



College of Medical  
Laboratory Technologists  
of Ontario

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# CMLTO Interprofessional Collaboration (IPC) Case study

## Case study #8: Dealing with confrontation over a misplaced specimen

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## **Introduction**

As one of Ontario's self-regulated health professions, medical laboratory technologists (MLTs) are governed by the *Regulated Health Professions Act, 1991* (RHPA). The RHPA was developed to protect the public's right to safe, competent, and ethical healthcare. The RHPA requires each health regulatory College to develop and maintain Standards of Practice that outline the expected level of quality and safety for professional services provided by its members. Legislation, regulations, bylaws, Standards of Practice, practice guidelines, and the Code of Ethics collectively establish a framework for medical laboratory technology practice.

The Ontario government, through the RHPA, defines CMLTO's objectives. These expectations include promoting and enhancing interprofessional collaboration (IPC) among MLTs, and with other members of the healthcare team. Further, the CMLTO is expected to support MLTs' abilities to respond to changes in the healthcare environment.

### ***What is a case study?***

A case study describes a relevant professional practice scenario or issue to enable MLTs to critically analyze a situation and identify opportunities for learning and development. Members can apply these learnings when faced with similar situations in their own practice. Expanding current professional behaviours empowers MLTs to share their knowledge and expertise with other health professionals to support improved patient care.

### ***How can I use this case study in my professional practice?***

CMLTO's professional practice resources are intended to support, not replace, an MLT's professional judgment. Reading through case study materials, and reflecting upon the professional practice issues or opportunities supports an MLT's ability to develop effective strategies and skills for handling similar situations in the future. MLTs reading this case study may not experience the exact same scenario in their own workplaces. However, similar key themes may exist locally making the case study useful in identifying issues and opportunities for improving their professional practice.



Case study reflection and discussions may be done independently, or as a group. In either situation, MLTs should reflect on the scenario's enablers and barriers to identify both personal and organizational opportunities to improve their professional practice. Thinking about case studies from both perspectives and articulating those reflections will enable MLTs to develop successful strategies and solutions.

## **Case study 8: Dealing with confrontation over a misplaced specimen**

### **Case study highlights**

- A STAT spinal fluid specimen is misplaced in the laboratory, leading to a confrontation between an MLT and a physician.

An MLT working in a large urban hospital laboratory receives a phone call from a nurse from the Intensive Care Unit (ICU). The nurse requests the results from a STAT spinal fluid specimen that was sent to the laboratory an hour earlier. The MLT tells the nurse that they will check the specimen's status and will call them back shortly.

The MLT checks the specimen in the Laboratory Information System (LIS) and discovers that it is yet to be accessioned and processed. Upon investigation, the MLT finds the sample in the wrong section of the laboratory. The MLT makes a note in the LIS detailing the reason for the delay in testing, alerts the appropriate bench that a STAT specimen is coming, and personally delivers the specimen to the correct testing area.

Just as the MLT is about to pick up the phone to call the ICU nurse back, the phone rings. The physician calls to inquire about the status of the same sample. As the MLT begins explaining the situation, and what they have done to resolve the situation, the physician becomes angry and accuses the MLT of being incompetent, using a very hostile tone. The MLT takes this personally, as they have addressed the situation, and responds back to the physician in anger, which leads to the physician hanging up the phone.

A few minutes later, the physician arrives at the laboratory asking for the MLT that was handling the misplaced specimen. Outraged by the lack of professionalism on the part of the MLT, the physician demands to speak with the laboratory manager.



## Enablers and barriers

	Institutional/organizational	Personal
<b>Enablers</b>	<ul style="list-style-type: none"><li>• The LIS can track and monitor where in the testing process a sample is located.</li></ul>	<ul style="list-style-type: none"><li>• The MLT takes immediate action to understand and resolve the issue.</li></ul>
<b>Barriers</b>	<ul style="list-style-type: none"><li>• Unclear or missing standard operating procedures to deliver samples to the correct testing area.</li></ul>	<ul style="list-style-type: none"><li>• The nurse and physician do not work collaboratively with the MLT to resolve the issue.</li><li>• Effective communication is limited when all parties are frustrated or angry.</li><li>• The MLT working in the incorrect testing area did not acknowledge the specimen.</li></ul>

## Individual reflection and group discussion questions

The following questions are meant to guide individual reflection and/or group discussion. Writing responses down may be helpful in preparing an action plan for a specific professional practice issue.

1. How would you interact with the stakeholders (i.e., physician, nurse, other MLTs) in this scenario? What steps would you take to collaborate more effectively?
2. What processes would you implement to avoid this situation in the future? Who would you work with and why?
3. If this situation occurred in your professional practice setting, what personal and organizational enablers or barriers would be similar? What would be different?
4. Do you think the outcomes would be similar in your institution? Why or why not?



### **Conclusion**

CMLTO's role includes a legislated requirement to promote the ability of members to respond to changes in the healthcare system including IPC. The CMLTO develops case studies to prepare MLTs to effectively analyze and reflect on professional practice scenarios involving IPC.

Please contact CMLTO at [memberrelations@cmlto.com](mailto:memberrelations@cmlto.com) to discuss this case scenario, other professional practice IPC scenarios, and to share your own experiences.

### **Additional resources for MLTs**

CMLTO provides additional resources for MLTs that may help address local professional practice issues. Please visit the Members section of [www.cmlto.com](http://www.cmlto.com) for the most recent professional practice resources for MLTs.