. Recognize lymphoma cells
i. Outline the laboratory tests used to diagnose and stage Hodgkin's lymphoma:
   i. Complete blood count (CBC)
ii. Liver function tests
iii. Renal function tests

j. Review blood and bone marrow findings of Hodgkin’s lymphoma:
   i. Radiologic studies
   ii. Physical examination
   iii. Lymph node biopsy

k. Name disorders based on the proliferation of plasma cells and abnormal production of immunoglobulins

l. Compare the clinical findings and laboratory features of various plasma cell disorders

m. Compare the characteristics of leukemia and lymphoma.

n. *Describe* the general characteristics and laboratory data in multiple myeloma.

20. **Chapter 23- Myeloproliferative Neoplasms**
(1a-i.1b-ii,iii,iv,v,vi. 2c-i,ii,iii)

a. Name the four diseases classified as myeloproliferative neoplasms (MPNs)

b. List the clinical and laboratory findings commonly found in MPD:
   i. CML/CGL
   ii. Leukocytosis with absolute neutrophilia and left shift maturation
   iii. Absolute basophilia and eosinophilia
   iv. Thrombocytosis
   v. Bone marrow hypercellularity with granulocytic proliferation
   vi. Leukocyte alkaline phosphatase (LAP) activity
   vii. Philadelphia chromosome
   viii. Cytogenetic (karyotype)
   ix. Molecular (DNA) techniques
   x. PV
   xi. Increased red blood cell (RBC) mass
   xii. Leukocytosis with mild left shift maturation and basophilia
   xiii. Thrombocytosis
   xiv. Bone marrow hypercellularity with all cell lines increased
   xv. LAP activity
   xvi. Red cell morphology (initial phase/ “spent” phase)
   xvii. ET
   xviii. Marked thrombocytosis with platelet aggregates and abnormal forms
   xix. Megakaryocytic hyperplasia of bone marrow
   xx. LAP activity
   xxi. AMM
   xxii. Leukoerythroblastosis with teardrop-shaped red cells
   xxiii. Leukocytosis with left shift maturation to occasional immature myeloid cell
   xxiv. Bone marrow fibrosis and relationship to megakaryocytic hyperplasia
   xxv. LAP activity

c. Define polycythemia

d. *Describe* changes in the bone marrow and peripheral blood with polycythemia

e. Differentiate between absolute polycythemia and relative polycythemia

f. *Report* the general prognostic features of MPNs.

g. Name the subtypes of chronic myelogenous leukemia (CML)

h. *Describe* the epidemiology of CML.

i. Explain the use of leukocyte alkaline phosphatase (LAP) in the diagnosis of CML compared to a leukemoid reaction.

j. Characterize modes of treatment and prognostic features in CML.

k. State other names that might be used to refer to polycythemia rubra vera (PRV).

l. *Describe* the etiology of polycythemia rubra vera (PRV).

m. Name the most striking feature of PRV.

n. Describe the clinical signs and symptoms of PRV.

o. List the criteria for establishing a diagnosis of PRV.

p. State the other name for primary myelofibrosis.

21. **Chapter 24- Myelodysplastic Syndromes and Myelodysplastic/Myeloproliferative Neoplasms**
a. Discuss and compare features commonly shared by Chronic Myeloproliferative Neoplasms:
   i. Clinical manifestations
   ii. Pathophysiologic mechanisms
   iii. Blood and bone marrow findings
   iv. Transitional forms between stages
   v. Disease evolution with potential for blastic transformation
b. List subgroups recognized by the World Health Organization (WHO) Cooperative Groups for the MDS classification
c. List the Chronic Myeloproliferative Neoplasms by cell type:
   i. Granulocytes--Chronic myelogenous/granulocytic leukemia (CML/CGL)
   ii. Erythrocytes--polycythemia vera (PV)
   iii. Megakaryocytes--essential thrombocytopenia (ET)
d. Define and describe cellular features that characterize the MDS:
   i. Dyserythropoiesis
   ii. Dysgranulopoiesis
   iii. Dysmegakaryocytopoiesis

22. Instrumentation in Hematology
a. Identify basic concepts of electrical impedance, optical detection, radio frequency, and of light scatter plus cytochemical stain systems
   i. Discuss the principle
   ii. List components
   iii. Describe operation
b. Identify basic concepts of quality assurance for automated hematology cell counting systems
   i. Describe acceptable practices
   ii. Perform basic quality assurance
   iii. Assess data to ensure quality
   iv. Monitor quality assurance program
   v. Describe the limitations and list interfering substances
c. Identify and describe hemogram parameters
   i. Evaluate patient data
   ii. Describe the flagging system
   iii. Correlate scatter plots, histograms and data plots with the peripheral smear
   iv. Describe the mathematical calculations used to monitor instruments
   v. Recognize unexpected results
d. Discuss the principle of Automated reticulocyte counting
   i. Describe acceptable practices
   ii. Perform basic quality assurance
   iii. Assess data to ensure quality
   iv. Monitor quality assurance program
   v. Describe the limitations and list interfering substances
e.

