Integrating the in-service safe phlebotomy curriculum into Preservice: Lessons Learned

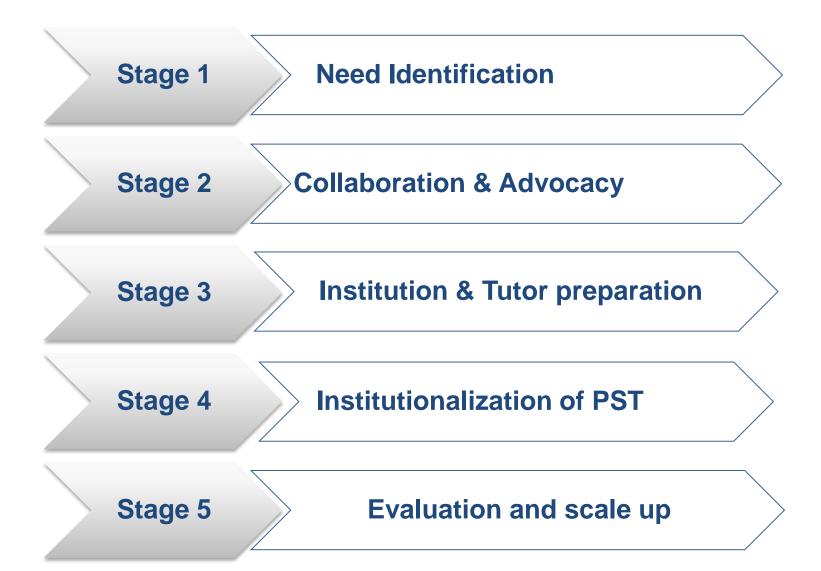
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Introduction

- Phlebotomy exposes health care workers (HCWs) to blood-borne infections
- Strongest risk factor for needle-stick injuries has been associated with not having attended any training session (Nsubuga et al., 2005)
- Preventive measures: skill-based training to improve blood-drawing practices
- Kenya Safer Blood Collection initiative was rolled out to improve blood collection practices in Kenya (BD-PEPFAR PPP)

Stages and Steps for initiating safe phlebotomy Pre-service Training (PST)



Stage 1:Identification for the need of safe phlebotomy program in PST





- Poor phlebotomy practices
- High incidences of sharp injuries. Interns had highest incidence
- High specimen rejection and poor documentation



 Safe phlebotomy not offered in preservice training

Stage 2: Advocacy for inclusion of safe phlebotomy in PST





 Kenya Medical Training College (KMTC) was Identified as the host of the program





- Centre of Excellence in phlebotomy inaugurated in KMTC
- In initial PST concept note was developed



Stage 2: Collaboration with KMTC



- Existing curricula was reviewed to identify ways to incorporate the program
- Consultations were held with KMTC administrator, academic deans etc
- PST curriculum writing workshop conducted
 - Joint participation from the faculty

Stage 3: Preparation of Faculty members





- 28 tutors trained as TOT who then trained 149 tutors from their other colleges
- Institution was accorded 1 year training consumables and equipment
 - Vacutainers
 - Safety engineered needles
 - Phlebotomy dummies
 - Chairs

Stage 3: Infrastructure development



 Space was identified from a disused store

Renovations were conducted



 Phlebotomy lab and e-learning centres were established in 7
 Centre of excellence

Stage 4: Instituting the PST program



Nurses and doctors go back to school for

BUSINESS DAILY

needle handling

- Center of excellence in phlebotomy and Specimen collection launched
- Safe phlebotomy course included in the existing curriculum
- Centre offers both pre-service and inservice training targeting lab technologists, nurses and Clinical officers.
 - 2016 graduates: 400 MLS,1180 COs, 2657
 Nurses



First Specimen Collection Training Curriculum in Sub-Saharan Africa Launches at Kenyan Medical Training College

Expansion eCPD and PEPFAR collaboration designed to provide sustainable improvements in healthcare practices

Step 5: Evaluating and scaling up the PST

- Continuous monitoring of the training conducted to ensure quality
- Tutors trained as TOTs occasionally used by other organization to conduct training
- Tutors regularly updated on new technology and procedure
- Faith based medical schools following the same process to institute the PST

Lessons Learnt

- Curriculum review cycle of an institution is a key consideration in the timing of the integration
- It can take a long time to add a new course to a school's existing curriculum
 - Adding sessions or lessons to an existing course could be considered
- Joint participation in curriculum development can help in smooth integration
- Providing the faculty with the necessary technical, support materials and infrastructure related to the course fosters sustainability

Lessons Learnt

- Proper linkage and collaborations results in great success of the integration
 - Private-public-partnership

- Establishing a driver of the process in the targeted institution was an integral part of the program
 - Medical Laboratory Science department used as the anchoring pad.
 - Course now offered in other departments (Nursing, clinical medicine)
- Management buy-in:- Campuses that quickly bought to the idea worked faster compared to others.

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Thank you