Paediatric Venepuncture Training

Aim:
To provide the underpinning knowledge and basic skills to safely perform phlebotomy on babies and children from 1 year.

Objectives:
- Identify the underlying issues in paediatric Phlebotomy, e.g. consent, restraint, distraction and environment
- Identify correct equipment to suit patient and technique
- Demonstrate basic techniques for obtaining blood samples
- Discuss appropriate use of topical analgesia
- To perform simulated phlebotomy in breakout sessions

Train the Trainer

Aim
To provide an overview of various teaching methods, which can be effectively used to deliver the Phlebotomy Training Programme.

Objectives:
- Identify learning styles in individuals
- Identify various teaching resources
- Identify and discuss the appropriate use of various teaching tools
- Identify and discuss the course criteria
- To be able to formulate a teaching plan and present a five minute lesson
- To critically assess and evaluate learning has taken place, by measuring candidate achievement against aims and objectives.
- To be able to assess and record a candidates progress
- Have individual course accredited by the NAP

Phlebotomy Based Sampling Errors
Part 3 – The Theory Behind Human Error

by Roger Hoke

This third and final part of sampling errors looks at the part we play in producing them. Largely it is because we are human. Much has been published surrounding this and especially by James Reason who introduced his Human Error Theory some years ago. This has been used in industry for many years and is now firmly part of the National Patient Safety Agency (NPSA) Root Cause Analysis Tool Kit which is available on line. Hopefully, when we understand why things go wrong we are able to anticipate errors and implement systems or policies to guard against them.

Wherever possible these systems should have barriers or check points which alert staff where failure is occurring. In phlebotomy, we have a number of these checkpoints such as when we ask the patient to tell us their full name and date of birth – checking these details against the ID band (in-patients) and/or request form and labelling sample tubes. Despite our best efforts, our performance is always subject to in fluencing factors.

Errors of their own. In one instance, a phlebotomist had discreetly slipped another sample but unknown to her, a junior doctor had discretely slipped another request form on top of the pile which were on the trolley immediately behind her in a side-room. When she came to label the samples, she was chatting to the phlebotomist personally. If further requests need to be made, they should speak to the phlebotomist personally.

Many hospitals are now using bar code technology as a means of eliminating simple and often avoidable errors. Unfortunately, they can cause errors of their own. In one instance, a phlebotomist had scanned the patient’s ID band and the details were sent to the printer buffer or memory. Unfortunately, the phlebotomist was unable to obtain the requirement for vigilance may be even greater.

Whilst it is difficult to eliminate this sort of error, we must endeavour to limit them. It is up to us to recognise that whenever we are checking patients identities or labelling tubes we are performing a ‘critical task’ on which we need to follow procedure and concentrate. Don’t allow colleagues to distract you and don’t distract colleagues when they are performing these tasks. We should also forbid anyone to touch the phlebotomist’s trolley. If further requests need to be made, they should speak to the phlebotomist personally.
What is the DOH (MSC) doing for Band 2 - 4s?

Modernising Scientific Career - Education Plan

There is now an (almost) final draft framework of modules for Apprenticeship, Advanced Apprenticeship, Higher Apprenticeship 4, which will develop staff through from Band 2 to Higher Apprenticeships.

Each apprenticeship will consist of a Technical Certificate (Core plus Themed modules and knowledge based) and a Competence Certificate (functional Category modules and QCF Diploma at relevant level).

All qualifications will be underpinned by the Personal Cognitive and Professional framework which is linked to Good Scientific Practice and the Professional skills module.

There will also be awarding body(ies) established to oversee assessment for the Apprenticeship framework.

I have seen draft modules and am excited about the flexibility this scheme of learning will provide professionals whether they are working as a Phlebotomist, MLA, Scientist, HCA or any other role within Healthcare that requires venepuncture skills.

I have extremely enjoyed my relatively short time as a venepuncture teacher and I still have my passion for venepuncture myself. I find that teaching also improves my own practice and keeps me current with any changing ideas on protocol. I look forward to continuing to improve and find new, fresh ways of teaching venepuncture and passing on my passion to others.