23. Lab #1:
   (1a-i.1b-ii,iii,iv,v,vi. 2c-i,ii,iii)
   a. Practice staining smears using Romanowsky dyes and/or Wright stain.
   b. Practice staining techniques according to established procedures:
      i. Manual
      ii. Automated
c. Investigate staining problems using the troubleshooting process.
d. Demonstrate the appropriate area of a peripheral blood smear to evaluate red blood cell morphology
e. Differentiate between normal and abnormal RBC morphology
f. Distinguish between normal and abnormal hematopoietic elements found within the peripheral blood
g. Identify a normal red blood cell (RBC) on a stained slide. Describe (in words) the characteristics of a normal red blood cell.
h. Explain the FUNCTION of the red blood cell in the body.
  i. Identify cells that are white blood cells (WBC) on a stained smear (not required to differentiate until next lab).
  j. Identify normal platelets on a stained slide.
  k. Understand the meanings and uses of the MCV, MCH, and MCHC on a Hematology analyzer report
  l. Define normochromic and normocytic as it pertains to red blood cells.
  m. Discuss the automated hemogram parameters used for erythrocyte evaluation:
  i. Hemoglobin
  ii. Hematocrit
  iii. Mean cell volume (MCV)
  iv. Mean cell hemoglobin (MCH)
  v. Mean cell hemoglobin concentration (MCHC)
  vi. Red cell distribution width (RDW)
  n. Categorize red cells:
  i. Shape
  ii. Color
  iii. Inclusions
  iv. Distribution patterns
  o. Identify common RBC morphologies: hypochromia, poikilocytosis, anisocytosis, acanthocytes, burr cells, sickle cells, target cells, tear drop cells, stomatocytes, schistocytes, microcytosis, macrocytosis.

24. Lab #2
(1a-i.1b-i.ii,iv,v,vi,2a-i.2b-i.ii,vi,2c-i.ii,iii.2e-i.ii,iii)
  a. List and define components of commonly used stains.
  b. Judge the acceptability of blood smears through microscopic evaluation and established criteria:
  i. Determine specimen acceptability
  ii. List appropriate anticoagulants
  iii. Identify acceptable ratio of anticoagulant to blood for specimens obtained from venipuncture and skin puncture
  iv. List reasons for rejecting specimens
  c. List red blood cell count and indices reference values that account for variations in gender and age.
  d. Correlate automated hemogram parameters with each other and with peripheral smear exam results
  e. Differentiate band neutrophils, segmented neutrophils, eosinophils, and basophils
  f. List morphologic features used to differentiate developing leukocytes
  g. Practice performing differential cell count on normal specimens
  h. Define lymphocytopenia.
  i. List approximate normal ranges for WBC, RBC, Hgb, Hct, Platelet.
  j. Read a CBC printout/report and interpret results. Given the reference ranges, determine if the patient's results are high, low, or normal.
  k. Identify RBCs, WBCs, and platelets on a slide.
  l. Differentiate the different WBCs on a slide: segmented neutrophils (segs), band neutrophils (bands), lymphocytes (lymphs), monocytes (monos), basophils (basos), and eosinophils (eos).
  m. Define leukocyte.
  n. Be able to describe (in words) the appearance/characteristics of the different WBCs (seg, band, lymph, mono, baso, eos).
  o. Define the requirements of a WBC differential.
  p. Perform a WBC differential on unknown slides and match the instructor within a given margin of error.

25. Lab #3
(1a-i.1b-i.ii,iv,v,vi,2a-i.2b-i.ii,vi,2c-i.ii,iii.2e-i.ii,iii)
  a. Independently read 3-5 slide differentials, matching the technologist within stated percentage.
Course Content:
A general description of lecture/discussion topics included in this course are listed in the Learning Objectives / Specific Course Objectives sections of this syllabus.

