Integrating the in-service safe phlebotomy curriculum into Pre-service: 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: Need Identification

Stage 2: Collaboration & Advocacy

Stage 3: Institution & Tutor preparation

Stage 4: Institutionalization of PST

Stage 5: Evaluation and scale up
Stage 1: Identification for the need of safe phlebotomy program in PST

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

- Safe phlebotomy not offered in pre-service 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

- Center of excellence in phlebotomy and Specimen collection launched

- Safe phlebotomy course included in the existing curriculum

- Centre offers both pre-service and in-service training targeting lab technologists, nurses and Clinical officers.
  - 2016 graduates: 400 MLS, 1180 COs, 2657 Nurses
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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