



Center for Phlebotomy Education

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Dianne M. Cearlock, PhD. Chief Executive Officer
NAACLS
5600 N River Rd., Suite 720
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Dear Dr. Cearlock,

It was a pleasure speaking with you in Chicago last month. I appreciate the openness with which you listened to my concerns about the recent change affecting MLS programs. This letter articulates those concerns for you to share with the NAACLS Board of Directors. It is my hope this offers sufficient insight to merit reinstitution of the requirement for MLS programs to teach phlebotomy skills, not just concepts.

As I shared with you, we were first made aware of this decision at the Clinical Laboratory Educator's Conference. Over a dozen program administrators came to us incredulous that NAACLS dropped the requirement to learn a procedure that's part of the profession's Scope of Practice. We were, too.

It is my understanding that part of the rationale for discontinuing this requirement was the perception that more and more nurses are drawing blood samples for the laboratory. As subject matter experts in phlebotomy, we are immersed in the industry and interact on the front lines regularly. We see no evidence to suggest there is an exodus of phlebotomy responsibilities from the lab to the nursing profession, nor is there published evidence to support this perception. While it is true that some facilities have decentralized, many realize the folly of giving this procedure to non-laboratory professions and give the procedure back to laboratory personnel. So we feel this premise for dropping the requirement does not reflect what's really happening in the field.

We also feel NAACLS is limiting the career options for MLS graduates by not requiring them to learn how to draw samples. While this change will not affect those who enter the workforce into large institutions where all samples are drawn by phlebotomists who spend the entirety of their professional life there. Those who enter the workforce at smaller facilities, or relocate to more rural healthcare providers where testing personnel are also expected to draw blood samples, will be at a disadvantage in the job market. Here at the Center for Phlebotomy Education we get calls from attorneys on almost a weekly basis wanting us to review medical records in cases involving phlebotomy-related injuries inflicted at the hands of the unskilled. This change, therefore, not only limits career options for MLS students, but threatens patient safety when MLS graduates, unskilled in the procedure, relocate or choose to work in rural settings.

We believe strongly that those who test blood samples should also be skilled in collecting them. Cognitive skills are not enough. When those who test samples are no longer capable of drawing them, they become effectively disconnected from the patient. Those who actually draw blood samples realize behind every specimen is a patient. For those who don't, the connection is lost. The sample of blood is not Mr. Smith in 304B whose three curious young children hovered around to see how the blood was drawn, asking a thousand questions and thankful for the distraction from their worries over their dad's surgery later that afternoon. The sample is just a sample.

When we remove the requirement for MLS students to learn how to draw a blood sample, we drop them into the analytical silo where they are destined to live out their professions, incapable of functioning in the preanalytical world without additional training. They deserve to emerge from their programs fully functional in all clinical laboratory processes, fully marketable in all corners of the workforce, and fully aware that behind every sample is a patient who hopes the one who tests his blood has the big picture.

We strongly encourage NAACLS to consider reinstating the requirement for MLS programs to teach the psychomotor skills of phlebotomy to MLS students. Thank you for your consideration.

Respectfully,

Dennis J. Ernst MT(ASCP), NCPT(NCCT)
Exec. Dir.