Students in all sections of this course will be required to do the following:

1. Lecture Assignments
2. Lecture Quizzes
3. Lecture Exams
4. Lecture Final Exam
5. Pre-Lab Quizzes
6. Lab Assignments – in lab class
7. Post Lab Cases
8. Lab Practicals

Methods of Instruction/Course Format/Delivery:
This is a mainly online course so it will require a great deal of outside proactive work by the student. The instructor will provide guidance as needed. The student will be evaluated by assignments and quizzes outside of the classroom and during labs. The student will be required to come to a Panola College Testing Center to take all major examinations. Laboratories will take place on three pre-determined Saturdays during the semester and will be mandatory. During the laboratory the students will be evaluated by case studies, in-lab assignments, and lab practicals as assigned by the instructor.

Major Assignments / Assessments:
The following items will be assigned and assessed during the semester and used to calculate the student’s final grade.

Assignments

1. Introductions discussion
2. Chapters 4-24 Assignments
3. Mitosis Quiz
4. Chapters 4-24 Quizzes
5. In-lab work- RBCs, WBCs, Differentials
6. Pre-lab quizzes
   a. Safety
   b. Microscope
   c. Erythrocyte Identification
   d. WBC Identification
   e. WBC Abnormals
7. Post-Lab Cases 1-4

Assessment(s):

1. Proctored Exams #1, #2, #3
2. Final Exam
3. Lab Practicals 1, 2, 3

Course Grade:
The grading scale for this course is as follows:
• Lecture— 2/3 of Final Grade
  o Major Exams-- 50%
  o Quizzes-- 15%
  o Homework Assignments-- 20%
  o Final Exam-- 15%

• Laboratory— 1/3 of Final Grade
  o Pre-Lab Quizzes-- 10%
  o Case Assignments-- 20%
  o In-Lab Assignments-- 20%
  o Practicals-- 50%

Texts, Materials, and Supplies:
• White Lab Coat for lab (optional)

Required Readings:
• Course Textbooks
• All information given in Canvas

Recommended Readings:
• Medical Dictionary (reference)
• LabTestsOnline.org (reference)

Other:
• For current texts and materials, use the following link to access bookstore listings: http://www.panolacollegestore.com
• For testing services, use the following link: http://www.panola.edu/elearning/testing.html
• If any student in this class has special classroom or testing needs because of a physical learning or emotional condition, please contact the ADA Student Coordinator in Support Services located in the Administration Building or go to http://www.panola.edu/student-success/disability-support-services/ for more information.
• Withdrawing from a course is the student's responsibility. Students who do not attend class and who do not withdraw will receive the grade earned for the course.

More Information:

Laboratory Dress Code
The student will be expected to attend class clean and neatly dressed in long pants or scrubs and wear closed-toe shoes. A laboratory coat will must be worn snapped or buttoned up during all laboratory sessions. Hair that is shoulder length or longer must be worn up or securely tied back. Gloves must be worn when handling biological materials.

Behavioral Conduct
While a student is representing Panola College as a Medical Laboratory Technology student, they will be expected to conduct themselves in such a manner as to reflect favorably on themselves and on the Program. If a student acts in such a manner as to reflect immature judgment or disrespect for others, the student will be called before the MLT Department Chair for determination of their status in the Program. Inappropriate conduct is grounds discipline and may be cause for immediate probation or dismissal from the Program.
Academic Dishonesty
Under no circumstances shall a student submit work that is not their own. Copying answers for study questions, cheating on exams and/or submitting laboratory results which are not your own are expressly prohibited.

Time Commitment
According to “Hints on How to Succeed in College Classes” http://tinyurl.com/3dqegz you should budget your time per week for this four-hour credit course as follows:
1. Reading assigned text 2 to 3 hours
2. Homework assignments 3 to 6 hours
3. Time for review and test preparation 3 hours
4. Total study time per week 8 to 12 hours PER WEEK
SCANS CRITERIA

1) **Foundation skills are defined in three areas: basic skills, thinking skills, and personal qualities.**

   a) **Basic Skills:** A worker must read, write, perform arithmetic and mathematical operations, listen, and speak effectively. These skills include:
      i) Reading: locate, understand, and interpret written information in prose and in documents such as manuals, graphs, and schedules.
      ii) Writing: communicate thoughts, ideas, information, and messages in writing, and create documents such as letters, directions, manuals, reports, graphs, and flow charts.
      iii) Arithmetic and Mathematical Operations: perform basic computations and approach practical problems by choosing appropriately from a variety of mathematical techniques.
      iv) Listening: receive, attend to, interpret, and respond to verbal messages and other cues.
      v) Speaking: Organize ideas and communicate orally.

   b) **Thinking Skills:** A worker must think creatively, make decisions, solve problems, visualize, know how to learn, and reason effectively. These skills include:
      i) Creative Thinking: generate new ideas.
      ii) Decision Making: specify goals and constraints, generate alternatives, consider risks, and evaluate and choose the best alternative.
      iii) Problem Solving: recognize problems and devise and implement plan of action.
      iv) Visualize (“Seeing Things in the Mind’s Eye”): organize and process symbols, pictures, graphs, objects, and other information.
      v) Knowing How to Learn: use efficient learning techniques to acquire and apply new knowledge and skills.
      vi) Reasoning: discover a rule or principle underlying the relationship between two or more objects and apply it when solving a problem.

   c) **Personal Qualities:** A worker must display responsibility, self-esteem, sociability, self-management, integrity, and honesty.
      i) Responsibility: exert a high level of effort and persevere toward goal attainment.
      ii) Self-Esteem: believe in one’s own self-worth and maintain a positive view of oneself.
      iii) Sociability: demonstrate understanding, friendliness, adaptability, empathy, and politeness in group settings.
      iv) Self-Management: assess oneself accurately, set personal goals, monitor progress, and exhibit self-control.
      v) Integrity and Honesty: choose ethical courses of action.

2) **Workplace competencies are defined in five areas: resources, interpersonal skills, information, systems, and technology.**

   a) **Resources:** A worker must identify, organize, plan, and allocate resources effectively.
      i) Time: select goal-relevant activities, rank them, allocate time, and prepare and follow schedules.
      ii) Money: Use or prepare budgets, make forecasts, keep records, and make adjustments to meet objectives.
      iii) Material and Facilities: Acquire, store, allocate, and use materials or space efficiently.
         Examples: construct a decision time line chart; use computer software to plan a project; prepare a budget; conduct a cost/benefits analysis; design an RFP process; write a job description; develop a staffing plan.

   b) **Interpersonal Skills:** A worker must work with others effectively.
      i) Participate as a Member of a Team: contribute to group effort.
      ii) Teach Others New Skills.
      iii) Serve Clients/Customers: work to satisfy customer’s expectations.
iv) Exercise Leadership: communicate ideas to justify position, persuade and convince others, responsibly challenge existing procedures and policies.

v) Negotiate: work toward agreements involving exchange of resources, resolve divergent interests.

vi) Work with Diversity: work well with men and women from diverse backgrounds. Examples: collaborate with a group member to solve a problem; work through a group conflict situation, train a colleague; deal with a dissatisfied customer in person; select and use appropriate leadership styles; use effective delegation techniques; conduct an individual or team negotiation; demonstrate an understanding of how people from different cultural backgrounds might behave in various situations.

c) Information: A worker must be able to acquire and use information.
   i) Acquire and Evaluate Information.
   ii) Organize and Maintain Information.
   iii) Interpret and Communicate Information.
   iv) Use Computers to Process Information.
   Examples: research and collect data from various sources; develop a form to collect data; develop an inventory record-keeping system; produce a report using graphics; make an oral presentation using various media; use on-line computer data bases to research a report; use a computer spreadsheet to develop a budget.

d) Systems: A worker must understand complex interrelationships.
   i) Understand Systems: know how social, organizational, and technological systems work and operate effectively with them.
   ii) Monitor and Correct Performance: distinguish trends, predict impacts on system operations, diagnose deviations in systems' performance and correct malfunctions.
   iii) Improve or Design Systems: suggest modifications to existing systems and develop new or alternative systems to improve performance.
   Examples: draw and interpret an organizational chart; develop a monitoring process; choose a situation needing improvement, break it down, examine it, propose an improvement, and implement it.

e) Technology: A worker must be able to work with a variety of technologies.
   i) Select Technology: choose procedures, tools or equipment including computers and related technologies.
   ii) Apply Technologies to Task: understand overall intent and proper procedures for setup and operation of equipment.
   iii) Maintain and Troubleshoot Equipment: Prevent, identify, or solve problems with equipment, including computers and other technologies.
   Examples: read equipment descriptions and technical specifications to select equipment to meet needs; set up and assemble appropriate equipment from instructions; read and follow directions for troubleshooting and repairing equipment.